

# THE GROUP PSYCHOLOGIST

November 2011  
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SOCIETY OF GROUP PSYCHOLOGY & GROUP PSYCHOTHERAPY  
A Newsletter of Division 49 of the American Psychological Association

## Pledge to Keep Our Society Strong

### President's Column

Jean Keim, PhD

It doesn't seem possible that this is my last column as President. I find myself spending time reflecting on the events that occurred while your president. Undoubtedly, the most significant is the creation of the Society of Group Psychology and Group Psychotherapy Foundation through APA's American Psychological Foundation. The board has committed funds to the foundation; however, donations from the membership will greatly strengthen it. Dick Moreland kicked off donations with a very generous estate gift. Board members and I have made personal contributions as well. The sooner we reach the \$100,000 goal, the sooner we will begin awarding grants, scholarships, etc. I urge you to consider a donation, and when you donate, to clearly mark that it is for the Division 49 Fund. A pledge form follows in this newsletter on page 30. I believe there is no greater legacy for future generations than to have a foundation which will advance Group knowledge long after we are gone. I see the foundation as a celebration of our Society.

Speaking of celebrating, the celebration of our 20<sup>th</sup> anniversary during the convention was another memorable event. Kathy and John Ritter, Dennis Kivlighan, and Lee Gillis worked tirelessly along with many others to make the entire evening a success. It is always a highpoint to see dear friends and make new ones. This year we also had a breakfast for our founding and long-term members. It is wonderful to see them and hear about the Division (now Society) over the years and where they see us going. They are doing amazing work, for example, Rex Stockton goes to Africa each summer and leads counselor training and research in HIV/AIDS prevention. I hope the breakfast becomes a tradition.

This year saw the migration of our website to APA's hosted site; and they are taking responsibility for updating the webpage when we request it. If you haven't seen it lately, I urge you to take a look. We also have a new logo. There is a stand-alone version or the larger one with more text. Attendees at the social received a travel mug with the

new logo and those at the breakfast received a paperweight with it.

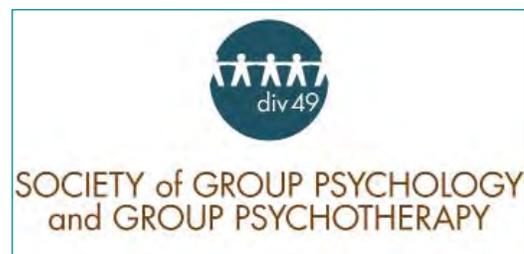
During the January board meeting, we reorganized our society representatives to APA committees from free-standing individuals into the existing Society 49 committee structure. This addresses the sense of isolation of the representatives and consolidates communication.



Jean Keim, PhD

The year rounded-out with the convention. It was a huge success and we owe thanks to Maria Riva (our new President-Elect), Janice DeLucia-Waack, and the entire Program Committee. The sessions were well attended and informative. Arthur "Andy" M. Horne received the Group Psychologist of the Year Award. Kathy and John Ritter, and Lee Gillis received the President's Awards for Outstanding Service.

Serving as your president has been a highlight of my career. Words cannot express my appreciation for your support in first electing me, then during my heart valve surgery as your President-Elect and now during my year as President. I have made friends for a lifetime and hopefully had an impact on the Society for the future. If you are a member and not involved – you are missing so much. Email me at [jkeim@unm.edu](mailto:jkeim@unm.edu) and I will help you get involved. Thanks for allowing me to serve as President and be a part of your group. It has been an honor and a privilege. So until we meet again in my role as Past-President, *Aloha*.



Society of Group Psychology & Group Psychotherapy  
APA Poster Presentation Abstracts  
pp. 12–22

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**Submission Deadlines:**

February 15, May 15, September 15

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

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# President-Elect's Column

*Nina W. Brown, EdD*



*Nina W. Brown, EdD*

As we enter November, I'm mindful that my term as President-Elect will be ending in a few months. One of the duties of the President-Elect is to identify and discuss presidential goals with the Society's members; and I want to use this opportunity to solicit input and feedback from you on suggested proposed initiatives and goals for 2012. What follows was presented as my part of the presidential address where President Jean Keim presented the state of the Society; and I presented about possibilities for the future.

## **Objective: Research**

Current – Research Committee, GPRN, Dissertation Award

New Possibilities/Initiatives – 2012

1. Establish small research grants of \$2000 as seed money to encourage research on groups.
2. Commission white papers and guidelines for evidence based practices related to groups.\*

## **Objective: Financial Sustainability**

Current – Dues, Foundation, Journal, Investments

New Possibilities/Initiatives – 2012

1. Increase support for the Foundation as we need to have \$100,000 before we can begin making awards.
2. Initiate a book series on group topics.

## **Objective: Visibility**

Current – *Journal's* impact factor, Newsletter, Student Poster Awards, Conference offerings

New Possibilities/Initiatives – 2012

1. Develop collaborative projects with other divisions.
2. Nominate more representatives to APA boards, coalitions, task forces and the like.
3. Respond to call for input on APA issues.
4. Increase the number of Division Fellows.
5. Create programs for APA conference to attract more attendees.

## **Objective: Member Benefits/Interactions & Input**

Current – Conference programming, Journal, Newsletter, Website, List serve, Promotional products

New Possibilities/Initiatives – 2012

1. Web coaching for research and career issues.
2. Publish abstracts of poster presentations in the newsletter.
3. Provide small research grants (\*See Objective: Research).
4. Establish a peer review process for articles in the newsletter.
5. Secure additional promotional items.
6. Invite input on proposals, issues, and new ideas via the website.
7. Create podcasts on current Group topics by the Society's experts.
8. Consider the feasibility of initiating a bulletin as an additional publishing opportunity.

## **Objective: Infrastructure**

Current – By-laws and Policy manual

New Possibilities/Initiatives – 2012

1. Clarify procedures and processes for appointments, continuance, discontinuance (e.g., committees, chairs, representatives, etc.)
2. Request more extensive reporting from representatives to APA committees.
3. Increase communication opportunities among the Executive committee and with the Board.

Please e-mail me at [nbrown@odu.edu](mailto:nbrown@odu.edu) with your comments, suggestions, and other ideas. I'm also interested in knowing which of these you would be willing to offer assistance as well as the current projects and endeavors you would be willing to join.

The Society is fortunate to have a group of competent and willing volunteers who do an incredible amount of work. I'm fortunate to be a part of this group and appreciate the contributions of the officers, Board, and membership.

## From Your Editors

Thomas Treadwell, EdD, TEP, Editor

Leann Terry, PhD, Associate Editor



Thomas Treadwell, EdD

With the fall season upon us, a number of groups are highlighted at this time of year: sport teams, new counseling groups, graduate student research teams, new committees at work....the list could go on and on. We encourage each of you to take a few minutes to observe the groups that you are in, reflect on what group dynamics are at work and what you are seeing in the group.

A very impressive group several months ago was our own! The Society's schedule of events for the 119<sup>th</sup> APA Convention was

impressive and rewarding. Thus, we have abstracted most poster presentations and will publish half of them for this issue and the remaining for our next issue. There is no time to rest, as it is now time to prepare and submit presentations for the **120<sup>th</sup> APA Convention** being held in Orlando, FL, August 2–5, 2012. Proposals for presentations, symposia, and other formal sessions will be considered for inclusion in the program if they are received by midnight EST on Thursday, **December 1, 2011**. *All group-related proposals are solicited: posters, themed symposia, workshops, and continuing education sessions for Division 49, Society of Group Psychology and Group Psychotherapy are to be sent to Janice DeLucia-Waack, PhD, and Dennis Kivlighan, PhD.* Janice is at the University of Buffalo, 403 Baldy Hall, Buffalo, NY 14620, (716) 645-1107, [jdelucia@buffalo.edu](mailto:jdelucia@buffalo.edu); and Dennis is at the University of Maryland, [dennisk@umd.edu](mailto:dennisk@umd.edu). *All proposals must be submitted via the APA website. Sign in using your MyAPA login and password.*

We applaud President Keim, who focused her efforts in developing a foundation for the Society of Group Psychology and Group

Psychotherapy through APA's Foundation. Donations are critical for the life of Society, and when you donate, clearly mark that it is for the Division 49 Fund. A pledge form is on page 30.

