Fall/Winter Issue

President's Column

Donelson R. Forsyth, PhD

A Unification Fable

Not-so-long-ago in a not-so-far-away land lived three little pigs. These three little pigs grew up in the same neighborhood, attended the same schools, and shared the same passion: houses. The three were fascinated by the various types of structures inhabited by pigs the world over, and they while away many a happy hour puzzling over the nature and design of such dwellings. They could think of nothing more meaningful than dedicating their lives to the scientific study of houses and the ways they can be improved and repaired.

As they grew older, however, the pigs gradually grew apart in values, beliefs, and goals. The first pig became intrigued with understanding how houses worked, and embarked on a systematic study of foundations, arches, doors, and windows. So he bought a big armchair in which to sit and develop theory. He converted his pig pen into an elaborate laboratory where he could test out hypotheses, and erected a large sign for all to see. The sign read: Scientific Pig. Using his armchair and laboratory, he developed a particularly interesting theory about round houses that had no windows or doors. Although no one had found any of these houses, other scientifically minded pigs thought the work was interesting.

Donelson R. Forsyth PhD

The second pig was also interested in the theory behind houses, arches, and doorways. The second pig, however, wanted to use this knowledge to improve houses; to repair misshapen houses and possibly make houses of tomorrow better than houses of today. So this pig put a sign in front of his pen that read "Practical Pig," and began helping other pigs build and repair their houses. Soon, Practical Pig had made so much money that he could afford to build a breathtakingly beautiful house of sticks on a large tract of land in the country.

What, in the meantime, was the third pig doing? Well, it seems that he too was trying diligently to understand the nature of houses. Although Scientific Pig and Practical Pig no longer spoke to one another, the third pig often visited each one to talk about houses and ideas for improving them. When Scientific Pig would describe his studies of round houses, the third pig would ask what the studies say about the structural dynamics of houses in general. And when Practical Pig would talk about building houses out of sticks, the third pig would ask why sticks rather than stone? After many conversations and much research on houses, the third pig managed to build a house that, although it lacked the beauty of Practical Pig's house, was more useful than the round houses that the Scientific Pig studied. Practical Pig didn't put any kind of sign in front of his house at all. He knew that wolves can read.

One day a pig-hungry wolf did come to town. When he came to the first pig's pen the wolf said, "I am hungry, and must have pig for breakfast."

Scientific Pig, rising up from his arm chair said, "Why eat me? Can't you see the long-term importance of my work on round houses?"

"No," answered the wolf as he bit off the poor Scientific Pig's head.

You see, although the first pig had fashioned a marvelous round house of straw and mortar with strong arches and walls, it had no windows or doors. It was fine model to be used for testing predictions about houses, but it didn't protect him from the wolf. The third pig had warned him that building houses with doors would yield both better data as well as safety from predators, but he hadn't heeded his friend's warnings.

Sadly, the second pig was also eaten—leaving behind many client-houses that could now never be properly repaired. Practical Pig had built what seemed to be a safe house, but he had used sticks for the walls. Although the first pig had found that "weight-bearing, rigid barriers fashioned from the woody fibers of trees and shrubs can be rendered discohesive through exposure to focused atmospheric pressures of excessive magnitude,"

Please cast all 10 of your votes for Division 49 on the APA Apportionment Ballot!

2008 OFFICERS AND COMMITTEE CHAIRS

BOARD MEMBERS

President
Donelson Forsyth, PhD
School of Leadership Studies
University of Richmond
Richmond, VA 23173
Phone: (804) 289-8461
E-mail: dforsyth@richmond.edu

President-Elect
Robert Conyne, PhD
Counseling Program
University of Cincinnati
Cincinnati, OH 45221
Phone: (513) 556-3344
Fax: (513) 556-3898
E-mail: Robert.conyne@uc.edu

Past President
Lynn S. Rapin, PhD
4022 Clifton Ridge Drive
Cincinnati, Ohio 45220-1144
Phone: (513) 861-5220
Fax: (513) 861-5220
E-mail: lynn.rapin@uc.edu

President Emeritus
Arthur Teicher, PhD (Deceased)

Secretary
Jennifer Harp, PhD
141 East Fairmount
State College, PA 16801
Phone: (814) 234-3464, ext. 5
E-mail: jsh262@aol.com

Treasurer
John Dagley, PhD
2084 Haley Center
Auburn University
Auburn, AL 36849-5222
Phone: (334) 844-2978
Fax: (334) 844-2860
E-mail: daglejc@auburn.edu

Council Representative
Allan B. Elfant, PhD, ABPP
429 West Shadow Lane
State College, PA 16803
Phone: (814) 234-8011
E-mail: abelfant@mac.com

Members-at-Large
Michael Andronico, PhD
31 Clyde Road, Suite 201
Somerset, NJ 08873
Phone: (732) 568-1960
E-mail: Andronico7@aol.com

Sally Barlow, PhD, ABPP
Brigham Young University
268 Taylor Building
Provo, UT 84602
Phone: (801) 422-7748
Fax: (801) 422-0163
E-mail: sally_barlow@byu.edu

Irene Deitch, PhD
31 Hylan Blvd.
Staten Island, NY 10305
Phone: (512) 626-1424
E-mail: profid@aol.com

Gloria Gottsegen, PhD
22701 Meridiana Drive
Boca Raton, FL 33433-6310

Phone: (561) 393-1266
Fax: (561) 393-2823
E-mail: Ggottsegen@aol.com

Joshua M. Gross, PhD, ABPP
Psychologist and Group Psychotherapy
Coordinator
The University Counseling Center
Student Life Building, Suite 201
The Florida State University
Tallahassee, Florida 32306-4175
Phone: (850) 644-8875
Fax: (850) 644-3150
E-mail: jgross@admin.fsu.edu

Arthur Horne, PhD
University of Georgia
402 Aderhold Hall
Athens, GA 30602
Phone: (706) 542-4107
Fax: (706) 542-4130
E-mail: ahorne@uga.edu

EDITORS
Journal Editor
Craig Parks, PhD
Department of Psychology
Washington State University
Phone: (509) 335-8946
E-mail: parkscd@wsu.edu

Newsletter Editor
Allan B. Elfant, PhD, ABPP
(See under Council Representative)

STANDING COMMITTEES
Awards
Robert Conyne, PhD

Cultural Diversity
Michael Andronico, PhD

Education and Training
Sally Barlow, PhD, ABPP

Fellows
Gloria B. Gottsegen, PhD

Finance
John Dagley, PhD

Membership
Joshua Gross, PhD, ABPP

Nominations and Elections
Donelson R. Forsyth, PhD

Program
Jeanmarie Keim, PhD

Publications
Jennifer Harp, PhD

Student Representative
Leann J. Terry
Doctoral candidate, University of Indiana

AD HOC COMMITTEES

Bylaws Revision
Jennifer Harp, PhD

Early Career Psychologists
Shannon Salter, PhD

Foundation
Lynn Rapin
Group Practice and Research Network
Lynn Rapin, PhD

Public Information/Education
Irene Deitch

School-Based Mental Health Group Interventions
Elaine Clanton-Harpine

Students
Leanne J. Terry

OTHER POSITIONS
Achivist
Richard Moreland, PhD

Committee on International Relations (CIRP) Representative
Julia F. Moss, PhD

Committee on Women in Psychology (CWP) Network Representative
Danielle R. Oakley, PhD

Diplomate and Credentials
Josh Gross, PhD

Federal Advocacy Coordinator
Gloria Gottsegen, PhD

Website Coordinator
Donelson Forsyth, PhD

THE GROUP PSYCHOLOGIST

is published by Division 49:
Group Psychology & Group Psychotherapy
of the American Psychological Association

c/o the Editor
Allan B. Elfant, PhD, ABPP
429 West Shadow Lane
State College, PA 16803
Phone: (814) 234-8011
Email: abelfant@mac.com

Submission Deadlines:

March 1, June 1, October 1

*All material for publication should be submitted
to the Editor as an email attachment
(Microsoft Word or Word Perfect format).*

Contents

From Your Editor

Allan B. Elfant, PhD, ABPP

Going, Going…Gone: Final Musings

*I thought it would last my time-
The sense that, beyond the town,
There would always be fields and farms,
Where the village louts could climb-
Such trees as were not cut down;
I knew there'd be false alarms*

*In the papers about old streets
And split level shopping, but some
Have always been left so far;
And when the old part retreats
As the bleak high risers come
We can always escape in the car.*

Allan B. Elfant, PhD, ABPP

*Things are tougher than we are, just
As earth will always respond
However we mess it about,
Chuck filth in the sea if you must:
The tides will be clean beyond.
But what do I feel now? Doubt?*

Or age simply?....

*It seems just now
To be happening so very fast;
Despite all the land left free
For the first time I feel somehow
That it isn't going to last...*
—Philip Larkin, *Going, Going (1972)*

The rough, sharp cleansing tang of her otherness is gone.
—C.S. Lewis, *A Grief Observed (1961)*

As group psychotherapists, as psychotherapists, it would seem only fitting that throughout our careers we reacquaint ourselves with the experience of being clients and therapy group members. How else can we continue to empathically appreciate the enormous leap of faith of those with whom we work when they entrust themselves to a psychotherapist, a group leader, a group?

This past July, as I continued to struggle with the personal agony of my wife's dying and death, I decided to attend a week-long experience at a well-known retreat center on the theme of loss and healing. After registering in May, I thought often of forfeiting my deposit of money and hope. I went ahead anyway, fortified with the encouragement of good friends and caring colleagues, but all the while planning my escape from whatever I would encounter.

The experience turned out to be profound and transformative. I do not use these words lightly. As much as I am a true believer in psychotherapy and in the efficacy of groups, I am also quite a psychotherapy and group therapy skeptic. (Perhaps those sentiments go together well for me, do they for you?)

The group co-leaders for my week experience seemed to me to lack core dynamic group wisdom. However, they were genuinely kind, emotionally attuned and sensitive, and quite attentive. They succeeded in creating a rich, safe, space for my exploring and expressing my pain, grief, and primitive darkness.

And, the group members themselves, well, I shall never forget them. Such courage, such willingness to be struggling and faltering pilgrims on their own painful journeys, and such compassion! I believe that I will always recall their emotional presence with my grief even as I reached down to inner levels that reverberated with the messy, difficult, primal sounds and expressions of private anguish and suffering. I emerged from this experience more lucid in my soul, and palpably lighter even as I was so connected to my internal pain.

My fundamental faith in groups was reinforced. And, how truly wonderful it was to be a recipient and a giver, and not a caretaker, to be a group member!

Six weeks later, a day prior to my 65th birthday, and after witnessing my 2-year-old granddaughter's celebrating her mastery over her previous fearfulness of sand and sea on a family vacation, I had the following dream:

I am the lead guitarist in a band that is performing that evening at Brooklyn College. A large crowd has gathered to see the concert, and especially to see and hear me. The band has confidence in me. However, I "know" that I cannot play the guitar and have no musical ability. I awaken feeling uneasy.

My own present associations to my dream (which includes processing much input from caring others) are as follows: my past, however crucial (I attended and taught at Brooklyn College), is gone but still influential; my archaic beliefs about what I can and cannot do or be are needing challenging; and, my musical poetic, spiritual layers are to be nourished even as I face fears of being an imposter (after all aren't I more than a performer?) and as I am also enjoying the admiration and regard of others, but at the same time must endure the loneliness of being the leader and on stage. Or, must I? I am both the skeptic and the adoring fan of my Self, and this tension must be addressed for what lies ahead for me in my future. And, isn't this the work I do as a psychotherapist, in individual and group psychotherapy, assisting others in challenging old and destructive and limiting self assertions while entering new and unknown territory?

President's Column

the Practical Pig felt that the first pig's studies were so artificial that they didn't have any relevance for "real" houses. In fact, he had let his subscription to *House Dynamics* lapse, so he didn't even know about the problems with sticks. So when the wolf huffed and puffed and blew, the house tumbled down and the second pig fell victim.

The third pig survived, of course. When he saw the wolf approach he ran into his house and locked the door. The wolf pushed on the house, but the foundation and structure were too strong. He tried blowing on the house, but the stone walls held secure. He tried climbing on the roof, but the carefully crafted masonry gave him no purchase. The hungry wolf, relented, then left the pig in peace.

The moral of the story is taken from the monument that the third pig erected to the memory of his departed childhood friends. It read:

Knowledge cannot prosper,
When Science is One-sided.
The basic and applied must be
United not divided.

From Your Editor

Why the dream guitar? Upon awakening, I thought of the Beatles song by George Harrison, *While my Guitar Gently Weeps*, from *The White Album*, in 1968. The following lyrics stand out for me:

I look at you all, see the love there that's sleeping
While my guitar gently weeps,
I look at you all,
Still my guitar gently weeps.

So, I am leaving my role as Editor of *The Group Psychologist*, I am shedding some additional organizational activities as well, and hope to replace some of the old with what will be new, untested, and invigorating. My involvement in other current positions in Division 49 will remain steadfast. I am moving on to chapters of my life I never anticipated; I am excited and frightened as well.

Division 49 Members, please welcome Dr. Tom Treadwell as the new Editor of *TGP*. A new chapter for our newsletter is beginning.

President-Elect's Column

Robert K. Conyne, PhD

Robert K. Conyne, PhD

As fate would have it, I find myself on August 31—ordinarily plenty of time to write and submit my Fall column for the newsletter—but I was asked just a few hours ago by the American Red Cross (where I am a Disaster Mental Health volunteer) to pick up and fly to Texas in the morning to assist with what will be the aftermath of Hurricane Gustav. For up to three weeks. Well, because this column is due in two weeks I am forced, late at night, to produce my column much earlier than I thought. Woe is me, but, let's face it, far worse circumstances no doubt face those living along the Gulf Coast. I pray for their resilience and that the force will be spared.

So, if this column reads a bit wan, well, you know why. Last minute, but not by design.

Let's see; what is in store for us as 49ers when Don Forsyth—our smart and able President—passes the responsibilities to me on January 1, 2009?