President-Elect, Nina Brown asks for suggestions, and other ideas to further the Society for Group Psychology and Group Psychotherapy. She lists numerous initiatives needing the Society's attention and is asking members what current projects and endeavors you would be willing to join.

We have added a new column for this issue and would like your feedback entitled - "Catching Up With Notable Member Accomplishments." Please give us your thoughts on this and other topics, for instance: what do you think students and early career psychologists should know more about? What do you wish you had known more about during the early part of your career? What led you to pursue the work in which you are engaging currently? Your ideas and experiences are important and we need to share them with our membership.

Articles or brief reports and news items can be e-mailed directly to Tom, Letitia, Bambi or Leann at [ttreadwe@mail.med.upenn.edu](mailto:ttreadwe@mail.med.upenn.edu), as can Letters to the Editor. We would also like to include book reviews, DVD's, videos and on-line group interactions as part of the newsletter. On-line group interactions would be a newsworthy column, yet we need an editor for this. Please let us know if you are interested in starting this, or any other column.



Leann Terry, PhD

## Reviewers for *The Group Psychologist*

**Letitia Travaglini, MA**, former Research Assistant to Dr. Aaron T. Beck, MD, at the University of Pennsylvania and 1st-year doctoral student at University of Maryland, Baltimore County's Human Services Psychology program. Student affiliates are encouraged to send brief reports, comments and ideas to Tisha at [tisha.travaglini@gmail.com](mailto:tisha.travaglini@gmail.com).



Letitia Travaglini, MA

**Bambi Juryea-Gaston, MA**, a 5th-year doctoral student at LaSalle University (Clinical Psychology). She is currently doing her predoctoral internship on the Co-Occurring Disorders Unit at the Rockland Psychiatric Center in Orangeburg, NY. Student affiliates are encouraged to send brief reports, comments, ideas or general questions to Bambi at [bjuryea@aol.com](mailto:bjuryea@aol.com).



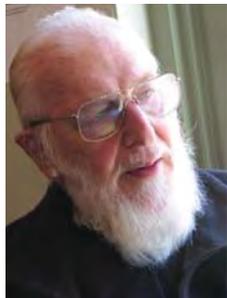
Bambi Juryea-Gaston, MA

Brief reports, comments and student editorials are highly encouraged. We are interested to learn and share with Society members what students are encountering in their group programs! **Please send your ideas to Letitia or Bambi.**

## Group Psychotherapy Column

### Sparky Tilts at Windmills

John "Sparky" Breeskin, PhD



John "Sparky" Breeskin, PhD

I am really quite a mellow person, however, when something raises my ire, I react very strongly. This column will illustrate this phenomenon all too well.

I wish to discuss two recent articles, one in *The Wall Street Journal* and the other similar one in a publication by the American Group Psychotherapy Association (AGPA), of which I am a card-carrying member. The unhappy title from *the Wall Street Journal* is, "No Joke: Group

Therapy Offers Savings in Numbers."

The first article is not difficult to read or to understand, as it takes a simplistic view of group therapy as a treatment modality. I have no trouble with this idea; however, the rationale offered is that group therapy is cost-effective, and that should be its selling point. To use cost-effectiveness in this manner is not only misinformed, it is ultimately ridiculous.

Group therapy has inherent benefits, and doesn't need to be judged on a dollars and cents basis. To make my point, I want to discuss the *Great Bed of Ware*. There was a tavern, during medieval times, on a main road out of London, where weary travelers could put up for the night. The bed itself was approximately 10' x 10' and was covered with a green fabric. It looked like a gigantic putting green. As mud spattered travelers came off the road they were chucked on the outer periphery of the bed with their feet in the middle, while still wearing their boots. There was always room for one more. The warmth of the bodies in the bed was substantial and kept out the chill night air. In addition, people woke up next to one another and shared a common experience. This is my concept of group therapy. We gain warmth, support and belonging as basic human needs.

*The Wall Street Journal* article goes on to suggest that the reluctance to consider group therapy as a treatment model is due, in part, on the idea that mental illness is infectious and the feeling that if a therapist's attention is directed toward another group member, there will be less available to the others. This is a deadly example of the scarcity model. In fact, behavior of one individual and group is a learning laboratory for all of the others. It is an enhancement model. The metaphor here is *Stone Soup*.

The article then goes on to say that an inherent problem in groups is to find sufficient clients. This is nonsense: I have run as many as

six groups a week with unbelievable attendance. In fact, one men's group of mine did not have an absent group member for 17 straight weeks. This should go in the *Guinness Book of World's Records*.

I consider individual therapy to represent a model of the world which is unhelpful. The idea that one person is there for another person's benefit suggests that individual therapy is like a hothouse orchid, which can only flourish in an artificial environment. The fact that group therapy powerfully reflects the family of origin is an obvious point. Needs are met, through negotiation, in the marketplace; this is a realistic view of life.

The idea that certain diagnostic categories do not belong in Group is erroneous as long as the *Noah's Ark Rule* is kept firmly in place. (No more than two schizophrenics, no more than two borderlines or no more than two depressives otherwise the group can become symptom driven.) In fact, the idea of more than two depressives in a group is quite depressing.

The idea that a therapist has less power in groups than he or she has in individual therapy just isn't true since the group leader's task is to develop indigenous leaders, which, in time, will replace him or her in the center of the group. All is not lost in this article, however, since the final quote is: "By the group we are wounded, and by the group we are healed."

The second article from the AGPA itself, unfortunately, mimics the first article with the same tired economic rationale but has errors all of its own. The statement that children, adolescents and adults can all successfully participate in groups is just plain false. There are specific exclusionary criteria, which flat-out contradict this conclusion.

I hope the reader of these articles will become aware of the inherent value of group therapy as a treatment modality and not get caught up in an economic value argument.

#### References

- Helliker, K. (2009). No joke: group therapy offers savings in numbers. *The Wall Street Journal*, D1. Retrieved from <http://online.wsj.com/article/SB123785686766020551.html>
- American Group Psychotherapy Association. (2009). Group psychotherapy emerges as a cost-effective and highly beneficial mental health treatment in challenging economic times [Press Release]. Retrieved from <http://www.agpa.org/newsroom/releases/2009%20Press%20Releases/AGPA-4-09-groups-work-in-economic-downturns.pdf>

# Psychodrama and Cognitive Behavioral Therapy: Complementary Companions: Part II

This article is Part II of a piece that was published in the June, 2011 issue of *The Group Psychologist*. Part I focused on the developmental history and comparisons between concepts utilized in Cognitive Behavioral Therapy (CBT) and Psychodrama. Part 2 focuses on a specific example integrating the two treatment modalities.

Jenny Wilson, MA, PGDip.Clin. Psych  
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Moreno

The following section describes an example of my integration of CBT and Psychodrama through the course of several therapy sessions. The use of techniques from both therapies are illustrated, followed by a discussion regarding underlying theory and philosophy.