I have two large objective areas, one process-oriented, the other outcome-directed. These are:

(a) Process-oriented: To catch the building wave, led noticeably by our students and a set of key members, to pump us up! To get excited about groups and all their potential and to make it clear to all that Division 49 is a happening and welcoming place to be for all of us who understand the power of groups in the lives of people and in the systems of life. You will see some effects of this process orientation at next year's convention in Toronto. We plan to extend the division's hospitality suite another day and to fill it right up to the brim with ongoing programming. Conversation hours with well-known group psychologists, such as Leon Hoffman, Kathy Ritter, Jean Keim, Janice DeLucia-Waack, Mike Andronico, and other notables. Our division used to feature conversation hours, and we wish to bring them back. These are a great opportunity for schmoozing with people, learning, trading ideas, and developing a connection—something that group work is all about, after all. If we have too little space in our program hours for accepting the many wonderful proposals we receive we will invite presenters to share their programs in our suite. We will have a student poster session there, or in the program itself. And some (very lucky) students will be able to sleep on the suite's floor (shh, don't spill the beans) in exchange for working in the suite and introducing our Division's programs during the convention. Andy Horne has plans for providing our Fellows with an opportunity to contribute funds to support our suite's programming and to provide student scholarships, too. Exciting stuff, indeed!

Perhaps even more exciting is our commitment to expand our base. We are indeed a venerable division, with many exalted leaders in the field. (I won't mention any specifically because, if I leave some off the list, I'm toast!). Trust me, we have many. But our hair is graying; yes it is. Our step is slowing a bit, too. So, the good news is that we have a growing student and early career professional coterie that show definite signs of expanding and enriching our division's life. As we move forward, we need also to expand our diversity in general

to more generally reflect our nation and profession and who we are becoming. To this end, I am deeply interested in finding ways to become more diverse and invite thoughts and participation on this matter. Reach me at robert.conyne@uc.edu

(b) Outcome-directed: The theme for our programming for Toronto is "Groups Being Used for Prevention and Social Justice." Submit programs related to this theme. We want to learn how groups can be used to promote healthy behavior and to lower risk, and how groups can be used to challenge the status quo when that is necessary and to work effectively within the many systems of our lives. Also, submit programs that contain an experiential component. We have learned that many of our members appreciate and are looking for these practice-oriented, involving programs. Of course, we always are interested in quality proposals that may sit outside these parameters, too, so bring them on.

Under Lynn Rapin's leadership our division spearheaded the formation of the Group Practice and Research Network (GPRN). The intent of the GPRN is for Division 49 to collaborate with other associations focused on groups (divisions within and outside of APA) to find what we share and to identify what we could do together that we might not be able to do alone. We have paired with the Groups section of APA's Psychoanalysis division and with the Addictions division as well as with the Association for Specialists in Group Work (ASGW, from the American Counseling Association) and the American Group

Psychotherapy Association (AGPA) so far and are looking to expand the Network in the future. Our second meeting will be February 18, 2009, in Chicago, during the AGPA convention. This is exciting but challenging work. We will keep you posted.

I also am searching for our "niche" as a division. What is it that Division 49 can uniquely contribute to the world of groups? We need innovative thinking here. Come forward with ideas and your willingness to contribute. I would like to form a Think Tank on this topic (i.e., "What is Division 49's Niche and How Can We Exploit It?") and letting it roam free and wild—as long as good ideas come forward. Again, contact me.

Along those lines, we have committees to fill. Hey! You can become involved easily with us. We are NOT standoffish. We reach out to you. Don't worry about the specific committees we have. Just let me know you would like to connect. Again, don't worry—I will find a place for you! APA can be a mindboggingly huge monstrosity. We aren't. Find your home here.

I am thinking of you. I know you want a division that makes a difference. That provides a place for YOU to make a difference. Together we can do it; yes we can.

For Good Groups,
Bob

Treasurer's Report

John C. Dagley, PhD

The mid-year financials provide a fiscal picture that is encouraging, in that, we have made significant progress in halting a slow, but steady membership decline over the last few years. Membership figures reflect a solid core of members relatively unchanged from last year. Because membership dues have been our main source of income, we need to feel encouraged by this year's membership efforts, and even energized to put forth further effort to grow. Our financial picture is reasonably sound because of the revenue from two principal sources: the membership

John C. Dagley, PhD

dues, and the revenue from our journal, *Group Dynamics*. As our numbers increase, and as the popularity and use of journal increases, particularly its electronic use, our finances will continue to remain sound. Each of the past three years we have been close to projected budget figures on most expense categories, though our expenses always seem to edge upward along with the general economy. As for highlights, it's probably important to note that travel and meeting expenses at this point in the year are approximately the same as the mean over the last several years. Even though actual expenses of meeting places do tend to go upward each year, the executive board has been able to stay close to budget because of its strong commitment to holding down expenses whenever possible.

Fiscally responsible leadership is critically important to a small-revenue organization. To date we have benefited from years of

this type of effective leadership. However, there is a point where additional sources of revenue might need to be more aggressively explored to enable additional values-driven budgeted actions. Thus, it seems prudent to identify new and alternative sources of revenue, including imaginative membership initiatives, and perhaps more commitment to a revenue-producing education and training role.

Let me close with a brief personal comment because this Newsletter issue is the last one for which I will be responsible for sharing the fiscal status of our organization. My responsibilities as your Treasurer end in December, so I want to thank you for all that you do for our organization. Our mission, in my humble opinion, continues to grow in importance. So too do our collective efforts in research, practice and training in Group Psychology and Group Psychotherapy. We are engaged in significant work. What more could we want? Thanks for your support.

Newsletter Deadlines

March 1
June 1
October 1

All material for publication must be submitted to the Editor as an e-mail attachment (in Microsoft Word or Word Perfect format).

APA Council Report

Allan B. Elfant, PhD, ABPP

August 13 & 17, 2008, Boston, Massachusetts

Allan B. Elfant, PhD, ABPP

Here are some of the highlights of the Convention meeting of APA's Council of Representatives:

• A report was made on the Task Force on Council Representation, the full Report will go the APA Board of Directors and then to Council in 2009. The vote of the APA membership on voting privileges for four ethnic minority groups of APA failed. A revote is being planned. There is a deficit of approximately $1 million for 2008, action to reduce the interest rate on the debt and the principal being paid and to simplify our debt structure has occurred.

• The Report on the Task Force on Mental Health and Abortion was approved. The issue of a ban on psychologists working at detention centers such as Guantanamo did not come before Council, but is part of a petition drive seeking a vote of the APA membership. The CEO assures that APA's fiscal picture is solid. We now have 148,000 members, with 90,000 being PhDs. Members, the rest associates and student and teacher affiliates.

• Council approved a new mission statement: "The mission of the APA is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives." A strategic plan will be presented to Council next February.

• Two journalists were given Division 46 Media Awards: Dawn Fertangelo from NBC in New York City and Barbara Meltz from *The Boston Globe*.

• Archie Turner is APA's new CFO. Council approved a dues increase for 2009, an increase of $8 for APA base member dues ($279 to $287) and a $1 increase in the graduate student affiliate fee ($51 to $52). Council also approved funding the 2009 Presidential Summit on the Future of Psychology Practice and defeated increasing the monetary value for APA Awards. Council approved funding for the sustained contribution of psychology to the revision of the Mental Health chapter of the International Classification of Diseases and Related Disorders (ICD). The World Health Organization is undertaking the revision of ICD and has specifically requested former APA Practice Directorate Assistant Executive Director Geoffrey Read, PhD, to serve in a consultant role.

Federal Advocacy Coordinator Report

Gloria Gottsegen, PhD
Division 49 Federal Advocacy Coordinator

Gloria Gottsegen, PhD

The APA Practice Organization State Leadership Conference was held March 8–12, 2008, in Washington, DC. I attended as the Division 49 Federal Advocacy Coordinator. The overall theme of the meeting was "Leading Change: Advocating for Psychology Practice."

Delegates to the State Leadership Conference visited their congressional representatives in their offices to lobby in person for the following issues important to psychologists:

1. Restore Psychologist Medicare reimbursement cut by the 5-year review,

2. Enact the Mental Health Parity bill this year,

3. Make patient privacy and security a cornerstone of Health Information Technology legislation,

4. Cosign a letter asking for the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) appropriations.

The recent passage of the Medicare bill and the historic agreement reached on mental health parity demonstrate the importance of grass roots advocacy and the coordination of advocacy and communication with the APA Practice Organization members which helped deliver over 29,700 messages to Capitol Hill.

Division 49 Website

www.apa49.org

Fellows Committee Report

Gloria Gottsegen, PhD

Gloria Gottsegen, PhD

The Fellows Committee for 2008 consists of Lee Matthews, Jerome Resnick, Leo Shatin, Mae Lee Billet Ziskin, and Gloria Gottsegen (Chair).

The Fellows Committee is happy to report that Donelson J. Forsyth, PhD, was approved by the APA Membership Committee for initial Fellow status.

The Division has also recommended Rivka Bertisch-Meir, PhD, for current Fellow status.

Because the committee canvassed all Division 49 members who were also Fellows in other APA Divisions as to their interest in applying for current Fellow status in our Division only last year it is felt that it would not be appropriate to attempt this approach again so soon. However, that solicitation yielded 12 new Fellows for Division 49.

A call for Fellows applications appears in the Division newsletter twice each year. A request to the members of the Division 49 Board for additional nominations yielded no results. Certificates for the 2008 awardees will be sent to the new Division Fellows.

President's Note: Dr. Richard Hayes will be Division 49's Fellows Chair beginning in 2009, succeeding Dr. Gloria Gottsegen. The Division welcomes Dr. Hayes in his new role and extends the strongest appreciation to Dr. Gottsegen for all her years of excellent service in her role as Fellows Chair. Thank you Gloria!

Nominations and Elections Report

Lynn Rapin, PhD

The Nominations and Elections Committee met by phone and internet and submitted a full roster of candidates for President-elect, Treasurer, and two Members-at-Large.

Candidates submitted their materials to the Division (for publication in the Election edition of *The Group Psychologist*) and to APA Elections for distribution.

Candidates were, in alphabetical order by position:

- President-Elect: Gary Burlingame (elected) and John Dagley

- Treasurer: Jean Keim and Lynn Rapin (elected)

- Member-at-Large: Nina Brown (elected), Elaine Clanton-Harpine, Kevin Kulic, Cheri Marmarosh, and Maria Riva (elected)

The Nominations and Elections Committee disbanded after the completion of its duties. Members included Andy Horne, George Gazda and in January, 2008, Lynn Rapin. All candidates who volunteered to serve as candidates are applauded for their commitment to Division 49.

For Board consideration, the Committee requests clarification in the Division Procedures Manual for start date of responsibility because it is chaired by the Past President and must begin its duties in the fall. Therefore, it is unclear whether the Chair is the Past President serving in December, or the Past President serving in January. In this cycle, Lynn Rapin assumed the chair in January 2008.

2009 Convention Call for Programs: From Your Program Chair

Jean Keim, PhD
Division 49 Program Chair

The deadline for proposals for the 2009 APA Convention in Toronto is **December 1, 2008**.

Division 49 strongly encourages a wide variety of submissions (individual, group, and poster) including best practices, interactive formats and sessions offering continuing education hours. The Division 49 theme is "Prevention Groups." Specifically, experiential sessions are encouraged focusing on groups to prepare people for adversity, to develop competencies to ward off distress and dysfunction, to advocate for system changes, and to promote social justice.

Contact Jean Keim, Program Chair, at jkeim@unm.edu, with questions.

Membership Chair's Report

Joshua M. Gross, PhD, ABPP

Joshua M. Gross, PhD, ABPP

Greetings to the Membership of APA Division 49. It was very nice to be in Boston with so many of my fellow group psychologists from around the country. This was a lovely annual meeting with many fine presentations and social events. I wanted to say a big thank you to our Annual Meeting Chair Jean Keim who did a fine job of overseeing our program choices which provided a nice range of educational offerings across a wide range of group psychology topics. Jean will be chairing the program again next year and we will be looking to have members participate in the convention program committee again next year. Please consider contacting Jean Keim if you want to participate in these efforts. Without the participation of many individuals we would not have the fine range of programming we had in Boston this year.

Membership was involved in two new programs this year. The first was a new graduate student oriented symposium designed to assist those individuals who are preparing for pre-doctoral internship to obtain some useful information on group therapy. Janice DeLucia-Waack, Edith Chung and Dan Jones gave excellent presentations to a room of close to thirty graduate students and the discussion ran the clock on the session. By all appearances this was a successful event and we are planning a reprise in the form of another proposal for next year with a new panel of presenters.

Our other was the Division 49 mentoring event which was a median group experience which resulted in some excellent discussions with leadership from President Elect Bob Conyne, Past President Lynn Rapin, Convention Chair Jean Keim, Fellows Chair Gloria Gottsegen, Graduate Student Representative Leann Terry, Division Demographer and soon to be Group Psychologist Editor Thomas Treadwell and other impassioned members. I think that this event offered us an opportunity to look at our process and to think out loud about how we need to attend to the development of our Division. One result of this event is that Leann Terry and I are going to submit a proposal for next year for a Division 49 Speed Mentoring Event that borrows on an approach some other Divisions and social organizations have been using for some time now.

As usual I need to tell you that we are getting smaller. We need to draw more new members into our ranks if we want to thrive. The Board is very concerned about the health of the Division and we wish to be responsive to your needs. Please let us know how you are feeling about all of this. I can always be contacted at jgross@admin.fsu.edu.

Division 49 Dissertation Prize Award

Richard Moreland, PhD

Division 49 is proud to announce the winner of its 2007 dissertation prize for research on small groups. He is Dr. Robert Lount, who studied at Northwestern University's Kellogg School of Business, and is now a faculty member at the Fisher School of Business at Ohio State University. His dissertation was titled, *An Examination of the Relationship Between Positive Mood and Trust: A Comparison of Two Theoretical Models*. Dr. Lount's prize includes $500, a plaque, and free membership in the division for 3 years.

Division 49 will be sponsoring the same prize again this year. Anyone who completes a dissertation on small groups during 2008 may compete. Dissertations may examine any type of group, use any methodology, and analyze any phenomenon. Applicants should send a brief typed summary (five pages, double-spaced) of their dissertations to Dr. Richard Moreland, Department of Psychology, 3103 Sennott Square, University of Pittsburgh, Pittsburgh, PA 15260, by **January 31, 2009**. A committee will review these summaries and select three finalists, who must then send complete copies of their dissertations for further review. The prize will be presented at the next APA convention, in Toronto.

Change of Address?

Do you have a change of address? Question about your membership status? Please call the Division Services Office of the American Psychological Association at 202-336-6013 or e-mail division@apa.org.

Help Us With Our Membership!