## CBT Enriched With Psychodrama Background

This work occurred at the Psychology Centre, a clinic at which clinical psychology students gain practical experience and clients access psychological assessment and therapy at a reasonable cost. The main therapy model used at the clinic is CBT. As a senior clinical psychologist staffing the Centre, I supervise students and conduct assessment and therapy sessions. The client and student trainee consented to me using this material; their names have been changed.

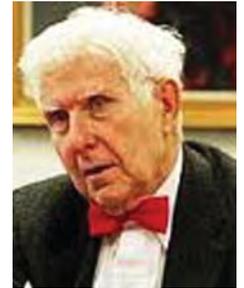
Margaret is a 28-year-old woman who has been suffering from depressive symptoms and body image concerns. She referred herself to therapy and was aware that she had a student trainee and supervising clinical psychologist working with her. Lisa, the student, has a Bachelors degree in psychology and is studying for a PhD. At the time of these sessions, she was in her second year of postgraduate clinical psychology training. Lisa and I decided to work as co-therapists, with Lisa taking on as much of the therapy process as she could manage. I was in the room and assisted Lisa when necessary.

### CBT in the Treatment Sessions

Lisa prepared and conducted the majority of three CBT sessions with our client. She formed a warm and attentive relationship with Margaret, teaching and assisting her to explore her world using effective CBT techniques (e.g., Socratic questioning). I was impressed with her ability to listen and attend to Margaret, her willingness to enter the client's reality and to be flexible in the therapy session. Lisa was still learning about CBT; she struggled and faltered at times but managed to maintain a strong relationship with Margaret. She did a substantial portion of the work on her own, but I assisted her at various choice points.

Margaret's depressive symptoms lifted quickly; she was bright, motivated and learned easily. She had a potential for healthy psychological functioning (including a good range of roles and cognitive flexibility)

that was readily revived with a warm and empathic therapeutic relationship and well-targeted CBT interventions. She enjoyed the structure of CBT, including making an agenda at the beginning of each session, checking progress, setting goals, responding to didactic teaching of new skills and selecting and checking homework to be done between sessions. She readily brought up relevant items for the agenda, and worked on homework tasks such as pleasant event scheduling (bringing back "me time" into her diary). She was particularly excited about a homework reading that we assigned her from *Self Esteem* (McKay & Fanning, 2000), through which she identified in herself a critical voice and a more compassionate coaching voice.



Beck  
Also of note: Dr. Aaron Beck celebrates his 90<sup>th</sup> birthday this year!



Jenny Wilson, MA

Lisa taught Margaret to identify and record her negative automatic thoughts: habitual, involuntary and unhelpful thoughts about herself, the world and others that have a negative impact on her mood. She questioned and discussed Margaret's thoughts, encouraging her to notice their impact and evaluate them, rather than accept them. Evidence for and against unhelpful thinking patterns were systematically gathered with Margaret and formed the basis for thought challenges. Additionally, structured exercises assisted her to develop alternative thinking patterns. For homework, Margaret filled-out thought challenge worksheets, practicing and developing skills to independently record and challenge her negative automatic thoughts.

### Incorporation of Psychodrama

At this point, we reached a point in the therapy familiar to many CBT therapists. Margaret could identify thoughts that were unhelpful and probably untrue, but they "still felt true" to her. Experiential learning can be very useful to facilitate an emotional shift, and in supervision we discussed using a Psychodrama approach to enhance CBT. I talked with Lisa about using experiential work within a CBT framework, and recommended some CBT articles related to this. We planned that I would direct if the opportunity arose in the next session.

At the start of the fourth session, Margaret put on the agenda her concern about negative thoughts about herself and her body and stated her desire to change these cognitions. Lisa was warm and gentle with the client. She was quite directive, wrote key points on the whiteboard during the session and followed a standard CBT format. She used Socratic questioning to assist Margaret in identifying her negative automatic thoughts, found evidence that supported

(continued on page 7)

and challenges these negative thoughts and developed alternative thoughts based on the presented evidence. Margaret was actively engaged in this process—thoughtful, humorous and able to access a range of thoughts and beliefs about herself with supporting examples. Margaret's automatic thoughts included concerns that she was too fat and “blobby” and that her boyfriend would find her unattractive. Evidence to challenge these thoughts included many positive remarks made to her by her friends and her boyfriend. At the end of the exercise, she was able to clearly state that, “Sexiness is a state of mind, not a body size”. She also stated that, although she knew this intellectually, it still did not feel true.

As planned, I invited Margaret to try a different sort of thought challenge—a type of “role play”. She agreed. I indicated the “stage” area where I had placed two chairs. I suggested she take up the role of “Young Blobby Margaret” who had been cruelly teased by catty girls at her school. She sat in one of the chairs and took up this role, moving into it quite quickly and requiring minimal prompting to talk in the present tense: “I’m fat and blobby”, “No one likes me”, “I am ugly and pathetic”. She was uncomfortable in her body, sitting on the edge of the seat, moving her hands over her hips and thighs in an agitated way. She was very conscious of her body and her stomach as she repeated the names she had been taunted with as a young girl. She was focused inward, experiencing an earlier childhood time. Her constricted voice, small movements of her mouth and eyes holding back tears were evidence of her distress. She did not make eye-contact with me. Her level of immersion and arousal suggested that she had moved through the warm-up phase quickly and was ready for the interactive role-play phase. I stood up, asking her to move out of her chair and take the other. I then directed Lisa to take Margaret's seat and the role of Blobby Margaret.

Lisa was initially self-conscious, so I first demonstrated the role to her. She took up the role strongly, maximizing the agitated hand squeezing and pinching and talking in a self-deprecating way. The client looked at Blobby Margaret, silent for a minute; her face was set and a little uncertain. Suddenly her face changed and softened. She moved forward in her seat saying, “Oh I want to hug her! You poor thing.” I asked the auxiliary (Lisa) if it was okay for Margaret to hug her, to which she consented. Margaret moved her chair towards Blobby Margaret. She did not hug her but sat close. She talked kindly to her, gently and softly reassuring her. She firmly stated some of the things we had identified in the early cognitive challenge: “Those girls were really mean”; “You look okay”; “You are fine just the way you are”; “You are plump, but your parents were plump too, it’s okay”. We had several role reversals like this one in which Blobby Margaret heard the reassurance but had to check out whether Margaret really meant it. It took some time before Lisa could make eye-contact. There was a deep level of connection in eye and voice but there was still no physical contact. I invited Margaret to let Blobby Margaret know that she would stay in contact. She did this wholeheartedly and we ended the enactment on a positive note.

We returned to our original chairs, and I explained to Lisa the purpose of Psychodrama sharing. When a person has done an enactment such as this they often feel vulnerable. Making a human rather than a “professional” connection with the client helps her feel less exposed and helps with the transition back into ordinary life. (I was aware that Margaret was listening and that she understood the rationale behind

the role play; she nodded when I talked to Lisa.)

In sharing, I let Margaret know that I felt moved by the gentle relationship she was developing towards herself. Lisa and I normalized Margaret’s feelings of dissatisfaction with her body, indicating that it was often difficult to keep liking our bodies when there were so many pressures to look a particular way. Margaret expressed her appreciation for the session. She was bright and animated, stating that she was “amazed” at this way of working and that she felt very different from the start of the session.

In three later sessions we continued with a standard CBT format, but the psychodrama experience of a “conversation with yourself” was frequently used. The client maintained her gains and was consistently more compassionate and gentle with herself. She finished therapy six weeks after the described session.

### Philosophy and Theory Behind the Techniques

The session described used aspects of CBT and Psychodrama. Both therapies influenced the techniques used, my stance and my thinking. Psychodrama influences are most salient in my attention to therapy and supervision relationship and in my stance of being directive about the process but relatively open about the content of the session. I find that nearly every topic of discussion provides ample opportunities to work with cognitive distortions, schema and behavioral patterns, as well as with roles and role relationships. I am not bound by the limitations of spoken word, Whiteboard or two column thought challenges; I can work with whatever material emerges, including multiple clusters of cognitions and feelings and multiple time-frames. I set therapy goals and focus on symptom reduction but hold these goals lightly. I recognize that client-led “detours” sometimes lead to the heart of an issue and that problematic inflexible roles or cognitive patterns that need to be addressed will show themselves repeatedly. The more I become aware of the social context of mental health issues, the more I value the theoretical and technical contribution Psychodrama offers for addressing this.

In preparing students such as Lisa to use Psychodrama techniques in session, I am attentive to the relationship between us. Guided by the philosophy and theory of Psychodrama, I attended to Lisa's warm-up and focused on her healthy functioning prior to the start of therapy with Margaret. Psychodrama experience and theory informs me that having the student use her body in action will greatly assist her. I am aware that playfulness is a glimpse of spontaneity and creativity that Lisa was capable of accessing within herself. Thanks to psychodrama training, I am a spontaneous and creative supervisor!

As a co-therapist with the student trainee, I recreated the supervised *experiential learning* style of Psychodrama as opposed to a CBT supervision style that may rely more on student report or review of recordings. Within Psychodrama's culture of lifelong personal development, I have been both a student and a “client” in the recent past. This assisted me to position myself alongside Lisa and Margaret physically and emotionally during some of the sessions. Doubling each of them in this way provided a strong experience of empathic attunement that they both responded to positively.

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## Psychodrama and CBT...

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### *Moving from CBT into Psychodrama*

The structured CBT thought challenge on the whiteboard strongly engaged the client's ability to think and reason, making the most of her intellectual capacities. However, it did not convincingly shift her emotions since it still did not feel true. This is a common issue identified in CBT and is traditionally addressed by ensuring that the client also engages in changes in behavior. For CBT homework, the client in this example had been engaging in pleasant events, planning breaks from her work schedule and eating regular healthy meals. Other specific CBT homework behavioral tasks for body image issues included: exercises such as observing her body in front of a mirror and developing neutral descriptors (e.g. "rounded hips" instead of "fat and ugly hips"), engaging in moderate physical exercise and abstaining from checking behaviors (such as pinching and measuring).

A CBT approach may recommend experiential techniques such as imagery or rational-emotive role-play to restructure childhood beliefs. However, it seems as though many psychologists (including myself) have received little or no CBT training in how to do this. Psychodrama training focuses primarily on experiential techniques, so training in this technique can provide opportunity to practice a large repertoire of experiential methods.

Considering the use of Psychodrama in the fourth session, I had thought about staging beforehand and had brought in extra chairs for the session in the event that this opportunity arose (which, in this case, it did). Placing the action on a stage or distinct allocated space is characteristic of Psychodrama. This assists the protagonist by defining the boundary between current day experience and surplus reality and moving from audience to stage is a physical marker of degree of warm-up. Unlike CBT's rational-emotive role-play, concrete positions are available for different roles. Body positions and spatial relationships between roles (e.g., near or far, higher or lower) provide another layer of information about the quality of relationships.

Consistent with CBT and Psychodrama's role training, the enactment had a clear goal and content in mind: to shift feelings about a particular issue. The Psychodrama director, however, primarily directs the *process* rather than content. In the sessions described above, for example, we were keen for the client to develop feelings congruent with rational thinking. Psychodrama training has prepared me to hold such goals lightly. If the enactment had taken a different direction (perhaps moving the client towards more unhappiness or arousing feelings of rage), my Psychodrama training would provide me ample preparation for working *with* such client experience rather than pushing it in a preconceived direction. Psychodrama theory and experience informed me that the spontaneity and creativity of the client, the student and myself would have risen to the occasion and found a progressive direction. I think that those without Psychodrama training would find this difficult.

Psychodrama sharing assists the client to transition from the intense internal experience of enactment of childhood experiences to the present day and current relationships before returning to her working day. Coupled with this, sharing some of our own human experience

with the client is consistent with Psychodrama theory as we are all "group members". It is also consistent with CBT in that it may counter beliefs that her concerns make her abnormal.

In this example, the enactment was simple and effective and the production was adequate. True to CBT, it focused on the area with most potential for symptom relief (concerns about body image). By focusing on two main roles that were congruent with CBT theory, there was a clear framework for the student to follow that assisted her learning about CBT and use of experiential methods within a CBT framework.

In asking the client to be herself as a blobby teenager, I was picking up on her terminology, accepting and fully entering into her experience of reality. This is a stance consistent with both CBT and Psychodrama. Drawing attention to body sensations, posture and movement (e.g., coaching the auxiliary to maximize the agitated hands) facilitated the visual and spatial experience for the client, heightening warm-up, deepening emotional experience and accessing CBT's "hot cognitions". By standing up rather than sitting, I warmed myself up to being a director of action rather than a talking therapist.

The most obvious strength of the enactment was that we had the blobby and bullied child present with herself as an encouraging, caring companion. We were able to engage the client with herself in such a way that she responded well to the negativity and her own harsh criticism. We did not address the thoughts, feelings and behaviors of the bullying children.

In demonstrating the role of Blobby Margaret I was coaching Lisa to become a spontaneous auxiliary for Margaret. I also facilitated two mirrors for Margaret. She saw an aspect of herself reflected in me (the supervisor/teacher) and then by Lisa (the auxiliary). Multiple views of herself and at least three perspectives (the first from "within" the role, the second as she "eavesdropped" on my demonstration to Lisa and the third as she interacted with it) deepened her experience of herself and assisted the shift in affect.

Stemming from role theory, appreciation of role concepts is crucial to Psychodrama theory. Reversing roles is a powerful technique; physically moving to another position changes one's perspective emotionally and intellectually. Viewing herself as an unhappy teenager markedly shifted the client's experience. This was not just a cognitive shift but a complete shift in role. Compassionate feelings, thoughts and actions were aroused and utilized to good effect as a result.

During the main psychodrama session, a potent action cue was stated: "I want to hug her". Encouraged to move closer to the blobby teenager, the client willing shifted her chair closer but hesitated to actually make body contact. At this point I experienced a role conflict within myself. In Psychodrama, ethical physical contact is valued for its healing potential and ability to maximize the experience for the client. Psychodrama practitioners do not necessarily use physical touch in individual sessions; however, as a Psychodrama director, it could have been appropriate for me to gently assist the client to make physical contact with the auxiliary by coaching her or modeling the action for her. As a clinical psychologist, I have been discouraged

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from having physical contact with clients. In this situation, the auxiliary had consented and the action cue had been given by the client rather than by me (the director). Cautious and recognizing the good work that was occurring by sitting close together, I did not amplify the action at this point. I believe it was a good decision, as I have not yet found a way to integrate physical touch in my CBT practice.

Psychodrama training has taught me to attend to the quality of the role—not just the words—during role reversals. I was aware of tone of voice, softening of timbre and softening and moistening of eyes. These and other clues indicated that the client was fully engaged in the enactment with heightened emotions and cognitions. I also was conscious of the client occasionally shifting roles and time frames during her interactions with me. No longer immersed in the enactment, she would thoughtfully and calmly ask a question before returning to the action of being fully present and emotionally expressive towards herself as a teenager. We were in existential time where multiple layers of experience, past and present, were happening in the Here and Now. The client was also demonstrating and practicing schema mode flexibility, moving easily from one mode to the next and having access to a rational appraisal of the situation.