Please encourage your colleagues to join Division 49. An application form is in every issue. Our Membership Chair, Joshua Gross, PhD, will be pleased to help. He can be reached at JGross@admin.fsu.edu.

Group Co-Leader Similarity and Group Climate

Joseph R. Miles, MA and Dennis M. Kivlighan, Jr., PhD

A central issue in the co-leadership of group interventions is determining the optimal level similarity versus dissimilarity of the co-leaders. Several authors have suggested that dissimilarity is a benefit of co-leadership because it allows co-leaders to be cast into different roles (e.g., one leader assuming a provocative role, while the other assuming a more nurturing role; one leader assuming a father-figure role, while the other assuming a mother figure role; e.g., Yalom & Leszcz, 2005) that can serve as models of healthy interpersonal relationships, intimacy, and problem solving (e.g., Dick, Lessler, & Whiteside 1980; Yalom & Leszcz, 2005). For example, Piper, Doan, Edwards, and Jones (1979) found that group members with dissimilar co-leader teams (in terms of content and focus of interventions) showed evidence of greater improvement on the outcome of interpersonal functioning.

However, other authors have suggested that, "[while] too much similarity [between co-leaders] poses no challenge...too much difference feeds frustration and pointless conflict" (Roller & Miller, 1991, p. 12). In addition, co-leader similarity in terms of theoretical orientation (e.g., Paulson, Burroughs, & Gelb, 1976), and demographics, temperament and therapeutic style (e.g., Bernard, Drob, & Lifshutz, 1987) have been found to predict co-leader compatibility. Miles and Kivlighan (in press) also found a positive relationship between similarity in co-leaders' mental models of their group members and a productive group climate.

It is clear that the literature on co-leadership remains equivocal as to whether dissimilarity or similarity is desired in co-leadership teams. This may be because dissimilarity and similarity have been defined in multiple ways (e.g., gender, theoretical orientation, use of interventions, cognitions about the group). In an attempt to integrate the literature on co-leader similarity, Kivlighan (in preparation) has developed the *co-leadership team cognition-team diversity model* that integrates the team cognition (e.g., Salas & Fiore, 2004) and team functional diversity (Kravitz, 2005) literatures. Team cognition concerns how teams process and use information, including the "overlapping of cognitions among team members" (Rentsch & Woehr, 2004, p. 12). Teams have better process and outcomes when they hold similar cognitions (e.g., Mathieu, Heffner, Goodwin, Salas, & Cannon-Bowers, 2000). However, team diversity literature shows that teams are more effective and creative when there is diversity of skills, information, and expertise among team members (Mannix & Neale, 2005). Therefore, the co-leadership team cognition-team diversity model asserts that co-leaders are most effective when they are similar in their mental models of their group, and dissimilar in leadership style.

Some research supports this model. For example, the findings of Miles and Kivlighan (in press) that similarity in cognitions between co-leaders about their group members led to a more productive group climate. In addition, Piper et al. (1979) found that dissimilarity in content and focus of co-leaders' interventions led to more positive interpersonal functioning outcomes. The current study (which was presented at the Division 49 Poster Session in August 2008 in Boston) was an attempt to provide additional support to the co-leadership team cognition-team diversity model. Specifically, it was aimed at examining the similarity

in co-leaders' use of technical and personal interventions, and its effect on group processes.

We examined co-leader similarity of eight intergroup dialogue groups at a large university, and its effect on group climate. Intergroup dialogues are based on Allport's (1954) intergroup contact hypothesis that contact between groups could help reduce prejudice. The groups bring together individuals from social groups that have typically had a history of tension (e.g., people of color and white people; women and men) in an effort to build bridges of understanding across groups. As such, the participants for this study were undergraduate students who were registered for, and participated in one of the eight intergroup dialogues offered. The groups were co-led by university faculty, graduate students, and affiliates trained in intergroup dialogue facilitation, and met for two hours per week, for seven consecutive weeks. Following each session, group members completed the Group Climate Questionnaire-Short Form (GCQ-S; MacKenzie, 1983) and a Leadership Profile via an online survey.

The GCQ-S (MacKenzie, 1983) is a 12-item measure that assesses group climate on three subscales: *avoiding, conflict*, and *engaged*. We calculated mean scores for each scale, for each group member, for each session. We then aggregated these mean scores by group and session, to provide a single mean score for each group climate variable, for each group, for each session.

The Leadership Profile is a 14-item measure that assesses frequency of personal and technical leadership by each co-leader, and group member satisfaction with the amount of each of these types of leadership.

In our preliminary analyses, leaders' profiles were examined and compared within co-leader pairs, and a dissimilarity index was calculated for each co-leader pair. Growth curve analyses were then run to determine if co-leader dissimilarity in leadership style could predict each of the group climate variables (i.e., avoiding, conflict, and engaged). The growth curve analyses indicated that dissimilarity was significantly related to avoiding, engaged, and conflict. When group members perceived their co-leaders to be more dissimilar in term of their leadership style (i.e., their use of technical and personal interventions), they also perceived the group climate to be higher in avoiding, engagement, and conflict.

These preliminary analyses provide partial support for the co-leadership team cognition-team diversity model (Kivlighan, in preparation). Specifically, they suggest that when group members perceived that their co-leaders are dissimilar in terms of their leadership style (i.e., their use of technical and personal interventions), group members perceived that their group climate was higher in engagement and conflict, both of which are productive aspects of group climate for intergroup dialogues. According to MacKenzie (1983) the engaged aspect of group climate includes cohesion, relationship factors, self disclosure, "cognitive understanding of the meaning of behavior" (p. 165), and

Group Co-Leader...

(Continued from p. 9)

"challenge and confrontation [to] promote interpersonal learning" (p. 165). Each of these aspects of group climate is consistent with the mission of intergroup dialogues, which seek to build relationships and interpersonal understanding across groups.

In addition, the conflict aspect of group climate deals with interpersonal conflict and distrust within the group, and "is important in promoting an atmosphere in which defenses can be challenged...[and] forces members to further self-disclose so that differences can be explored" (MacKenzie, 1983, p. 166). Again, a group climate characterized by some level of conflict is consistent with the goals of intergroup dialogues, and suggests that the group is functioning productively to examine difficult between-group issues. These findings are consistent with both the co-leadership team cognition-team diversity model (Kivlighan, in preparation), and previous research (Piper, Doan, Edwards, & Jones, 1979).

However, these results also suggest that dissimilarity is positively related to the avoiding aspect of group climate. The avoiding aspect of group climate suggests that, "members are avoiding a significant encounter with themselves and their problems as well as with other group members" (MacKenzie, 1983, p. 166), which is inconsistent with the mission of intergroup dialogues, and thus the co-leadership team cognition-team diversity model. It may be that too much co-leader dissimilarity in leadership styles keeps the work of the group at a superficial level. As such, further analyses of these data will examine changes in similarity over the life of the group, and their effect on group climate. Further research may also examine both the team cognition and team diversity aspects of co-leader similarity simultaneously.

This study was presented at the Division 49 poster session in August at the 2008 APA Convention in Boston.

References
Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison Wesley.

Bernard, H. S., Drob, S. L., & Lifshutz, H. (1987). Compatibility between cotherapists: An empirical report. *Psychotherapy, 24*, 96–104.

Dick, B., Lessler, K., & Whiteside, K. (1980). A developmental framework for cotherapy. *International Journal of Group Psychotherapy, 30*, 273–285.

Kravitz, D. A. (2005). Diversity in teams: A two-edged sword requires careful handling. *Psychological Science in the Public Interest, 6*, i–ii.

MacKenzie, K. R. (1983). The clinical application of a group climate measure. In R. R. Dies &

K. R. MacKenzie (Eds.), *Advances in group psychotherapy* (pp. 159–170). New York: International Universities Press.

Mannix, E., & Neale, M. A. (2005). What differences make a difference? The promise and reality of diverse teams in organizations. *Psychological Science in the Public Interest, 6*, 31–55.

Mathieu, J. E., Heffner, T. S., Goodwin, G. F., Salas, E., & Cannon-Bowers, J. A. (2000). The influence of shared mental models on team process and performance. *Journal of Applied Psychology, 85*, 273–283.

Miles, J. M., & Kivlighan, D. M. (in press). Team cognition in group interventions: The relation between co-leaders' shared mental models and group climate. *Group Dynamics: Theory, Research, and Practice*.

Paulson, I., Burroughs, J. C., & Gelb, C. B. (1976). Cotherapy: What is the crux of the relationship? *International Journal of Group Psychotherapy, 26*, 213–224.

Piper, W. E., Doan, B. D., Edwards, E. M., & Jones, B. D. (1979). Cotherapy behavior, group therapy process, and treatment outcome. *Journal of Consulting and Clinical Psychology, 47*, 1081–1089.

Rentsch, J. R., & Woehr, D. J. (2004). Quantifying congruence in cognition: Social relations modeling and team member schema similarity. In E. Salas & S. M. Fiore (Eds.), *Team cognition: Understanding the factors that drive process and performance* (pp. 11–31). Washington, DC: American Psychological Association.

Roller, B., & Nelson, V. (1991). *The art of co-therapy: How therapists work together*. New York: The Guilford Press.

Salas, E., & Fiore, S. M. (Eds.). (2004). *Team cognition: Understanding the factors that drive process and performance*. Washington, DC: American Psychological Association.

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

Call for Division 49 Fellow Nominations

The Fellows Committee invites you to apply for initial Fellow status if you:

1. have held a doctoral degree in psychology for at least five years,
2. have been a member of the Division for at least one year,
3. have made an outstanding and documented contribution to the science, teaching and/or research of group psychology and/or the practice of group psychotherapy,
4. are endorsed by three APA Fellows, including two Fellows within the Division if possible.

Current Fellows, who are already Fellows in other divisions, and who seek Fellow status in Division 49 should submit a statement outlining their involvement in group psychology and/or group psychotherapy.

Please send for your application forms early since the process is a lengthy one. The deadline for final submission of materials for 2008–2009 is December 1, 2008.

Requests for application forms should be sent to Gloria B. Gottsegen, PhD, Chair, Fellows Committee, Division 49, 22701 Meridiana Drive, Boca Raton, FL 33433. Phone: 561-393-1266; Fax: 561-393-2823; E-mail: GGottsegen@aol.com

Girl Talk Parent Support Group: A Group Intervention for Parents of Girls with Craniofacial Differences

D. Colette Nicolaou, PhD; Alexis L. Johns, PhD; and
Laura Garcia, MSW
Craniofacial and Cleft Center, Division of Plastic Surgery,
Children's Hospital Los Angeles

Craniofacial differences (CFD) refer to facial disfigurement and scarring that may result from conditions such as cleft lip and palate, microtia, craniosynostosis, traumatic injury, and congenital facial anomalies. While most children with CFD do not face significant maladjustment compared to their peers (Pope & Ward, 1997; Speltz, Galbreath, & Greenberg, 1995), they are at an elevated risk for developing specific internalizing difficulties, including low self-esteem, social withdrawal, and anxiety (Tiemens, Beverridge, & Nicholas, 2007). Peer interactions are particularly impacted by associated negative body image, communication difficulties, and depression (Abdullah et al.,1994; Kish & Landsown, 2000; Thompson & Kent, 2001).

In addition to trying to help their children , parents of children with CFD often report feelings of loss and grief (Tanner, Dechert, & Frieden, 1998) and lower levels of psychological well-being (Kunkel, Zager, Hausman, & Rabinowtiz, 1994). Despite noted difficulties for families of children with CFD, there are few studies addressing intervention strategies for these parents. Preliminary findings suggest that group formats allow parents to receive emotional support from others with similar experiences (Goh, Lane, Bruckner, 2007). In addition, parents report a sense of community in which they may discuss familiar challenges as a means of reducing feelings of isolation (Dennis, 2003; Goh et al., 2007). As a result, families often emerge with more positive coping skills, improved medical compliance, and increased quality of life (Dennis, 2003; Harris, 1988). Given families affected by CFD face unique psychosocial issues, the Girl Talk program and Parent Support Group concurrently address child and parent concerns as a means of increasing adaptation within a family context.

Girl Talk Program and Parent Support Group
The Girl Talk program is an 8-week support group designed to increase self-esteem, decrease anxiety and depression, and enhance social skills among girls between the ages of 8 and 16 with a variety of CFD (Miller, Munoz, Carson, Nguyen, Rafeedie, & Rathburn, 2007). Parents and caregivers of girls with CFD participate in a concurrent support group. Weekly 90 minutes sessions are facilitated by therapists with experience working with CFD families. The program consists of a core curriculum based upon psychoeducation in coping and social skills that are also integrated into creative arts activities.

Much of the parent group content is parallel to the Girl Talk program in order to help parents serve as models for their daughters and reinforce targeted skills at home, which include training in: assertiveness, positive self-talk, confident nonverbal communication, how to deal with teasing, problem-solving, reframing, relaxation techniques, friendships, media influences, and other coping skills. The parent group also provides coaching in positive parenting strategies and ways to help increase their daughters' self-esteem. Additional topics relevant to their needs as CFD parents addressed in the curriculum including hospital and community resources, school advocacy, and psychoeducation about developmental phase expectations. The underlying purpose of the parent group is to provide social support among parents of girls with CFD, as normalization and shared empathy regarding the challenges they face is key to parents' adaptive coping.

D. Colette Nicolaou, PhD

Cultural and Language Considerations
The demographic makeup of the population receiving mental health services at Children Hospital Los Angeles (CHLA) primarily consists of urban, low-income families. Children of Latino bilingual/bicultural backgrounds represent 65% of the CHLA population, many of whom have monolingual Spanish-speaking parents. Therefore, bilingual/bicultural facilitators are used, as well as professional interpreters, to serve the needs of non-English speaking parents while sustaining the cohesion of a diverse group. A variety of cultural issues are addressed throughout the group, including variations in cultural responses to children with CFD. Research in behavioral interventions among other ethnic minorities suggests a need to include the central role of the family, to recognize socioeconomic stressors, and to empower parents to advocate for their children and to navigate through the medical system (Schwartz, Radcliffe, & Barakat, 2007). The Girl Talk Parent Group integrates these issues as they arise within a culturally sensitive framework.

Multidisciplinary Approach
Given the extensive medical history of most children with CFD, families interact with multiple medical specialties. Medical interactions are often stressful for families and can be complicated by cultural and language barriers. Therefore, a key component of the Girl Talk Parent Group is the involvement of multidisciplinary medical staff, including geneticists, nurses, social workers, and psychologists, who are available to provide additional information for parents. With the help of bilingual facilitators, parents are able to ask questions regarding diagnosis, treatment, and long term care. The group allows for more extensive discussions than typically possible during clinic visits in which parents are able to address longstanding concerns and common misconceptions (Goh et al., 2007; Miller et al., 2007). As a result, parents become more

Girl Talk Parent Support Group

(Continued from p. 11)

familiar with their daughters' diagnostic profile and can feel more comfortable communicating with the health care team.

Evaluation Methods

In order to examine the impact of the Girl Talk program on children and families, we are gathering case studies, qualitative reviews, and pre and post outcome measures in the overall treatment protocol. Further work will explore data collection outcomes from the following measures: Behavioral Assessment System for Children, Second Edition (BASC-2; Reynolds & Kamphaus, 2004) completed by girls and their parents, Pediatric Quality of Life Inventory (PedsQL; Varni, Seid, & Rode, 1999), and a questionnaire designed to measure symptoms and skills addressed in the group.

Conclusions

Preliminary case studies and qualitative responses suggest that parents have experienced a variety of benefits from the groups, such as improved relationships and communication with their daughters, as well as increased self-efficacy in being able to help their daughters cope with problems. Parents also report reduced feelings of shame and guilt associated with increased support from peer relationships formed with other parents in the group. In particular, parents appreciated the psychoeducational components of the program and described an enhanced perspective on and a better medical and genetic understanding of their daughters' CFD.

The Girl Talk program and Parent Support Group employs the benefits of shared group experiences to address the needs of families affected by CFD within a multidisciplinary, family based, and culturally sensitive framework. As qualitative reports continue to support the efficacy of the program, upcoming research regarding the inclusion of outcome measures will be examined to extend the current literature base and to help improve the program as needed. In addition, the group curriculum and structure have begun to be applied with modifications to other pediatric medical conditions, such as diabetes.

References

Abdullah, A., Blakeney, P., Hunt, R., Broemeling, L., Phillips, L., Herndon, D. L., & Robson, M. C. (1994). Visible scars and self esteem in pediatric patients with burns. *Journal of Burn Care Rehabilitation, 15*(2), 164–168.

Dennis, C. L. (2003). Peer support within a health care context: A concept analysis. *International Journal of Nursing Studies, 40*, 321–332.

Goh, C., Lane, A. T., & Bruckner, A. L. (2007). Support group for children and their families in pediatric dermatology. *Pediatric Dermatology, 24*, 302–305.

Harris, H. (1988). Support groups: Great for patients, great for your practice. *Medical Economics, 65*, 118–129.

Kish, V., & Lansdown, R. (2000). Meeting the psychosocial impact of facial disfigurement: Developing a clinical service for children and families. *Clinical Child Psychology and Psychiatry, 5*(4), 497–512.

Kunkel, E. J. S., Zager, R. P., Hausman, C. L., & Rabinowitz, L. G. (1994). An interdisciplinary group for parents of children with hemangiomas. *Psychosomatics, 35*, 524–532.

Miller, S., Munoz, C., Carson, M., Nguyen, M., Rafeedie, J., & Rathburn, K. (2007). Girl Talk: Group therapy to enhance adjustment with facial scarring and disfigurement. *The Family Psychologist, 23*(1), 28–30.

Pope, A. W., & Ward, J. (1997). Factors associated with peer social competence in preadolescents with craniofacial anomalies. *Journal of Pediatric Psychology, 22*(4), 455–469.

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior assessment system for children* (2nd ed.). Circle Pines, MN: AGS.

Schwartz, L. A., Radcliffe, J., & Barakat, L. P. (2007). The development of a culturally sensitive pediatric pain management intervention for African American adolescents with sickle cell disease. *Children's Health Care, 36*, 267–283.

Speltz, M. L., Galbreath, H., & Breenberg, M. T. (1995). A developmental framework for psychosocial research on young children with craniofacial anomalies. In R. Eder (Ed.), *Craniofacial anomalies: Psychological perspectives*. New York: Springer-Verlag.

Tanner, J. L., Dechert, M. P., & Frieden, I. J. (1998). Growing up with a facial hemangioma: Parent and child coping and adaptation. *Pediatrics, 101*(3), 446–452.

Thompson, A., & Kent, G. (2001). Adjusting to disfigurement: Processes involved in dealing with being visibly different. *Clinical Psychology Review, 21*, 663–682.

Tiemens, K., Beveridge, H., & Nicholas, D. (2006). A therapeutic camp weekend for adolescents with craniofacial differences. *Cleft Palate-Craniofacial Journal, 43*(1), 44–46.

Varni, J. W., Seid, M., & Rode, C. A. (1999). The PedsQL: Measurement model for the pediatric quality of life inventory. *Medical Care, 37*, 126–139.

Prevention Corner

Elaine Clanton Harpine, PhD

Elaine Clanton-Harpine, PhD

Today, we are completing a two-part response to a question put forth in July. Part 1 appeared in our July column and defined the term school-based mental health as concerning both organizational and individual needs, as including physical and mental health, and as incorporating both treatment and prevention. As promised in our July column, we will now turn our attention to answering the second part of our two-part question. I have reprinted the complete question for clarity.

EDITORIAL QUESTION POSED:

Dear Prevention Corner:

I signed up to attend this conference because the title included both the words "school" and "mental health." I'm an elementary school counselor. I primarily see children one-on-one for individual sessions. I've never used groups, and my master's degree program didn't cover groups.

Thanks for giving us an opportunity to ask questions, because I actually have two questions today. First, exactly what is school-based mental health? My second question is how do you organize a group? Which children do you include in school-based mental health groups?

Signed,
Excited to be Learning about Groups

Today we are focusing on the second part of the question: "How do you organize a group in schools? Which children do you include in school-based mental health groups?"

FIRST RESPONDENT:

Dear Excited to be Learning about Groups,

As Elaine Clanton Harpine, PhD, suggested in her July response to the first part of your question, school-based mental health encompasses a range of services by affecting change organizationally, comprehensively, or through direct child services. As she indicated, direct child services include both working with children individually and/or in small groups. You have asked how to organize groups in schools, and which children should be included in school-based mental health groups. In this brief response, I will provide a few suggestions as to how best to identify students to include in school-based mental health groups as well as how to plan, develop, and organize the groups so that they are maximally beneficial.

Let us first consider how to best identify students for group intervention. We are all familiar with the adage "If it ain't broke, don't fix it." This can be true of mental health work as well. Thus, it is always important to establish that there is a need for services prior to expending the resources to develop programs that may not be necessary. Working within the context of a school system provides you with the opportunity to interface with several different subsystems in order to determine if there is a need. Students, teachers, administrators, staff, and parents are all excellent sources of information. As a mental health worker, it is your job to listen to individuals within these subsystems and pay particular attention to any and all indications that there may be a problem. Themes that indicate a particular need or problem can emerge even in the course of a few conversations. It is the job of the mental health worker to detect such themes as they emerge and then follow up with more questions, either informally (e.g., open-ended questions within the context of the conversation) or formally (e.g., developing a survey with closed-ended or Likert-type scales). As a mental health worker you can either develop groups to work with existing problems or, based on the information you have received from sources, fashion groups which are designed to prevent problems before they fully emerge. The individuals in the above-mentioned subsystems are not only excellent sources of information about extant or emergent problems, but will likely be those who provide you with your referrals once you have developed your group-based intervention. With the space limitations of this brief response, it is not possible to provide a comprehensive list of "which children should be included," however, it is possible to emphasize the fact that most mental health problems can be addressed in a group format, that many mental health groups have already been developed to address a multitude of problems, and the findings and success rates of these groups are reported in the educational and psychological literature, and most who participate in a well-facilitated group report positive experiences.

If a problem has been determined to exist and needs "fixing," you will need to plan, develop, and organize groups so that they are maximally beneficial. It is recommended that you plan your intervention by informing your understanding of the issue. This can be done by engaging in research and/or consultation with someone who is familiar with group interventions. This step is necessary as you will increase the likelihood of your intervention being successful, since it will be based on the methods and experiences of others which have been shown to be effective.

Now that your intervention has been developed, you should have a sense of what you will be doing and how you will be doing it. Choosing to utilize a group-based model within a school setting is beneficial in that groups have been shown to be both time- and cost-effective, with the added benefits of normalization of the problem, as well as the facilitation of cohesion within the group itself and the generalizability of skills to classroom and other social situations. With regard to the question of how the group should be organized, this will depend largely on the problem being addressed. A good

Prevention Corner

rule of thumb is to utilize smaller groups (6–10 students) for more complex or discrete problems (e.g., bullying, eating disorders) and larger groups (10+) for more general or skills-based problems (e.g., forming friendships, study skills). When deciding which students to include in groups, be mindful that, by constructing a group, you are creating a culture. It your task as the mental health worker to use this culture as a means for the members to access and then modify whatever problem (e.g., thought, feeling, or behavior) it is that has been targeted. Thus, it is important to consider the possible impact of any one member before assigning them to the group. Lastly, the use of pretest and posttest measures will help you to determine if change has occurred. Measuring the problem before you begin working with it will enable you to determine if any, and how much, positive change has been made.

In summary, the most successful groups tend to be the ones which are addressing an actual need, have been well-planned, are developed on sound theories, and are organized in such a way that they work with the targeted problem or population effectively. As you begin to identify needs within your own school system and develop and conduct groups in order to effectively address those needs, I would like to encourage you to also share your successes with other mental health workers so that they too may benefit from the wisdom of your experiences.

Christopher D. Bell, PhD
Assistant Professor
Psychology Department
Augusta State University

SECOND RESPONDENT:

Dear Excited to be Learning about Groups,

Organizing a group intervention in school involves four important steps: (1) assessment—identifying student issues within your school that would be appropriate for a group, (2) design—selecting or developing a group curriculum based on the identified student issue, (3) implementation—conducting a group with a targeted student population based on the identified issue, and (4) evaluation—collecting student and facilitator feedback on the effectiveness of the group for the identified student issue.

In the first step—*assessment*—there are informal and formal ways to identify student issues present in your school. Informal data includes asking yourself and others, "What are the challenges students face most often in our school?" As a practitioner, the answer to this question may include many topics (e.g., academic failure) and may vary by school level (e.g., bullying). Speaking informally with the stakeholders in your school, from teachers and parents to school administrators, about student issues in the school is a great informal assessment process. It is best to combine informal and formal assessment - especially since formal assessment data (e.g., truancy rates) identifying student challenges is often already collected and at your fingertips!

Once you have identified student issues in the school, it is time to *design* a group curriculum based on the identified student topic. For instance, if during the assessment stage you identified an ongoing student issue of bullying, you can select one of the many bullying prevention group curricula that have already been developed. However, during assessment, you may have identified a student issue that is not as well-studied (e.g., gay-bullying). In this situation, you may need to develop a group curriculum that is more tailored to the specific student issue within your school. The design stage is a critical part of the group organization process, as you also select a group facilitator (s), determine the length of the group, identify the students who will attend the group, advertise the group in the school, and screen potential group members. During this stage, it is also important to think about the ethical and legal issues in running the group and obtaining parental consent/student assent for participating in the group.

The implementation stage is typically the group process that can be most rewarding *and* challenging. Especially if you are the facilitator, you will get to see first-hand how the students are learning and growing in the group. Remember all the group stages that a group goes through—from forming to termination—and plan your activities accordingly whether you are using an established group curriculum or whether you designed a group yourself. The challenging parts of group typically involve student attrition and the storming stage, where there may be conflict between group members. Hang in through the challenging times and get support from colleagues during this time!

Finally, the *evaluation* stage is a group stage that people tend to overlook or underestimate—but it is a critical part of the group intervention. It is similar to the assessment stage, as you are informally (member discussion) or formally (evaluation survey) collecting information about the students' experiences in the group. During this stage, valuable feedback from students will help you continue aspects of the group that were helpful and refine components of group that were less helpful. Ultimately, you can also use this data—especially if your group is successful—to advocate for future group interventions in the school.

One final reminder - multicultural issues are important to consider throughout each stage of group organization and can also help you guide selection of students for your group! Asking yourself these questions can be helpful: Who are the students most affected by the identified student issue? What are the multicultural issues and implications of working with these students? Are there students that are either underrepresented or overrepresented as group members and why is this so?

Thanks for your important questions—and may your school-based mental health groups be rewarding through all four stages!

Anneliese A. Singh, PhD, LPC, NCC
The University of Georgia

THIRD RESPONDENT:

Dear Excited to be Learning About Groups:

An increasingly important consideration in the area of school-based mental health is the concept of connectedness, or the extent to which students feel engaged with, and a part of, their schools. Connectedness can contribute to students' overall sense of engagement with school, which in turn can contribute to improved student achievement and graduation rates. Student connection to school has been found to be a salient protective factor against acting out behaviors in school, and a supportive factor in maintaining school attendance and academic achievement (Northeast & Islands Regional Educational Laboratory at Brown University, 2001; Manning, 2005). Relationships with peers have been shown to play a large role in this sense of connection. Students who experience strong positive relationships with peers are more likely to engage in the classroom than those who feel alienated from their peers (Wentzel & Watkins, 2002). Furthermore, poor peer relationships and social alienation are risk factors for poor school performance and dropping out of school (Dimmit, 2003; Kaplan, et al., 1997). Prevention programming aimed at increasing students' connectedness to school by emphasizing peer relationships therefore appears to be an important means of promoting school-based mental health.

One option for utilizing groups in schools to promote student connectedness is the use of peer-led mentoring groups. Peer-led groups are a form of peer helping programs that may be particularly relevant to high school settings because they fit well with the developmental needs of adolescents. Such programs are able to combine the established effectiveness of group-based interventions with the influential role of peer social relationships in adolescence. A peer-led group mentoring program can be implemented and used school-wide. While students' individual needs for specific skill development may vary, all students can benefit from a program designed to improve their relationships with each other and their connectedness to the school as a whole.

In one large suburban high school with which I consult, a group-based high school peer mentoring program, the Spartan Mentor Program (SMP) has been put into place. The goals of the program are to facilitate the successful transition of freshmen into the high school and to promote connectedness through encouraging positive relationships among students. The structure of the program includes trained upperclassmen mentors co-leading weekly small discussion groups with freshmen. The SMP targets the entire freshman class; over 60 mentors lead groups that involve over 400 freshmen. The mentoring groups take during the Freshman Seminar period, an enhanced study hall that is a regular part of the school schedule. By targeting the entire incoming student body each year, promoting connectedness among students has become a school-wide prevention goal that is intended to promote change in the overall school culture.