For those readers who are interested in integrating CBT and psychodrama in their clinical work, the self-help book from McKay and Fanning (2000) is a user-friendly guide to CBT that is compatible with Psychodrama techniques. McKay and Fanning illustrate thought challenging using two characters – the “Pathological Critic” and the “Encouraging Coach”. It is a short step to role enactment. The session described above exemplifies many dimensions of this book; it used Psychodrama elements within a CBT structure. However, it was professional Psychodrama training that informed my genuine openness to the content of the session and the quality of relationship that enabled production with sensitivity and depth. The CBT agenda and the initial cognitive challenge exercise served as warm-up for the enactment. The Psychodrama action was integrated into the body of the CBT session in order to attend to material in the client’s past.

## Implications

I have investigated the goals, philosophy, theory and practice of Beck and Moreno, and have compared and contrasted their work (Part I). I have then taken these findings and applied them to a supervised therapy situation (Part II). This work has implications for clinical practice, research and future directions.

### *Clinical practice*

Although CBT is the predominant therapy model in many mainstream organizations, research and clinical experience confirms that many clients will not make full and sustained recovery with CBT alone. One possibility for enhancing the delivery of CBT is to borrow methods from other therapy schools. I have demonstrated that many aspects of Psychodrama enrich CBT. Psychodrama training enables the CBT therapist to maximize use of the therapeutic relationship. Psychodrama techniques can ease the tasks of CBT for many clients, facilitating access to emotionally charged cognitions and providing opportunities for change. Psychodrama could also be a sequel to CBT. With its focus on experiential learning in a group context, Psychodrama may be particularly useful for clients who have long standing interpersonal difficulties that inhibit progress or contribute to relapse in traditional CBT.

For CBT supervision and training, Psychodrama offers a complementary training model that is based on health rather than illness and encourages lifelong learning and personal development. Psychodrama normalizes the difficulties faced by therapists and provides opportunities to develop intimate and supportive peer relationships where personal and professional development occur side by side.

The full potential of combining the therapies will only be realized with training, experiential learning and supervision. For example, lack of training in the therapeutic use of space and physical touch will prevent a CBT practitioner from ever using the full range of Psychodrama action methods. Additionally, use of any technique will be limited unless the clinician has an appreciation of its theoretical underpinnings.

Although there are some similarities, there are significant and possibly irreconcilable differences between Psychodrama and CBT at the level of philosophy. Both therapies value the subjective and objective experience of the client and both see human beings as meaning makers of their own world. However, there is likely to be tension between the spiritual and existential values of psychodrama and the tight focus on predetermined goals, specific outcomes and measurable symptom reduction endorsed by CBT and its academic psychology roots.

In clinical settings, Psychodrama therapists are referred clients with a psychiatric diagnosis and are expected to assist with symptom relief in short time frames. CBT's focus on psychological problems may provide a useful adjunct to Psychodrama's health-focused model:

1. CBT shares some common ground with Psychodrama, has widespread mainstream acceptance and its language is familiar to many mental health practitioners. Use of CBT language may facilitate acceptance of Psychodrama concepts.
2. All psychodramas involve cognitions and cognitive change. Consideration of CBT theory could raise awareness of the cognitive aspect of role and sharpen focus particularly in groups in clinical settings and during catharsis of integration.
3. CBT offers a wide range of specifically tailored strategies for clinical problems many of which can be adapted and used in action.

## Research and future directions

Psychodrama's contrasting but largely complementary perspective has the potential to stimulate CBT theory and research. Psychodrama has the potential to increase the effectiveness of CBT with individuals, enhance the effective delivery of CBT in groups and reduce risk of relapse. Promising areas for further exploration and research include:

1. Investigating role theory and its relation to schema mode theory. This may be particularly useful for CBT practitioners and researchers considering the impact of schema modes in group and social contexts.
2. Enhancing delivery of CBT in groups by drawing on Psychodrama theory related to group process.

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## Psychodrama and CBT...

(Continued from p. 9)

3. Considering Psychodrama's extensive repertoire of methods that do not rely on spoken or written work for clients with language and literacy problems.
4. Developing CBT's repertoire of experiential techniques to include use of spatial relationships, movement, color, body sensations, physical objects and ethical use of touch.
5. Developing CBT theory and practice by considering Psychodrama's capacity for dealing with multiple time-frames and multiple clusters of experience (including several streams of cognition) simultaneously.
6. Considering spontaneity and surplus reality in the development of theory, practice and training, particularly in regard to anxiety reduction and motivation to experiment and "play" with new behaviors.
7. Exploring alternative styles of CBT training and supervision, including the supervised clinical practice model of Psychodrama (as an adjunct to recordings, student report, or one-way mirror observations).

Further exploration and research into the area of combining CBT and Psychodrama is warranted. This is likely to initially involve more individual case studies and therapist observations, but may eventually result in more controlled trials being conducted. Robust discussion is needed to determine whether this method of research is appropriate for Psychodrama and whether there are better means to explore this complex method.

The similarities in the work of Beck and Moreno are intriguing and warrant further investigation. It is heartening that these two men with such different approaches have findings in common. It gives me hope that it may be eventually possible for people of diverse opinions to have a greater degree of shared understanding of the human condition.

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This paper was edited for The Group Psychologist by Letitia Travaglini & Tom Treadwell.

## Diversity Award

Eric Chen, PhD, Chair

The Diversity Award will be given every year, beginning 2012, to a group psychologist who has made outstanding contributions in group psychology practice, research, service or mentoring that promote understanding and respect for diversity.

### Draft Nomination and Selection Procedure

Nominations are reviewed by the Diversity Committee and voted on by the Board of Directors at its midwinter meeting. Nominations are due by December 1 annually. Each award recipient is honored at the American Psychological Association Annual Convention with an engraved plaque.

### Submission Procedure and Requirements

Self-nominations are accepted. Please collate nominations materials into one PDF document and email them to Eric C. Chen (echen@fordham.edu) no later than December 1, 2011. No faxes or mailed submissions will be accepted.

Nominations materials should include and be limited to the following: 1. A Nomination letter highlighting the significance of the nominee's contributions. Please include the names, phone numbers, program and institutional affiliations, and APA divisional membership of the endorser and of the nominee. 2. Two supporting letters from other psychologists. 3. The nominee's vita.

## Newsletter Deadlines

February 15  
May 15  
September 15

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

# 2011 APA Conference Poster Sessions

## Group Psychology & Group Psychotherapy Research & Practice Abstracts: Part 1

Congratulations to our Student Poster Award winners: Carilyn Ellis (1st Place), Robin Lange (2nd Place), Qi Shi (3rd Place).

**1. Julie Nelson Arcaroli, MA, Paula T. McWhirter, PhD, Ji Y. Hong, PhD, Rockey Robbins, PhD, & Kathryn Haring, PhD**

*Yalom's therapeutic factors in women's quilting groups: A qualitative study.*

The presence of Yalom's therapeutic group factors (Yalom & Leszcz, 2005) is examined in women's small quilt-making groups. In this qualitative study, 50 quilt-makers and 5 small quilting groups participated in interviews and observations which were used to examine women's lived experience of the phenomenon of quilting together. Analysis reveals curative factors to be present in the community-based quilting group process. Results are discussed in the context of therapeutic group experience and accessible, cost effective mental health care for an aging population. Conclusions provide initial support for mental health care providers and community service personnel to discuss and encourage participation in creative community-based groups for individuals suffering from depression or seeking to improve life satisfaction, given demonstrated therapeutic factors and potential to advance specific therapeutic goals.