In the SMP, the groups meet once a week throughout the year, although the make-up of the group (both members and co-leaders) changes from Fall to Spring semesters to accommodate student schedules. Group meetings cover a range of prevention-related topics intended to promote success in school. Communication and interpersonal skills, study skills, bullying and cliques, stress management, peer pressure, and decision-making are some of the covered topics. However, the groups are not exclusively focused on delivering content. The program also emphasizes group process, including developing safety and cohesion and promoting interpersonal learning. Thus, both the content and process components of the groups are seen as important in achieving the goals of the program.

Clearly, to make such a program successful, mentor group leaders must be thoroughly and carefully selected, trained and supervised. The mentor application process includes a written essay, recommendations from school faculty, and a group interview. Students selected as mentors attend a mandatory 3-day training workshop. During the workshop they receive training in communication and leadership skills, as well as group development theory and group facilitation skills. Practice and role play, both as group members and group leaders, are major components of the training. Additionally, mentors enroll in a one-credit peer mentoring class in which they receive weekly training and supervision from the program director. During this class time, the co-leader pairs reflect on their group sessions from the previous week as well as plan for their sessions for the upcoming week. Finally, the weekly class meetings are supplemented with monthly evening training sessions to reinforce group facilitation skills.

A preliminary investigation of students' experiences in the SMP has been conducted (Nitza, Delucia-Waack, Horne, & Dobias, 2008). Results indicate that freshman group members find the relationship or group process components of the groups to be the most meaningful part of the experience. Group leader behaviors most frequently described as helpful by members include that the mentors listen well, that the leaders' self-disclosure about their own experiences in high school is valuable, and that the leaders facilitate a safe and welcoming group atmosphere. Conversely, the leader behaviors least frequently listed as helpful were those that dealt with specific program topics or activities. While further investigation into the effective use and training of peer group leaders is needed, these results offer preliminary evidence that the peer mentors are able to perform as group leaders and not just as peer educators who teach topics to other students.

The potential benefits of this type of group program in schools are many. The format allows professionals to reach many more students than they could reach through direct service alone. Additionally, as with any peer helping program, beyond the benefits provided to group members, the peer group leaders themselves are likely to gain interpersonal and leadership skills. Finally, the school-wide nature of the program, emphasizing not only skill-building but building connections among students, is likely to not only assist individual students in their transition into high school, but to benefit the entire school culture.

Some cautions are warranted in running this type of school-based mental health group program. Peer group leaders must be well trained and understand clearly the ethics of peer helping, the responsibilities and limits of their role, and the referral process and procedures they are expected to use. It is recommended that group topics be limited to school-based issues, and not expand into family issues

Prevention Corner

or other more personal issues that may become too challenging for peer leaders to manage. Ongoing supervision and monitoring of the groups is essential, and can be time consuming. Because of the time involved, it is important that school faculty and administrators all be in support of the program and its goals. While putting together this type of program is a major investment of school time and resources, it is likely that the extra effort up front can result in successful prevention efforts that save time and resources over the long term.

References

Dimmitt, C. (2003). Transforming school counseling practice through collaboration and the use of data: A study of academic failure in high school. *Professional School Counseling, 6*(5), 340–349.

Kaplan, D. S., Peck, B. M., & Kaplan, H. B. (1997). Decomposing the academic failure-dropout relationship: A longitudinal analysis. *The Journal of Educational Research, 90*(6), 331–343.

Manning, D. (2005). *Connected students: The key to school-initiated graduation rate improvement.* Oroville, WA: Bridges Transitions. Retrieved August 1, 2007, from http://www.bridges.com/marcom/campn/grip/connected_students.pdf

Nitza, A., Delucia-Waack, J. L., Horne, A. M., & Dobias, B. (2008, March). *Training high school students in group leadership and mentoring: A case study.* Presented at the annual conference of the American Counseling Association, Honolulu, HI.

Northeast and Islands Regional Educational Laboratory at Brown University (2001). Student-centered high schools: Helping schools adapt to the learning needs of adolescents. *Perspectives on Policy and Practice.* Retrieved August 1, 2007, from http://www.alliance.brwon.edu/pubs/perspectives/stdntctrhs.pdf

Wentzel, K., & Watkins, D. (2002). Peer relationships and collaborative learning as contexts for academic enablers. *School Psychology Review, 31*, 366–377.

Amy Nitza, Ph.D
Assistant Professor and Coordinator of the School Counseling Program
School of Education
Indiana University Purdue University Fort Wayne (IPFW)
Fulbright Scholar at the University of Botswana

Purposeful Selection of Group Techniques

Mark Newmeyer, PhD

Perhaps you can relate to an experience I had several years ago as a beginning group leader. Having received training in groups during my graduate work I accepted an opportunity to put into action the skills I thought I had acquired. However, after the first session, and during most of the remaining fourteen sessions, I was keenly aware that I had rapidly defaulted to a model of group leadership that I did not much care for. Rather than making use of the strategies my training had equipped me with, I found myself reproducing the model of leadership that I had seen most frequently in my actual experience of groups. The

Mark Newmeyer, PhD

model, that is, in which the leader performs the role of a teacher–lecturer imparting knowledge to a listening audience. As you can imagine member participation was limited. Group members did not learn to talk among themselves and learn from each other since communication was almost entirely dyadic exchanges filtered through me, the leader. At some point midway through the sessions I recall members even became resistant to arranging the chairs into a circle, preferring a traditional classroom configuration with me standing at the front. Discouraged and disappointed by the entire group experience I steered clear of group leader roles for several years, but occasionally mused about how I could have done things differently. My experience raises the larger question that applies to both novice and experienced group leaders: how do group leaders go about discovering or selecting techniques to help the group move ahead with its work?

Eventually I was fortunate to co-lead psychotherapy groups with a masterful group leader and clinician. Though this real-time training certainly sharpened my abilities to lead groups I continued to reflect on the topic of group leadership and the processes by which decisions are made, especially at critical junctures. What guides the selection of one technique or strategy over another? Intuition? Trial and error? The input of a supervisor?

This is where the Division 49 sponsored program "Purposeful Selection of Group Techniques" fits. Based upon the work of Conyne, Crowell, and Newmeyer (2008), this brief training will experientially allow participants to gain exposure to a conceptual model for selecting group techniques. And by "group techniques," I mean, quite simply, the actions group leaders take to move the group and its members forward.

At the center of this model are six ecological concepts that group leaders are encouraged to use in assessing group functioning. A brief overview follows:

Context

All groups are part of a set of circumstances and conditions. Each group has its own set of evolving contextual dynamics that can range from the distal (e.g., world events, state funding, cultural trends) or to the proximal (e.g., dimly lit room, member adherence to attendance, agency policies). The strategy that emerges from this concept is to conceptualize that context is everything.

Interconnections

A collection of individuals who occupy the same space and time, but who are not connected or attempting to connect, is not a group. A quintessential ingredient in groups is how members relate to, work with, and learn from one another. The strategy that emerges from this concept is to forge interconnections among members.

Collaboration

Members and group leaders should not foist their ideas and approaches on each other. While it is true that group leaders have training, theory and experience, members are the experts in their own experiences and situations. Promoting a spirit of collaboration or an attitude of "doing with, rather than doing to" emerges as a strategy from this concept.

Social System Maintenance

Developing and maintaining a group culture requires attention to such things as rules, norms, and members' expectations. As well, in the groups I lead I have learned to encourage the members to cherish and value the particular collection of people and their collective experiences. This specific group of individuals and their accumulated life experiences represent a unique experience that can never be repeated. Thus, the strategy that emerges for group leaders is creating and maintaining a functional social system.

Meaning Making

Constructivist approaches in psychology have focused on the importance of connecting experience with knowing. This is central to the therapeutic compact. The work of the members in a group must include deriving meaning from their experiences. The strategy that emerges for group leaders is to connect experience with knowing.

Sustainability

The ability of group members to transfer, apply and sustain learning beyond the confines of the group (especially over time) is critically important. Often group members may succeed within the group (e.g., improved communication with others), but fail to sustain this learning when they cannot generalize it to their family, friends, employer, etc. Thus, attending to lasting change over time emerges as a strategy.

Prior to considering how the six ecological concepts can be integrated, participants will work in small groups (using a critical incident format) to identify how selecting a technique can be informed by relevant best practices and the type of group. In addition, participants will consider levels of techniques (i.e., individual, interpersonal, or group) and focus of techniques (i.e., cognitive, affective, behavioral, or structural).

After this work is accomplished, including integration of the ecological concepts, participants can review numerous group techniques that have been classified according to all the above considerations. See the example below of just one of over two hundred group techniques that we have classified:

At this point, I recommend that beginning group leaders review these techniques as a way of identifying concrete possibilities for consideration and potential use. On the other hand, group leaders with more experience might benefit from scanning the techniques with the intent of modifying an existing technique or to stimulate other inventive ideas. For advanced group leaders, it might be fitting to first determine your own techniques and then turn to the list of categorized techniques as a check.

As a last step in selecting a technique, participants are asked to use the evaluative criteria (Craig, 1978) of appropriateness, adequacy, effectiveness, efficiency, and side effects (A-A-E-E-S). Are the potential techniques *appropriate* (e.g., fits the culture of the group)? Are they *adequate* (i.e., strong enough, without being too strong, to have the desired effect)? Are they *effective* enough to fully achieve the goal(s)? Are they *efficient* (e.g., accomplished using accessible resources)? What are there potential positive and/or negative *side effects*?

Participants of this workshop will also have an opportunity to plan future potential use of the model, or its adaptation, in their work.

References

Conyne, R. K., Crowell, J. L., & Newmeyer, M. D. (2008). *Group techniques: How to use them more purposefully*. Upper Saddle River, NJ: Pearson Education, Inc.

Craig, D. (1978). *HIP pocket guide to planning & evaluation*. Austin, TX: Learning Concpets.

Group Type	Best Practice: PROCESSING Within-Session	Stage	Key Ecological Concepts	Focus	Level
Psychoed Counseling	"Imagine yourself as you are now—silent—and it is the last session. What have you gotten from the group? How do you feel about your level of participation? Share this with the group."	Mid End	Meaning making Sustainability	Cognitive Affective	Individual

Assumption of Independence in Group Intervention Research

Scott C. Marley, PhD, and Jeanmarie Keim, PhD
University of New Mexico

Imagine a newly developed group intervention that capitalizes on the co-construction of solutions. Practitioners' past experiences with the intervention have been very positive. In fact, many are confident that the technique is more effective than the other alternatives. The intervention's theory is cohesive and case studies of the intervention indicate that the therapy is efficacious. As scientifically-minded practitioners we want to see an experimental test of the efficacy of the new technique. We want to examine the intervention in a way that allows group differences to be attributed to the intervention; not an alternative explanation such as initial group differences, treatment diffusion, etc. (i.e., internal validity; see Shadish, Cook, Campbell, 2002).

Based on the above scenario, researchers devise an experimental investigation of the new strategy. The researchers recruit subjects, identify outcome measures that are expected to be sensitive to the program's effects, devise a protocol that can be consistently followed, implement the program with four groups of ten (two intervention and two control) and the rest is history. What could be the problem? Well, there are many threats to the internal validity of the study that are not addressed by the researchers. Of the threats, two are of particular interest to this paper and our Division 49 workshop that will be presented at the upcoming meeting of the American Psychological Association.

The basic problem is that the proposed study violates the statistical assumption of independence (Grawitch & Munz, 2004; Kenny & Judd, 1986). This assumption is commonly violated in education, public health and medical research to name a few fields, not just group psychology. It is pervasive throughout the social sciences as all one has to do is open any journal that reports intervention research to find an example. Many have heard their statistics professors mention the assumption of independence. When this topic arose some were holding on by their fingernails to pass the next exam; not understanding what appeared to be only a minor nuance of statistics. Alas, statistical nonindependence is problematic in terms of interpretation of a study's results. Therefore, to make this concept concrete we provide an example. Then we will explain the statistical ramifications of the example.

A group therapist at a school joins the researchers to examine, let's say, a procrastination prevention program. The program is based on the idea that procrastinators experience similar frustrations and would benefit from discussing these frustrations. The therapist provides treatment to two groups of ten and waitlists another group of twenty, all of which were randomly assigned. After awhile, the children in both groups are given a measure of procrastinating behavior. A statistical analysis of the resultant data reveals that the children in the therapy group were worse than the waitlist children, "This is completely counterintuitive! How can be this be?" the researchers remark. A couple of explanations that can account for the results: (1) A member of the intervention group, little Johnny, is a very persuasive leader and was able to convince the group that procrastination is fun, and (2) the therapist is not skilled in the technique and did not apply it properly. The reverse of this circumstance can also occur where the group

works so effectively together the intervention appears effective. As a matter of fact, the latter circumstance is what group interventions are all about. However, the researchers would like to attribute the effectiveness of the group intervention to the intervention, not the group effect per se. All one has to do is think back to a particularly effective or ineffective group session to realize this scenario happens all of the time.

Take a moment and consider an independent samples *t*-test. The purpose of the test is to determine whether there is a statistical difference between two groups. In the above example the intervention and control groups could be compared, if they differ by an extreme amount it is considered statistically rare. Assuming all is right, and the only thing that differs between groups is the intervention and the difference is attributed to the intervention. There are two errors researchers can make in this context. They can make a Type I error and conclude that a difference exists when in reality there is no difference between groups. This can result in the use of ineffective treatments. Or, they can make a Type II error and conclude the treatment is effective, when in reality the treatment is not. Both errors are to be avoided as they result in the usage of unproductive therapies or the rejection of productive therapies.

Now, consider the procrastination prevention example, if the therapy is effective the intervention group members will become more similar to one another relative to the control group members. Analysts have two analytical options for this design. One, the data can be analyzed as if the individuals in each group are statistically independent. This design results in an independent samples *t*-test with 38 degrees of freedom that must exceed a critical *t* value of 2.02, with $\alpha = .05$. However, since the assumption of independence has been violated the standard deviation in the group intervention will likely be lower than the control, if so, this will result in the reduction of the standard error, which increases Type I error rates. The alternative is to analyze at the group level using a two-degree of freedom test with a critical *t* of 4.03. Clearly, the power of the study is severely reduced and the likelihood of making a Type II error is raised. These two analytical circumstances can be found throughout the group literature base.