*Problem Statement.* Meta-analytic reviews have demonstrated that group participation is an effective modality for treating a variety of mental health issues especially among older adults (Payne, 2008). The relevance of this research is highlighted by the rapid growth of the older adult population (55+) in America due to the aging of baby boomers, medical advances and increased life span. All of these together call for an increased need for psychological interventions that can serve this population effectively and economically (Payne, 2008). Five to ten percent of older adults are affected by depression associated with aging (APA, 2003) related to retirement, death of spouse, chronic pain, cognitive decline, and diminishing social networks (Payne, 2008). Could regular participation in a small creative group activity combat some of these depressive affects by providing goals, learning opportunities, and increased social interaction opportunities to individuals who often feel lonely and isolated? If the results of this study demonstrate that creative, small group treatment of older adults is helpful and cost efficient, it will establish a rationale for incorporating these pursuits into the repertoires of health care and community service professionals.

*Results.* Evidence of all 11 therapeutic group factors was found in the interview text. Three therapeutic group factors were prominent in the textual data in terms of frequency and participant declaration: group cohesiveness, altruism, and imparting information.

*Group cohesiveness.* Group cohesiveness refers to individual member's sense of belongingness. "Members of a cohesive group feel warmth and comfort in the group...they value the group and

in turn feel that they are valued, accepted and supported by other members" (Yalom & Leszcz, 2005, p.55). References to a sense of value and belongingness associated with the quilting group were more prevalent in the textual data than references to any other therapeutic group factor. Respondents repeatedly referred to the quilting group as a place to belong, a place to receive positive affirmation and encouragement, and a place to feel known, understood and accepted. Many participants shared that they value the time spent together and that they look forward to the meetings. Respondents expressed that the quilt group meetings served as a place to share and a place to laugh and have fun in a community of friends. The quilt group was considered by participants to be a place of fellowship.

*Altruism.* Altruism in group therapy refers to the opportunity to be of benefit to others and to shift between the roles of help receivers and help givers (Yalom & Leszcz, 2005). Altruism acknowledges that one profits intrinsically from the act of giving. They profit from feeling they have something of value to offer. Group members offer support, reassurance, suggestions and insight as they share with one another. Acts of altruism can also bring relief to morbid self absorption and obsessive introspection that may be causing psychological discomfort (Yalom & Leszcz, 2005). The interview data is rich with references to the creating and giving of quilts to others. Respondents spoke of making quilts for friends, family members and for community outreach. Quilters also talked of being recipients of altruistic acts that are extended to them from other quilt group members.

*Imparting of information.* The third prominent therapeutic group factor evident within the textual data of this study is imparting of information. The therapeutic group imparts information in two ways: by offering direct education and by offering advice from others. In order to be optimally therapeutic, it is best if learning takes place in a context of partnership and collaboration and is examined on a direct personal level about how events affect the member's own life rather than presented in an intellectualized and detached manner (Yalom & Leszcz, 2005).

*Discussion.* Findings are discussed in relation to the managed care requirements of demand for brevity and uniformly structured, time limited therapy. Results indicating the efficacy of therapeutic factors and thus potential to advance treatment outcomes for individuals with age related depression will make a significant contribution to the knowledge base. This will increase the likelihood that psychologists will consider prescribing participation in a creative social group (such as quilting) as a behavioral activation strategy. Involvement in quilt-making has been shown to be readily adaptive to special populations (such as people who are managing chronic illness, disability or incarceration) in ways that fit particular constraints and ability (Reynolds et al., 2003; Terichow, 2007).

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## 2. Lee Gillis, PhD

### ***Practical significance: A teaching-research tool for learning collective and individual self-efficacy in an undergraduate group dynamics class.***

How can students best understand the usefulness of effect sizes, confidence intervals, and practical significance when much of their education has focused on the importance of null hypothesis significance testing (NHST)? Perhaps participating in group activities and collecting data on individual and collective self-efficacy in their weekly cooperative groups can provide such insight. Twenty-one undergraduates at a public liberal arts university in the Southeastern US were randomly assigned to three leaderless groups that met once per week and participated in pre-assigned group activity sessions over 10 weeks. Each week they completed a simple global pre-activity and post-activity measure of collective self-efficacy. Immediately following each group session, each group member completed the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). Each week, group members contributed postings to a discussion board that described the “what”, “so what”, and “now what” of their experience. They also commented on their observations of the means of the weekly survey data. At the end of the semester,  $R^2$  was computed as the effect size for each week and plotted on a line graph with 95% CIs. Group members wrote individual research papers and gave a collective poster presentation using the quantitative data supported by their discussion postings. Both paper and presentation utilized the construct of practical significance as a predictive indicator of the group’s weekly process. This poster will highlight this classroom teaching-research experience and describe students’ confusion and insights into NHST and effect sizes.

Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user’s portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

## 3. Kimberly N. Snow, MA, & Glori G. Gray, MA, MSW

### ***The use of creative arts in facilitating resilience and countering depression in high-risk youth.***

For a child who has been traumatized, especially in the circumstances of abuse, he or she often suffers a grave sense of powerlessness and mistrust (Lawton & Edwards, 1997). Despite the deleterious effects of trauma on youth, not every individual is equally affected. Many young people develop a great capacity to deal with change and continue to develop, despite their dire circumstances. Such is the concept of resilience. According to Luthar, Cicchetti, and Becker (2000), “resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543). The complexities of trauma require multi-target, multimodal treatment approaches for psychological assessment and treatment with traumatized children. Victims respond in varied and unpredictable ways. A traumatized child can display a variety of symptoms, including crying and regressive behavior, a sense of confusion, anxiety, temper tantrums and other affective dysregulations (McAdam-Crisp, 2006). Further understanding of all of the underlying mechanisms essential to resilience should help in developing effective treatment modalities and intervention programs (Luthar, Cicchetti & Becker, 2000).

While earlier studies highlighted target areas for integrating contributing factors to resilience, many researchers now want to understand the deeper implications that contribute to “protection” for children in maladaptive and diverse environments. Researchers have explored the functioning of resilient individuals and their relationships with others. As studies evolve, researchers hope to develop a better understanding of how processes work within and across levels of analysis to actually produce resilience in children (Masten & Obradovic, 2006). Many studies exist for maltreated children in various settings, but whether this resilience can be specifically fostered or developed is research worth further exploring.

*Creative therapy and resilience.* Play and creative interventions provide important opportunities to create emotional distance in trauma situations (Schaefer and Carey, 1994). Creativity is certainly found to be more and more common with those with mood disorders. Researchers are finding connections between not only creative individuals and mood disorders—but also within the families of depressed individuals (Richards, 2007). Those who function better in such families tend to be more creative in their approaches to problems. Indeed, everyday creativity, in particular, has a propensity to induce health, due to its earlier explained “adaptive survival mechanisms” (Richards, 2007). For those with mood disorders, their highest creativity tends to correlate with healthier functioning periods (Richards, 2007).

By observing those working within the creative process, therapists are able to recognize their interior ways of perceiving the world. Those who work with these children understand how experiential play and creative interventions allow youth the chance to work out complex problems and emotions that affect them (Schaefer & Briesmeister, 1989). According to various studies, creativity encompasses fundamental and innate survival capacities, allowing for resource development and adaptation to dynamic environments (Richards, 2007). As an innate survival skill, intrinsic to all humans, creative work is considered by many to foster health and flexible problem-solving (Richards, 2007). Creative work can allow for not only ingenuity and inventiveness, but self-efficacy, self-expression, and a more integrated sense of one’s self-concept (Richards, 2007).