It is evident the methodological problems associated with the above scenario is unattractive. The purpose of our Division 49 presentation will be to elaborate upon the problem of statistical nonindependence and present ways to address it to enhance the scientific credibility of research in group settings.

References

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton-Mifflin.

Grawitch, M. J., & Munz, D. C. (2004). Are your data nonindependent? A practical guide to evaluating nonindependence and within-group agreement. U*nderstanding Statistics, 3,* 231–257.

Kenny, D. A., & Judd, C. M. (1986). Consequences of violating the independence assumption in analysis of variance. *Psychological Bulletin, 99,* 422–431.

Family Systems and Object Relations Perspectives in Group Psychotherapy

Kathleen Ritter, PhD

While few psychologists conduct process groups with an exclusively psychodynamic focus, most frame at least some of their observations from family or origin or object relations perspectives. The purpose of the following discussion is to increase the breadth of conceptualization, the range of observation, and the depth of interventions used by clinicians as they come to better appreciate the power and complexity of the dynamics inherent in any group.

Yalom and Leszcz (2005) note that family reenactment (or the corrective recapitulation of the primary family experience) is valued by most group therapists, but is not considered especially helpful by group members since it operates at a different level of awareness from such explicit factors as catharsis or universality. He believes, however, that "family reenactment becomes a part of the general horizon against which the group is experienced" and that "few therapists will deny that the primary family of each group member is an omnipresent specter haunting the group therapy room" (p. 97).

Family of origin experience influences the nature of interpersonal distortions, the role members assume in the group, and their attitudes toward the leaders. Accordingly, Yalom and Leszcz (2005) contend that the group is a time machine, with long-slumbering memories reawakened and clients transported back several decades. Fairbairn (1952) and other object relations theorists discussed the presence of an "array of internalized personages" that "are seen as dynamically active structures that behave at times live drives, at times like demons—autonomously with a life of their own" (Stolorow, Atwood, & Orange, 2002, p. 81). These primitive internal states affect all interpersonal behavior, even in mature relationships (Kibel, 1992).

Framo (1992) and Bowen (1978), two seminal family therapists, contended that family-of-origin concepts such as multigenerational transmission and the family projection process (or reenactment) can be applied to interactional group psychotherapy. This perspective can help explain alliance formation, attachment, and scapegoating as they occur in group therapy (Beck, 1982). The interactional focus in group therapy keeps familial images alive and a technique such as guided imagery can access the unconscious and increase the clients' awareness of family issues. Self-differentiation can be increased through these processes, as well as through the use of a genogram to highlight family of origin dynamics (Pare & Shannon-Brady, 1996).

Bowen was one of the first to develop a family systems theory that differs from psychoanalytic theory in that it conceptualizes the family, rather than the individual, as an emotional unit (Kerr & Bowen, 1988). This focus enables the clinician to connect to the processes and dynamics that exist in the moment in a family unit—much as in group therapy. Further, Bowen conjectured that individuals with little personal differentiation tend to react automatically to the emotional processes within and around them. These undifferentiated individuals are highly reactive in most situations and tend to project

their dynamics onto others individuals, a concept that clearly can be applied to both group and family therapy.

Framo (2003) employed the object relations perspective of Fairbairn (1952) and postulated that in intimate relations "people attempt to make a resolution of intrapsychic conflicts derived from their families of origin" (p. 9). He believed that transference distortions from the past are lived through intimate relations and that introjects from parental relations become templates for later relationships. Another of the first family theorists, Whitaker (1989), similarly noted that "*there is no such thing as a person, that a person is merely the fragment of a family*" [italics in original] (p. 116).

Along the same lines but from a psychodynamic/object relations perspective, Rutan, Stone and Shay (2007) speak of lifetime patterns of attachment that are played out in the group, the necessity of providing "containment" or a "holding environment" (p. 76) on the part of the therapist [*or parent; italics not in original*], and the transferences that repeatedly occur between various factions within the group. Winnicott (1958), speaking from an object relations frame, popularized several terms that have application for the group, namely: *the good-enough mother* (who can adapt to the needs of the infant); *the holding or facilitating environment;* and the *transitional object* (that, like a group, can serve as a comfort and protection against anxiety and loneliness). He and Kohut (1971, 1977) also discussed three types of self-object experiences (*idealizing, mirroring,* and *twinship*) that can occur in a group. These self-object functions can be provided by group members as well as by the therapist (Rutan, Stone, & Shay, 2007) and are particularly useful constructs in understanding the dynamics of group work (Schermer, 2000).

Klein (1963, 1975), another object relations theorist, contended that parental objects are introjected in infancy (and childhood) and contain good and bad objects, are internalized in fragments, and are projected onto others until reality testing and other more "mature" mechanisms allow them to be re-introjected. Wilfred Bion (1961) at the Tavistock Clinic was strongly influenced by Melanie Klein and first applied object relations theory to groups. He contended that, given the structureless nature of a therapy group, members regress and attempt to organize their relationships and bring structure to the group. This process is isomorphic with the phases of infant development and these parallel processes have been described in some length (Rice, 1992).

Bion's primary focus was on the group-as-a whole and the collective fantasies (derived from early introjects) that organize the group's functioning and determine its latent structure. "The bond that members develop to the group entity permits their internal object relations to be reenacted in a controlled and supportive way" (Kibel, 1992, p. 142). "Projective mechanisms are noted [by Bion] to be the

Family Systems...

(Continued from p. 19)

cornerstone . . . but the reintrojection of the projected fantasies is the bedrock of change" (Kibel, 1992, p. 142). *[Note the application here of Klein's thinking.]*

Projective identifications are played out in the scapegoat who contains all the "badness" in the members and in the group itself (Horwitz, 1983; Ogden, 1982). Horwitz (1983) believed that the spokesperson (whether it be a monopolist, a help-rejecting complainer, or a silent member is assigned so that other members do not have to be aware of their own similar feelings. Scapegoats can contain the "badness" of members and can (in fantasy) be driven from the group and the harmony of the group restored (Rosen, Stukenberg, & Sacks, 2001). A spokesperson (e.g., a monopolist) can serve the same purpose

"A group 'contains' members' projections—soothes them or tones them down—so that pallative reintrojective mechanisms can work" (Kibel, 1992, p. 173). In fact, group with a sufficient number of members with a high quality of object relations may have a calming effect on the entire group (Piper, Ogrodniczuk, Joyce, Weideman, & Rosie, 2007). An object relations perspective can be used to understand and regulate interpersonal conflict in group therapy and concepts such as projective identification and intersubjectivity help understand how conflict emerges in group psychotherapy and how it can be worked through (Daniele & Gordon, 1996). A competent group leader functions much like a "good enough" parent who is able to create a facilitative "holding environment" that is resilient enough to contain and redirect emotionality in members. It is only in this kind of mirroring milieu that members will be able to grow, mature, and thrive.

References

Beck, R. L. (1982). Process and content in the family-of-origin group. *International Journal of Group Psychotherapy, 32*(2), 233–244.

Bion, W. R. (1961). *Experiences in groups and other papers*. New York: Basic Books.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.

Daniele, R. J., & Gordon, R. M. (1996). Interpersonal conflict in group therapy: An object relations perspective. *Group, 20*(4), 303–311.

Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. London: Routledge and Kegan Paul.

Framo, J. L. (1992). *Family-of-origin therapy: An intergenerational approach*. New York: Brunner/Mazel.

Framo, J. L. (2003). Introduction. In J. L. Framo, T. T. Weber, & F. B. Levine (Eds.), *Coming home again: A family of origin consultation* (pp. 9–16). New York: Taylor & Francis.

Horwitz, L. (1983). Projective identification in dyads and groups. *International Journal of Group Psychotherapy, 33,* 259–279.

Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. New York: W. W. Norton.

Kibel, H. D. (1992). Clinical applications of object relations theory. In R. H. Klein, H. S. Bernard, & D. L. Singer (Eds.), *Handbook of contemporary group psychotherapy* (pp. 141–176). Madison, WI: International Universities Press.

Klein, M. (1963). *The psychoanalysis of children* (A. Strachey, Trans.). London: Hogarth.

Klein, M. (1975). *The psychoanalysis of children* (rev. ed.). (H. A. Thorner with A. Strachey, Trans.). New York: Delacorte Press/S. Lawrence.

Kohut, H. (1971). *The analysis of self*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Ogden, T. H. (1982). *Projective identification and psychotherapeutic technique*. New York: Aronson.

Pare, T. J., & Shannon-Brady, D. T. (1996). The use of guided imagery in family of origin group therapy. *Canadian Journal of Counseling, 30*(1), 42–54.

Piper, W. E., Ogrodniczuk, J. S., Joyce, A. S., Weideman, R., & Rosie, J. S. (2007). Group composition and group therapy for complicated grief. *Journal of Consulting and Clinical Psychology, 75*(1), 116–125.

Rosen, D., Stukenberg, K. W., & Sacks, S. (2001, Fall). The groups-as-a whole-object relations model of group psychotherapy. *Bulletin of the Menninger Clinic, 65*(4), 471–488.

Rice, C. A. (1992). Contributions from object relations theory. In R. H. Klein, H. S. Bernard, & D. L. Singer (Eds.), *Handbook of Contemporary Group Psychotherapy* (pp. 27–54). Madison, WI: International Universities Press.

Rutan, J. S., Stone, W. N., & Shay, J. J. (2007). *Psychodynamic group psychotherapy* (4th ed.). New York: The Guilford Press.

Schemer, V. L. (2000). Contributions of object relations theory and self psychology to relational psychology and group psychotherapy. *International Journal of Group Psychotherapy, 50*(2), 199–217.

Stolorow, R. D., Atwood, G. E., & Orange. D. M. (2002).*Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis*. New York: Basic Books.

Whitaker, C. (1988). *Midnight musings of a family therapist* (M. O. Ryan, Ed.). New York: W. W. Norton.

Winnicott, D. W. (1958). *Collected papers: From pediatrics to psychoanalysis*. London: Tavistock.

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

Listserv

Are you participating in Division 49's e-mail listserv? If not, then you've missed out on many interesting and potentially valuable messages about job opportunities (academic and nonacademic), calls for papers in special journal issues, conference announcements, and so on. The listserv has also allowed members to consult with one another on issues of mutual concern, such as evaluations of various therapy techniques. Several hundred Division members are already on the listserv—if you want to join them, contact Don Forsyth at dforsyth@richmond.edu.

Discovering the Self Through Creativity: Creative Arts in Group-as-a-Whole Work with Severely Mentally Ill, Institutionalized Individuals

Emma Wood, MA; Diana J. Semmelhack, PsyD; Larry Ende, MSW, PhD; Clive Hazell, PhD; and Wendell Carpenter, PhD

Gaining access to their creative selves benefits severely mentally ill, institutionalized adults. There are many reasons why. Winnicott (1971) suggests that creativity is the root of being, an expression of the self. He states that "it is only in being creative that the individual discovers the self" (p. 54). Further, many of the most innovative ideas that have shaped society have come from the minds of individuals considered to be mentally ill. Artists, writers and thinkers such as Vincent Van Gogh, Virginia Woolf, Abraham Lincoln and Winston Churchill have been deemed by society to be "mentally ill" (M. L. Lowry, National Alliance on Mental Illness [NAMI], personal communication, February 15, 2008). Today, the population of severely mentally ill adults residing in long-term care facilities in the United States is growing (National Center for Health Care Statistics, 1999). Many of these individuals are highly creative people with few treatment options other than medication management (NAMI, 2007). Rosenhan (1973) suggests that institutionalization has a depersonalizing effect. Severely mentally ill, institutionalized individuals are frequently seen as being "sick," "crazy," or "insane." Their sense of themselves as "artists," "writers," "scientists," "musicians," etc., can be quickly lost. Treatment is needed to help these people regain their sense of themselves as creative individuals.

In response to this need, our research team has found that basing a creative therapy group on a "Group-as-a-Whole" model (see below) creates a format which appears to help severely mentally ill, institutionalized adults to regain (or to gain) access to their creative sense of self.

For several years, our research team has investigated the effects of "Group-as-a-Whole" psychotherapy for consumers in long-term care settings (Hazell, 2005; Semmelhack, Hazell, & Hoffman, 2008; Semmelhack, Hazell, Ende, & Hoffman, 2008). This approach to group work derives from the Tavistock tradition in which a "consultant" makes comments directed to the whole group that describe *processes operating in the group that seem to be outside of members' awareness*. The emphasis on the whole group versus any specific member makes the group a safe place to risk sharing and confronting painful issues. Through this intellectually stimulating approach members spontaneously explore issues involving personal history and interpersonal relatedness as they occur in the here and now of the group. Specific emphasis is given to understanding how the label of mental illness interferes with members' capacity to become fully functioning human beings.

A paper we wrote which was published in the March 2008 American Counseling Association's, *The Journal for Specialists in Group Work* highlights empirical data suggesting that the group-as-a-whole model reduces anxiety and depression in severely mentally ill participants. In another article, currently under peer review, we highlight the efficacy of the model in developing a sense of cohesiveness and a reduction in anxiety. Additionally, results have been presented at the American Group Psychotherapy Association Conference, the International Conference on Group Psychotherapy and several American Psychological Association Conferences.

Most recently, we have formed creative arts groups based on the group-as-a-whole model. We began doing this because we found that the safety derived from the focus on the group in group-as-a-whole work deepened the processing in the creative arts group. Our use of the creative arts group assumes that creativity can be therapeutically harnessed in work with severely mentally ill individuals to increase their sense of self-image, mastery, and cohesion with others. Drawing on psychodynamic orientations, including the theories of Winnicott, Jung, Bion, and Foulkes, we developed a model for a 16 week program using creative expression through visual art, movement, music and literature in combination with group-as-a-whole psychodynamic interpretations. The program assumes above all that there is unconscious affect within the group, as per group-as-a-whole theory, which can be expressed and internalized within the transitional space of a creative arts group. The expressive and receptive art projects experienced by the group-as-a-whole serve as a channel through which projective identification is fostered within the membership. The processing of creative projects developed within the group using group-as-a-whole interpretations appears to increase members' self-knowledge and sense of belonging to the group.