Because of the underscored need for delineating factors contributing to children’s resilience to trauma, the purpose of the current study was to evaluate the effectiveness in cultivating resilience features and diminished depression as a result of a group intervention based on an art and creative arts approach.

*Procedures.* High-risk youth, including both males and females ages 11 to 20, were recruited for participation in the current study. The experimental group includes 16 at-risk adolescents from a voluntary residential facility, who participated in a creative arts experiential group, and 13 youth assigned to a control group. The experimental group involved teens who are being raised by single mothers when their fathers are absent due to abuse, neglect, death, or other related issues. The group therapy program utilizes the *Chill and Spill* curriculum, which is based on a foundation of behavioral, narrative, and art therapy approaches for adolescents. *Chill and Spill* is a guided therapeutic group designed to empower adolescents through the use

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of art and creative writing to “articulate and heal from traumatic or difficult issues in their lives,” (Murray & Basham, 2010). The second group received no intervention and served as a control group. Each of these groups was given the Resilience Scales for Adolescents (RSCA) and the Child Depression Inventory (CDI) as pre- and post-test measures of their psychological and resilient functioning. A repeated measures ANOVA will be used to compare the effects of each of the experimental groups with the control group to assess the impact of the creative arts intervention group.

The RSCA measures three areas of perceived strength and/or vulnerability related to psychological resilience. The RSCA Personal Resilience Profile is typically used in individual clinical, school, and therapeutic group settings, and it is often used within prevention programs as a screening measure. The 64 items can be used with other symptom-based measures or Youth Inventories to connect characteristics of resilience with specific symptoms for more methodical treatment planning. The five-point Likert-type scale allows for response options ordered from 0 (never) to 4 (almost always). The self-report scales—Sense of Mastery, Sense of Relatedness, and Emotional Reactivity—are written at a third-grade reading level and may be used in combination or as separate global scales.

The Child Depression Inventory (CDI) is used by mental health professionals to assess the severity of self-reported symptoms of childhood depression. The self-rated symptom-oriented scale is suitable for youths aged 7 to 17. Responses are scored on a Likert-type scale, ranging from 0 to 2, with 2 representing the severe form of a depressive symptom and 0 representing the absence of that symptom.

*Results.* It is hypothesized that the experimental group (utilizing creative arts) will show significantly greater gains in resilience and diminished depression scores from Time 1 to Time 2 in comparison with the control group. The results of this study and a discussion of the findings as they relate to previous research and future therapeutic work with high-risk youth will be presented.

#### **4. Diana J. Semmelhack, PsyD, Sharon Song, PhD, Karen Farrell, PsyD, & Julieanne Pojas, MA**

*New Beginnings Community Services (NBCS) innovations in group home designs: A five year longitudinal study applying group-as-a-whole work to a fairweather lodge.*

There are few housing options for severely mentally ill individuals other than long-term care facilities (nursing homes) in Illinois. There is up to a two-year wait for individuals seeking placement in standardized group homes. New Beginnings Community Services (NBCS) in conjunction with the National Alliance on Mental Illness (NAMI of DuPage County, IL) launched an innovative housing option. This modification of traditional housing involved the implementation of a *Group-as-a-Whole* framework. The *Group-as-a-Whole* component included bi-weekly, one hour meetings with a group consultant (licensed clinical psychologist) who directed comments to the whole

group versus any given individual in the group. Concurrently, group members learned social psychology concepts believed necessary for effective functioning in the community during a 15 minute didactic portion of each group. The emphasis on the whole group versus any specific member made the group a safer place to risk confronting painful issues. Ultimately the house members formed a team (*Group-as-a-Whole*) geared towards problem solving and effective conflict resolution. Concurrently, didactics and interpretations focused on negotiating relationships with other groups in the community appeared to enhance the quality of inter-group interactions.

Ten subjects completed the 16 week evaluation period in the control group setting (standard group home) and 7 subjects were evaluated during the *Group-as-a-Whole* treatment. Baseline measures of depression, anxiety, agency and cohesiveness before the start of treatment were compared between groups by unpaired t-test. Significant changes from baseline were determined in each group by repeated measures analysis of variance with Tukey Tests used for post-hoc testing. There was no difference between the control and experimental groups at baseline. After the 16 week treatment, self-efficacy did not change in the control group but increased by 50% in the experimental group from baseline to 16 weeks. The *Group-as-a-Whole* setting also produced a significant 35% increase in cohesiveness from baseline to 16 weeks of treatment. In contrast, the control group showed no significant change in cohesiveness. A recent study has shown that gains in cohesion were maintained even after five years.

#### **5. Eric S. Diddy, MA, Mark Kent, MA, & Siobhan K. O'Toole, PhD**

*The impact of DBT group therapy on mental and physical health and healthcare utilization.*

Marsha Linehan (1993) developed dialectical behavior therapy (DBT), which includes a set of psychosocial skills taught in a group therapy setting to help manage the common symptom clusters associated with borderline personality disorder (BPD). DBT is a broad-based cognitive-behavioral treatment developed especially for BPD, but it has recently been utilized for substance abuse, lowering HIV risk behaviors, and with forensic populations to help manage behavioral dysregulation. DBT was the first psychotherapy intervention shown through clinical trials to lower treatment attrition rate, parasuicidal episodes, and psychiatric hospitalizations for individuals diagnosed with BPD (Linehan, Heard, & Armstrong, 1993). BPD is one of the four personality disorders whose features are described as “dramatic” and “erratic” (American Psychiatric Association, 2000). Individuals with this personality disorder show a pattern of unstable interpersonal relationships as well as emotional dysregulation and considerable impulsivity. These individuals often have very intense and erratic relationships, particularly with romantic partners, and have a tendency to alternate between idealizing others and devaluing them. An important treatment goal in DBT is helping clients to increase their interpersonal skills and improve their social support network. The traditional group therapy format that the DBT skills are taught in allows for continual practice of the skills necessary to create more stable relationships. In addition to interpersonal difficulties, individuals with BPD have a high number of somatic

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complaints and utilize healthcare services with high frequency. One study of 264 participants with BPD found that the individuals whose symptoms had remitted due to treatment had significantly better physical health outcomes than participants whose symptoms had not remitted (Frankenburg & Zanarini, 2004). Although psychiatric hospitalizations and general physical health have been researched, no studies to date have examined the effectiveness of DBT treatment on healthcare utilization in general.

This current study is a longitudinal assessment of the effectiveness of DBT group therapy over a one-year period as it relates to several health care outcomes. Participants for this study were recruited through five Dialectical Behavior Therapy programs in five separate states. Data were collected over five time periods, a baseline followed by repeat measurements every three months for one year. Each research participant received an informed consent sheet and was asked to complete the Alcohol Use Disorders Identification Test (AUDIT), the Five Facet Mindfulness Questionnaire (FFMQ), the Multidimensional Scale of Perceived Social Support (MSPP), a health survey (MOS-36), and a demographic questionnaire that asked about DBT and individual therapy participation and healthcare utilization over the previous three months. Packets of materials were mailed to each participating agency every three months, and the materials were handed out at the next group meeting. The staff at the agencies had a choice of handing out the packets to be completed at home and returned at the next session, or having the clients complete them during group time. Participants placed their completed questionnaires in a sealed envelope before turning them in to the lead therapist, and only aggregate information was shared with the agency. Clients who chose not to participate returned the blank questionnaires in the envelope so that their choice not to participate was not known to their treatment providers. After completing the measures, participants removed the consent sheet and kept it for their records. The measures took between 10 and 20 minutes to complete. Follow-up assessments were conducted at 3 months, 6 months, 9 months, and 1 year for all research participants who remained in the program. During these times, participants completed each of the previously mentioned questionnaires. In order to track participants throughout the year, they were asked to write their first and middle initial and the last four digits of their primary phone number on each packet.