This creative arts program has been implemented in two consecutive 16-week sections in a long-term care facility serving severely mentally ill individuals ranging from 25 to 90 years of age. The group is held weekly and has an open format with 15–50 clients attending per week. Initial feedback on the program suggests that it provides a much needed cathartic and psycho-educational experience to its participants. Members have stated that, "Finally, I have a way to express myself" and that "It feels good to draw again…I used to be an artist, you know". Participants speak openly about artistic talents, interests and experiences which they had forgotten or ignored. One member, a musician, indicated that in fifteen years of ongoing hospitalizations he had not told anyone that he played the guitar. The group was helping him to gain an understanding for the healing effects of playing his instrument. An empirical study is currently underway exploring the impact of this Tavistock/Creative Arts model on cohesion, self-efficacy and self-esteem. Preliminary results are favorable and have been presented at the Illinois Counseling Association Conference and the National Alliance on Mental Illness conference.

References

Hazell, C. (2005). *Imaginary groups*. Bloomington, IN: Authorhouse.

Hazell, C., & Semmelhack D. (2005). Group-as-a-whole in a county jail. In C. Hazell (Ed.), *Imaginary groups* (pp. 83–100). Bloomington, IN: Authorhouse.

Discovering the Self...

(Continued from p. 21)

National Center for Health Care Statistics. *1999 National Nursing Home Survey*. Retrieved May 1, 2006, from http://www.cdc.gov/nchs/nnhs.htm.

Rosenhan, D. L. (1973). On being sane in insane places. *Science, 179*, 250–258.

Semmelhack, D., Hazell, C., Ende, L., & Hoffman W. (2008). *The impact of group-as-a-whole work on the development of cohesiveness and the reduction of anxiety and depression in a severely mentally ill institutionalized population*. Manuscript submitted for publication.

Semmelhack, D., Hazell, C., & Hoffman, W. (2008). The impact of group-as-a-whole work on anxiety and depression in a severely mentally ill population. *The Journal for Specialists in Group Work Specialists, 33*, 43–60.

Winnicott, D. W. (1971). *Playing and reality*. Routledge: New York.

From Katrina to China

Darlyne G. Nemeth, PhD; Valerie Gilliland, MS; and Courtney Lamar

Tragedy or crisis is never purely economic, political, or military. It is always preeminently psychological.
— Charles Cameron. This quote was part an APA millennial symposium presentation in 2000 in Washington, DC

APA Division 49 Fellow, Darlyne G. Nemeth, PhD, MP, ABMP, was invited by The Department of Psychology at Peking University, The Chinese Psychological Society, and The Chinese Association for Mental Health, to present a workshop at the 2008 World Congress for Psychotherapy in October in Beijing, China. This workshop, titled "The PANDA BEAR Program," was designed to train between 750 to 3,000 Chinese psychologists and mental health professionals in the techniques that were successfully used in the 2006 Hurricane Anniversary Wellness Group Workshops (Katrina Workshops). PANDA BEAR is an acronym for *Preparing Achievable Nurturing Disaster Adaptations & Behavioral Emotional Acceptance Rituals*.

The techniques used in the Katrina Workshops were outlined in the July 2006 (Vol. 16, No. 2) and November 2006 (Vol. 16, No. 3) issues of *The Group Psychologist*. These techniques were modified and adapted to reflect Chinese cultural mores. Although the workshop was presented in English with Chinese translations, Chinese handouts were prepared for the newly trained facilitators. These individuals will be traveling to the Sichuan Province, the site of the May 2008 earthquake, to assist traumatized individuals in coping with their forthcoming anniversary reactions. Dr. Charles Spielberger gave permission for Dr. Nemeth and her colleague (Dr. Lili Zhang of the Department of Psychology at Peking University) to translate his State Trait Anxiety Inventory (STAI Forms Y-1 and Y-2) into Chinese for utilization as pre and post training and intervention measures. Results of these measures will be analyzed in the summer of 2009 to determine the efficacy of the Panda Bear Anniversary Workshops.

The Katrina workshop exercises were restructured to achieve a culturally appropriate goodness of fit. For example, the original Balance Table, which incorporated the concepts of love, work, play, spirit, and chaos, was changed into a Balance Circle, which incorporated the five elements and their corresponding colors and symbolisms (see Table 1).

Table 1. The Five Elements*

Element	Color	Symbolism
Wood	Green	Spring, growth, plant life, and development
Fire	Red	Summer, heat, honor, fairness, dynamic, outgoing, and forward-looking
Earth	Yellow	Fairness, wisdom, instinct, intellectual, and rational
Metal	White	Autumn, strength, communication, brilliant ideas, justice, and fresh start
Water	Dark Blue/Black	Winter, understanding nurturance and support

*Adapted from Hale (2007).

As in all cultures, symbolism is extremely important. For example, the cover page of the workshop handout included a picture of a mama panda bear and baby panda bear framed by bamboo. The picture of the bears represents attachment security; whereas, the bamboo frame represents flexibility and resilience. According to Hale (2007), "Bamboo is cherished in China for its ability to sway in the wind yet be used as scaffolding." Venefica (2005) purports that "Bamboo is a Chinese symbol for longevity because of its durability, strength, flexibility, and resilience. It survives in the harshest conditions, and seems to endure through all the brutalities Mother Nature can dish out." Thus bamboo, symbolizing flexibility, adaptability, and resilience, has come to represent the concept of a long and happy life. Because of China's one baby policy, many parents lost their only children in the collapse of the Yuzixi Primary School during the aftermath of the earthquake. Therefore, the mother and baby panda bear picture was used to elicit the sense of loss and loneliness that these families were experiencing.

Many participants came to understand that feeling lonely from time to time was normal. If this loneliness became pervasive, however, they began to see that it could have numerous far-reaching negative consequences. In their book, *Loneliness*, John T. Cacioppo and William Patrick (2008), explained that prolonged loneliness can have a negative impact on one's physical and psychological health. For example, loneliness affects perception and self-regulation and heightens sensitivity. Prolonged loneliness may result in unhappiness, hypervigilance, and increased threat sensitivity. Individuals may become demanding, critical, and passively withdrawn. In a withdrawn state, individuals are less likely to seek out emotional and/or community support.

Cacioppo and Patrick purport that "We need to remember not only the ways in which loneliness heightens our threat surveillance and impairs our cognitive abilities, but also the ways in which the warmth of genuine connection frees our minds to focus on whatever challenges lie before us. Both as individuals and as a society, feelings of social isolation deprive us of vast reservoirs of creativity and energy. Connection adds more water to the well that nourishes our human potential" (p. 296). They conclude that social cooperation is one of the most adaptive forms of healing.

Our Katrina workshops have shown that group process increases social cooperation and promotes healing. As Gandhi stated, we must be the change we want to see (Cacioppo & Patrick, 2008, p. 268). Group process is one of the most effective forms of imitative and initiative behaviors. In this regard, Cacioppo and Patrick's studies of loneliness conclude that "the power of social connection can be a vital force for change." (p. 246)

Our Katrina Workshops demonstrated that group process reduces loneliness, increases engagement, improves coping, and facilitates grieving.

Therefore, grief exercises to address resentments, regrets, appreciations, memories, and new beginnings were included in the Panda Bear Program. Beforehand, individuals were asked to separate their pre and post-earthquake experiences and to describe any anniversary reactions that they were having. Participants were asked to explore their pre-trauma connectedness, their post-trauma isolation, and their anniversary angst. As it was necessary to go back in order to move forward, Hendrix's developmental concepts of attachment, exploration, identity, competence, concern, and intimacy were revisited (as cited in Nemeth et al., 2003, pp. 34–36). This process allowed regression in service of the ego in safe and secure group settings in order to encourage relationship rebuilding and connectedness. Via group process, individuals were invited to relax, relate, forgive, share, and connect so that they could, once again, engage in loving relationships. As in the Katrina workshops, the ultimate goal was to assist participants in finding within themselves the emotional strength to reattach and form new communities.

Individuals participating in the preparation, presentation, and/or analysis of these workshops included, but were not limited to, Judy Kuriansky, PhD, Columbia University; Kelly Paulk Ray, PhD, MP, and Kenneth P. Reeder, PhD, Private Practice at Bluebonnet Psychological Services; Valerie Gilliland, MS, University of Louisiana at Lafayette; Courtney Lamar, senior psychology major at University of Southern California; Traci Wimberley, BS, Louisiana State University; and Taighlor Whittington, senior psychology major at Louisiana State University.

References

Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. New York: W. W. Norton & Company.

Hale, G. (2007). *The practical encyclopedia of feng shui*. New York: Metro Books.

Nemeth, D. G. (2006, July). Hurricane Anniversary Wellness Group Workshops. *The Group Psychologist, 16,* 6–8.

Nemeth, D. G., Marceaux, K., & Lewis, A. (2006, November). Group intervention in the aftermath of Hurricanes Katrina and Rita: The efficacy of Hurricane Anniversary Wellness Workshops. *The Group Psychologist, 16,* 15–16.

Nemeth, D. G., Ray, K. P., & Schexnayder, M. M. (2003). *Helping your angry child*. Oakland, CA: New Harbinger Publications, Inc.

Venefica, A. (2005). *Chinese symbol for longevity*. Retrieved on August 21, 2008, from http://www.whats-your-sign.com/chinese-symbol-for-longevity.html.

Dr. Nemeth is affiliated with the Neuropsychology Center of Louisiana, LLC. This article is a follow-up to Dr. Nemeth's two previous submissions on the Hurricane Anniversary Wellness Group Workshops.

Loss of a Legacy: A Curmudgeon's Polemic

Jerrold Lee Shapiro, PhD

I confess to an abiding passion for group therapy and believe group to be an optimal form of both therapy and counseling. That might explain my active involvement in leading, researching, and teaching group therapy in mental health graduate programs since 1965.

Like far too many clinical/counseling psychologists, my first group experience was not as a member, but as a leader. As a new "extern"[1] from a clinical psychology PhD program. I was assigned to lead an open-enrollment group of men at a VA Outpatient clinic. The population would now be referred to as "dual diagnosis" and the group approach would be called "psycho-ed." In retrospect, I would conclude that I was assigned a group of patients I could not possibly harm.

From that perspective only, the group was a success. It will come as no surprise that at the end of my summer rotation, the members were still addicted and psychotic and remained so long after they had been utilized similarly to educate subsequent trainees for many years. With my level of experience and preparation, the outcome was inevitable.

What is most disturbing and alarming about the scenario is that my level of training matches that of most of today's trainees. My Northwestern University doctoral program offered no class on group therapy at the time of my "immersion experience." Today, the modal number of group therapy classes in clinical and counseling psychology doctoral programs and psychiatric residencies nationwide is zero (Shapiro, 2001).

In asking our students to lead a group without adequate knowledge or training, applied psychology is not alone. It is common for undergraduate nursing students to be asked to lead a psycho-ed group while on an initial 6-week psych-nursing rotation. That they do this with no background in individual therapy or group dynamics speaks volumes about why groups are generally relegated to a "low-status" form of treatment.

It is incomprehensible that we offer primarily OTJ training for such a complex form of psychotherapy. Characteristically, when group treatments are compared to other forms of treatment, it is often with novices as the group leaders. In an environment of primacy of EVTs and ESTs, outcome research using such untrained therapists is spurious.

There is no indictment of current novice group leaders intended. They are attempting to follow ethical dictates by doing no harm and eschewing going beyond the limits of their experience and training. If they lead groups with their extant skills, it should not be surprising that their groups resemble individual therapy with an audience, seminars or 12-step meetings. Each of these methods has some cost-saving and reparative value. However, by running the group in these ways, the leaders essentially throw out the special value that comes from understanding and using the group process to be therapeutic. In effect they are utilizing four of Yalom's (Yalom & Leszcz, 2005) well-documented eleven "curative factors" that are common to all groups. This explains their moderate comparative success in empirical studies (Shapiro, 1978).

Obviously, there is value in the instillation of hope, universality, imparting of information and to some extent, catharsis, that are available in such a group. However, dissemination of information and reflection about the material in a group setting is a better definition of a seminar than group therapy. According to Shapiro, Peltz and Bernadett-Shapiro (1998), disseminating information is only one of five roles offered by group leaders. Without reference to and constant attention to the dynamic in the group, we are effectively eliminating several sources of data and opportunities for treatment.

Indeed, many studies of group counseling, growth groups and therapy groups in the 1970s (cf. Bergin & Garfield, 1978) employed psycho-educational groups as the attention placebo controls (i.e., Diamond & Shapiro, 1973; Shapiro & Diamond, 1974; Shapiro & Gust, 1974). The results of the empirical studies was that psycho-ed groups were superior on several (primarily cognitive) measures to no treatment controls, but significantly less effective than the process oriented groups. In particular, information-oriented groups have been primarily useful in promoting prevention. The risk is that these prevention approaches are now being more universally applied to groups designed for treatment.

Although the ascendance in popularity of education-oriented groups is new, the use of such groups is not. The distinction between a group designed for personal change and a well-run classroom has been muddy since Pratt's (1906) work with tuberculosis patients. Advances in group work over the past century have done little to clear the water. Moreno (1932) laid a potentially legitimate claim to the term, *group therapy*, although his psychodrama method focused on a single patient at a time. The focus on group process per se can be said to date directly from the amazing events in Connecticut and Bethel Maine in the 1940s. Indeed, the modern era of group work dates from Lewin's (1948) educational experiments with National Training Laboratories.

Since the historic events at Bethel Maine in 1947 (Lewin, 1948), Yalom's classic text on group therapy identified the centrality of process as early as the first of its five editions in 1970. Corey and Corey (2006) have in six editions done similarly in the counseling field. Scores of others have done the same.

Don't jettison the core! Perhaps most salient of all those historical lessons is that group offers a unique window into clients, unavailable in any other form of therapy. We get to see them in real-time interaction with others who do not have a therapist's special contractual relationship, nor an ongoing relationship (as for example, in family therapy). We get to experience the group interaction at a meta-level and use it to better understand our clients. When group leaders can use the group process and explore with clients in a first-hand way, the consequences of their actions, the likelihood for change is greatly enhanced.

In 1985, Susan Bernadett-Shapiro and I were invited to contribute to a special issue of the *Journal for Specialists in Group Work*, "Critical Issues in Group Work: Now and 2001," edited by Robert Conyne. We closed the paper noting the increased need for group treatment and called for renewed efforts in preparation, training and credentialing of new group therapists. Looking ahead to the new millennium, we were naively confident that it could happen. Our prediction was partially accurate. We were right about the increase in group treatment. We were wrong in assuming that training would keep up with proliferation.

A national survey in the target year (Shapiro, 2001) indicated that

- The term group therapy was being used increasingly to describe meetings of all sorts effectively minimizing its meaning

- Training in group process was limited to a single course in most masters programs, no required courses in doctoral programs and specialized training in most practice settings were a low priority

- As the current wave of trained group leaders retire, there will be a diminishing number of people to teach and demonstrate the use of group process

- Group treatment will be devalued and become increasingly relegated to holding rather than treating clients.

Is there a solution or do I just rue the day?

I was fortunate. After my initial group experience, I had an internship that offered specialized training in group therapy with one-way mirrors and hour-for-hour supervision: an experience that led directly to my specialization in group therapy ever since. Now four decades later, I can only shine a light on what's been lost and make recommendations to new flag bearers in the Division.

Clearly I am not the only voice in the wilderness. There are programs that do promote group leadership training. In addition to the psychology programs below and a host of other Masters level counseling and MSW programs, some MBA programs have begun promoting t-groups as part of their training. At Stanford University, this "touchy-feely" course has the longest waiting list of any B-School class. In a 2001, APA symposium, that I chaired,

- Gerald Corey & Mike Russell of CSU Fullerton described their experiential approach to teaching group process to undergrads,

- John Caffaro discussed the group training program at Alliant/CSPP in Los Angeles

- Judith Coche described her innovative program at the University of Pennsylvania Medical School

- Haim Weinberg explored international training particularly in Israel

There were communalities across all these training programs (Shapiro [2001]):

- Membership in a process growth group

- Observation of an experienced group leader (perhaps through a mirror or as a co-leader

- At least one class in group process with a text that underscores process

- Co-leadership of a group under supervision (preferably videotaped)

All of these have been part of the MA Counseling Psychology program at Santa Clara since the early 1980s. The question is whether it, and similar programs, can last beyond the retirement of the two current instructors. Recently, we held a national search for a new Assistant Professor position. We advertised specifically for a candidate who was skilled in family systems and/or group process. Although we had a large number of applicants, none had any of the requisite minimal training in group therapy.

I am no longer naïve enough to believe that these elements can be instigated into most doctoral clinical and counseling psychology programs. There is no easy or automatic way to change the increasingly info-based orientation of graduate school training in mental health fields. It would require a major revolution to offer group therapy classes, taught by process-oriented practitioners. In the politically correct environment in which manualized treatments for all forms of therapy are growing increasingly popular, it would take a sea change to make such a class required in clinical and counseling psychology training. Yet the sea change is precisely what we need. It is the time for Division members to promote assiduously process group therapy training in doctoral programs. It is also time for us to speak up when group therapy is subject to empirically validated studies, especially when the groups are led by partially or inadequately trained therapists. There is a deteriorating cycle that compares groups led by people untrained in group process and found to be wanting.

If our Division could do this, I would reluctantly relinquish my curmudgeon cap and doff a new optimistic pate protector. I can actually foresee a day when new trainees will not have to replicate my 1965 experience and learn everything OTJ at their first practicum or intern site. Our less-traveled pathway will be overgrown and we will have to blaze new trails, but surely it will make all the difference.

References

Bergin, A. E., & Garfield, S. L. (1978). (Eds.). *Handbook of psychotherapy and behavior change: An empirical analysis*. New York: Wiley.

Corey, G., & Corey, M. S. (2006) *Groups: Process and practice.* Pacific Grove, CA: Brooks/Cole.

Diamond, M. J., & Shapiro, J. L. (1973) Changes in locus of control as a function of encounter group experiences: A study and replication. *Journal of Abnormal Psychology, 83, 3,* 514–518.

Diamond, M. J., & Shapiro, J. L. (1975). Method and paradigm in encounter group research. *Journal of Humanistic Psychology, 15,* 59–70.

Lewin, K. (1948). *Resolving social conflict.* New York: Harper.

Moreno, J. L. (1932). *Application of the group method to classification.* New York: National Committee on Prisons and Prison Labor.

Pratt, J. H. (1906). The home sanitarium treatment of consumption. *Boston Medical Surgeons Journal, 154,* 210–216.

Shapiro, J. L. (1978). *Methods of group therapy and encounter.* Itasca, IL: Peacock.

Loss of a Legacy

(Continued from p. 25)

Shapiro, J. L. (2001, August). *Group therapy training*. Symposium presented at the annual meeting of the American Psychological Association, San Francisco.

Shapiro, J. L., & Bernadett-Shapiro, S. T. (1985). Group work to 2001: Hal or haven (from isolation). *Journal of Specialists in Group Work, 10*(2), 83–87.

Shapiro, J. L., & Diamond, M. J. (1972). Increases in hypnotizability as a function of encounter group training. *Journal of Abnormal Psychology, 79*(1), 112–115.

Shapiro, J. L., & Gust, T. (1974). Counselor training for facilitative human relationships: Study and replication. *Counselor Education and Supervision, 13*(3), 198–207.

Shapiro, J. L., Peltz, L.S., & Bernadett-Shapiro, S. T. (1998). *Brief group treatment: A practical guide for therapists and counselors.* Pacific Grove, CA.: Brooks/ Cole.

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

[1]The current term is practicum student.

Consultation Corner

Scott Conkright, PsyD

Dear Consultant,

I am a fairly new group therapist working part time in a counseling center and trying ever so hard to start my own private practice. It is very difficult as I am in a large metropolitan area with lots of competition. I have however managed to get a group formed which now consists of five members (three men and two women) and which has been meeting regularly for six months.

Two of the members are in recovery and tend to dominate the group time with recovery talk. The other two have a tendency to go into too much detail about their failed relationships. I feel as if I am doing a relatively good enough job getting these group members to share more deeply and to take risks, though it is slow and uneven work. Getting this group to go more deeply into their feelings is hard work and I would have enough on my hands if it were not for the fifth member, a 50 year old, depressed accountant, who I will call Jack. Jack has been a member from the beginning, but has been very reluctant to talk.

Scott Conkright, PsyD

He is shy to begin with, and his isolation is made worse by his depression. In group he remains silent for the entire group unless he is prompted by me or other group member. I have encouraged the group to discuss what his silence means to them, and have asked Jack the same but with little success. As long as I, or the group, put in energy around the issue, he talks. Otherwise he adds nothing. There really hasn't been any change from the beginning of group, and I am beginning to wonder if I should not have included him in the first place. In all honesty, I am also reluctant to kick him out as I am trying to make the group bigger, not smaller! I feel at a loss. What do you suggest I do?

FIRST RESPONDENT: SUSAN JACOBSON, LCSW

First of all, congratulations on having begun a group that has remained intact for six months. It's common for new groups to experience some attrition early in their history. The fact that your patients have continued together can be understood as evidence that the group is meeting a need for them.

You describe two distinct subgroups talking about that which is common to them, establishing their relationships with one another based on those commonalities. That seems congruent with the initial stage of group formation and predictable in a six-month old group.

The most striking element of your description is your own dissatisfaction with the group. Your seeming impatience for them to move on caused me to reflect on the groups that have stimulated similar feelings in me. My own boredom (when will they get to the "real stuff?"), my fear of the patients' boredom or dissatisfaction (and defection), my feelings of impotence (my invitations to go deeper, be more interpersonal and more self-revealing seem to go nowhere) have aroused my impatience. Perhaps you're fearful that they are stuck in the pattern they've established and will never go deeper. Perhaps you're bored. Perhaps you're anxious that the members and you,

Susan Jacobson, LCSW

yourself are not providing enough nourishment. It will be valuable for you to know more about what isn't enough for you.

I imagine that at some level, conscious or unconscious, all the group members are aware of your dissatisfaction with the job they're doing. Questions to the members about how they think the group is going and how they imagine you think it's going may draw them into examining the in-the-room process and might be enlivening for you. Such questions might also draw some expressions of anger at you, paving the way for the group to learn that the group can tolerate disagreement and anger.

Sometimes it's valuable for the therapist to lead the way into differentiation by modeling the expression of an unstated point of view or by imagining how difficult it might be for a member to express feelings opposite to those being endlessly agreed about. Your demonstrating the courage involved in risk-taking by stating something you're experiencing in the group—even your feeling of impatience, if you can do it without blaming—might be very powerful for the members.

I wondered as I read about Jack, the group's silent member, whether he is also in individual therapy with you and if you have any way of knowing what is his experience of being in the group. Does *he* think it was a mistake to have entered the group? If he isn't talking about leaving, why

would you consider "kick[ing] him out?" Is he deriving value from being there? What is keeping him in the group? Some individual sessions might expand your understanding of him and might also allow for some coaching if he wants to get more from his group membership. I suggest this with a caution however that if what gets communicated is *your* need for him to be different, the effect on him will be counter-therapeutic.

I have known of groups in which a member was silent for years and yet profited greatly from being able to be with the other members, and eventually after a very long tenure, found his/her voice. In other groups a silent member, especially when the silence was angry and withholding, had a stifling and inhibiting influence. Your talking with Jack and the other members about how they perceive, how they react, and what from each of their lives they associate to their experience of his silence seems like a reasonable way you can communicate that an essential part of the group's function is to explore and express the feelings aroused by both the content and the process of being with one another.

Susan Jacobson, LCSW, is in private practice in Columbia, Maryland, where for over 30 years, she has worked with individuals and couples and led psychotherapy groups. A graduate of the Johns Hopkins School of Medicine's Master in Mental Health program, she has served as Ethics Chair of the Maryland Society for Clinical Social Work and on the Executive Council of the American Academy of Psychotherapists.

SECOND RESPONDENT: HANK FALLON, PHD

Dear Consultee,

The issue of a silent group member is one that most, if not all, group therapists have faced. In the roaring silence it is easy for the group members and therapist to project their own unresolved material on that individual and for that member to be the repository of it in the group. You have wisely made an effort to address the silence, but a better understanding of its possible sources and options you have for addressing it are important.

While you have given some clinical information, more depth would have been helpful. First, what is your orientation in this group? Based on the information it sounds like it is interpersonal, but I am not sure. What are the ages of the other members? Are the other members also dealing with depression and how long have the two members been in recovery? What is the marital status of each member and what types of group experiences do they have? What family of origin experiences do members share and how might they be different? Answers to these and other questions can be useful in understanding your group, but I will offer some thoughts based on what you provided.

Hank Fallon, PhD

This group has been running for six months and you indicated that you think you have done an adequate job helping them risk and share. I assume these members all started together, but I am not sure. In any new group the initial work would be toward increasing group cohesion so there would be a container for the risk taking and sharing that is to come. Your group, even after six months, sounds like a beginning group and it may not feel safe enough for Jack to risk sharing. Making sure that the commonalities and similarities are clearly identified would help members feel they share a bond and start to lay the ground work for dealing with their differences. In this joining process it would be important for members to know Jack is having reactions that might even mirror their own. Is Jack attentive during group? Does he appear to follow and be moved in some way by what is occurring between other members? When he doesn't verbally bring his reactions into the room you can make them more available to the group through noting that you see them and sharing what you see. Depending on the members, this process may take longer than we like and the work will be slow and uneven.

Jack's shyness and silence may come from many sources. He may be experiencing feelings in the group he experienced in his family of origin. He may not trust that you are safe or there may be something you do that evokes difficult feelings from past experiences with parents and authority figures. He may be afraid of conflict between others, himself and others, or with you. From your description, it is unclear whether this group has even been able to address dissatisfaction with you and then each other. It is important for members to know that disagreement and conflict, especially with the leader, won't result in the destruction of the leader and the group. Jack may be holding a high level of shame about his shyness and other aspects of himself that make it very risky for him to allow others to see what he is thinking and feeling. Sometimes silent members take quite a while to join in the group in an active manner, but they feel attached, nonetheless. Even sharing their attachment could feel too risky in a group where the containing function is questionable.

You have thought about removing Jack, but don't because you want the group to be bigger, not smaller. The fantasy embedded in that thinking is that Jack keeps this from being a good group and it will be good once he is gone. It seems as if Jack might be taking on the mantle of scapegoat. You noted that you have asked the group members to discuss what they think his silence means to him. At this point in your group's development, it might be more helpful for your members to talk about their experience of their own silence and not make Jack the only one who holds that quality. Is it possible that through their activity they unconsciously collude with Jack to keep him silent? Could it be that constant recovery talk and discussion of failed relationships are a reflection of the silence hiding important topics of self left unexamined? Understanding unspoken anti-group pressures in the group that emanate from family and relationship experiences is important. I do not recommend removing Jack from the group, but rather putting more work into creating a holding environment where everybody's silence, in all its forms, can be explored. You will have to look at how comfortable you are with silence in the group. It can often be difficult, even for experienced therapists, to tolerate silence when they believe something else should be happening.

Lastly, regardless of one's experience level, participation in group supervision for your group is helpful and I highly recommend it. The leader's place can certainly be a lonely, projection filled seat and having a group of colleagues to work through incompletely processed issues is invaluable. Don't give up on Jack and good luck with hearing the information in the silence.

Dr. Fallon is an APA member and clinical psychologist in practice in Lawrenceville, GA since 1986. He is a past president of the Atlanta Group Psychotherapy Society (AGPS) and currently on their executive board. He is a Fellow of the American Group Psychotherapy Association (AGPA) and a Certified Group Psychotherapist. He has presented workshops locally and nationally on group psychotherapy.

Name: _____   Degree: _____

Address: _____

_____

Home Telephone: _____   Office Telephone: _____

Send Mail to: ☐Home   ☐Office

Present Status in APA: ☐Member   ☐Associate   ☐Fellow   ☐Dues Exempt Member   ☐Non-Member   ☐Student Affiliate

APA Membership Number: _____

I am applying for: (check appropriate category)
☐**Member**: A member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

☐**Associate**: An associate member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

☐**Affiliate**: A non-APA person who has an interest in the scientific advancement of group psychology and/or the professional practice of group psychotherapy.

☐**Student Affiliate**: A person enrolled full-time in a graduate program or school of recognized standing in psychology with an interest in the science and practice of group psychology and/or group psychotherapy.

DUES STRUCTURE
(Includes Division Journal)
Member $49.00
Associate Member $49.00
Affiliate $35.50
Student Affiliate $10.00

Mail this application with a **check payable to Division 49, American Psychological Association** to the following address:
Division Services
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

_____

Signature of Applicant   *Date*

- -

THE GROUP PSYCHOLOGIST
American Psychological Association
Division 49
750 First Street, NE
Washington, DC 20002-4242