The results of the study show that both emotional wellbeing and social functioning improve over time. Additionally, time in DBT was related to fewer psychiatric hospitalizations. Approximately 20% of participants who had been in DBT for fewer than six months noted at least one psychiatric admission in the previous three months compared to 3% of the participants who had been in DBT for more than six months. Despite the increase in emotional wellbeing and social functioning and the decrease in psychiatric hospital admissions, no change in other forms of healthcare utilization was evident in the data. It was further hypothesized that mindfulness, one of the primary skills taught in DBT, would be related to emotional and physical health as well as healthcare utilization. Statistical analyses showed that DBT participants with higher levels of mindfulness reported greater emotional wellbeing, general physical health, social functioning, and social support than DBT participants with lower levels of mindfulness. Additionally, participants with higher levels of mindfulness also took fewer prescription medications, used fewer

healthcare services, and consumed less alcohol.

Overall, the results show that DBT group therapy is effective at increasing emotional wellbeing and social functioning and decreasing psychiatric admissions. Although the pre- and post-test data do not confirm changes to the other physical health and healthcare utilization variables, increased levels of mindfulness were associated with better emotional, social, and physical health as well as lower utilization of alcohol, healthcare services, and prescription medications. This fundamental aspect of DBT appears to have profound benefits for DBT participants and cost-saving benefits for insurers.

## 6. Joseph R. Miles, PhD, & Dennis M. Kivlighan, PhD

### *Perceptions of group climate by social identity group status in intergroup dialogue.*

Experiences with diversity in college are related to positive student outcomes (e.g., Gurin, Dey, Hurtado, & Gurin, 2002). Gurin et al. suggest that, for these experiences to be most impactful, students must experience meaningful, cross-group interactions, rather than merely numerical representation of diverse groups on campus. One group intervention designed to provide students with this type of interaction is intergroup dialogue.

Intergroup dialogue, based on Allport's (1954) contact hypothesis, is a co-facilitated, face-to-face intervention that brings together individuals from social groups that have a history of tension (e.g., People of Color and White People) with the goals of consciousness raising, building relationships across differences, and strengthening capacities to promote social justice (p. 9, Zúñiga, Nagda, Chesler, & Cytron-Walker, 2007).

Dialogue occurs over several weeks, following a four-stage model that includes developing relationships, exploring group similarities and differences, dialoguing about "hot topics" (e.g., affirmative action), and developing action plans and commitment to social justice (e.g., Zúñiga, Nagda, & Sevig, 2002).

Research supports positive outcomes of intergroup dialogue, including stereotype reduction; increased empathy, understanding, perspective-taking; improved cross-group interaction skills; and increased awareness about social structures (see Dessel & Rogge, 2006). While evidence for positive outcomes is strong, little research exists on the processes involved in dialogue, including how participants experience the developing group climate. Research on other group interventions (e.g., group psychotherapy) has found group climate is related to positive group member outcomes (e.g., Ogrodniczuk & Piper, 2003), so understanding participants' experiences of the climate may be important to provide co-facilitators with the skills necessary to foster a productive climate, and to ensure positive outcomes.

Recent research on group climate in intergroup dialogues found increases in engagement, decreases in avoidance, and stability in conflict over time (Miles & Kivlighan, 2008). Unfortunately, this research did not examine whether individuals from different social

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identity groups perceive the climate similarly. Because dialogue brings together individuals from social identity groups with differing levels of societal power (i.e., target and agent groups), it is important to examine whether the experience of dialogue is the same across participants.

While there is no research examining perceptions of group climate across social identity groups, a growing body of research has found differences in how target and agent groups experience campus climate. For example, students of Color, LGBT students, and women perceive campus climate more negatively than White students, heterosexual students, and men, respectively (e.g., Gloria, Hird, & Navaro, 2001; Rankin et al., 2010; Morris, 2003). Given that target and minority students' experiences of campus climate differ, and that students' experiences of climate have important implications for student success, it is important to examine whether the very interventions designed to provide diversity experience are experienced similarly by target and agent group members.

Another important reason for examining perceptions of group climate across different social identity groups comes from research on team cognition (e.g., Rentsch & Woehr, 2004) and perceptual distance (Gibson, Cooper, & Conger, 2009) that finds that when members of a team hold similar cognitions or perceptions, they are more effective. As such, it may also be that when dialogue participants have similar perceptions of the climate, the dialogue may be more effective.

### Method .

**Participants: Groups.** Groups were five intergroup dialogues at a large, Mid-Atlantic university. Themes included "Black Men/Black Women," "LGBT/Heterosexual," "Men and Women," and "People of Color/White People."

**Group members.** Group members were 44 undergraduate students enrolled in the dialogues.

**Measure.** Group Climate Questionnaire-Short Form (GCQ-S). The GCQ-S (MacKenzie, 1983) is a 12 item measure with three scales: engagement, avoidance, and conflict. Items are answered Likert scale, ranging from 1 (not at all) to 7 (extremely). Engagement includes items that "reflect the importance of the group for the members and a sense of closeness between them" (MacKenzie, 1983, p. 165). Avoidance centers "on the idea of avoidance of responsibility by the members for their own change process" (MacKenzie, 1983, pp. 165-166). Conflict scale "deals with interpersonal conflict and distrust" (MacKenzie, 1983, p. 166).

**Procedure.** Groups met weekly for two hours, for seven consecutive weeks. Following each session, group members completed the GCQ-S via an internet survey.

**Results.** Mean climate scores were calculated for each scale, by social identity group (i.e., agent and target) for each dialogue group, and for each session. Three separate three-level hierarchical linear

modeling analyses were run, one each with engagement, avoidance, and conflict serving as the dependent variable; and with social identity group nested within session, nested within intergroup dialogue group. Social identity group and time (i.e., session) served as the independent variables. Social identity status was coded as 0 for target group, and 1 for agent group.

A significant interaction between social identity group and session was found for engagement, such that members of target groups were more likely to rate engagement as relatively stable over time, and members of agent groups were more likely to see variation (either increases or decreases) in engagement over time. There was no significant interaction effect of social identity group and time for either avoidance or conflict. However, overall, agent groups rated the climate as less avoiding than target groups.

**Conclusions.** Previous research suggests that group climate development in intergroup dialogue includes increased engagement, decreased avoidance, and stable conflict (Miles & Kivlighan, 2008). Results of the current study suggest, however, that perceptions of group climate may differ among target and agent group members. Specifically, target group members appear to perceive less change in engagement, whereas agent group members appear to perceive change.

That there are differences in perceptions in climate by social identity group is consistent research finding differences in perceptions of campus climate between target and agent groups (e.g., Gloria, Hird, & Navaro, 2001; Rankin et al., 2010; Morris, 2003). Because perceptions of group climate are related to member outcomes in group interventions (e.g., Ogrodniczuk & Piper, 2003), this finding may imply differential outcomes of intergroup dialogue for members of agent and target groups. Based on this finding, future research is needed to examine whether differential experiences of group climate relate to differential outcomes for target and agent group members.

### 7. Mira Zaharopoulos, MSE, & Eric C. Chen, PhD

#### *Using racial-cultural events to enhance inclusion in group therapy.*

Within the psychology community, greater awareness has been paid in recent years to the need for therapists to develop racial-cultural competencies (e.g., Ponterotto, 1997; Quintana & Bernal, 1995). Cultural diversity presents an important area of professional competence for group therapists (AGPA, 2007; Chen, Thombs, & Costa, 2003). When seeking to understand any given form of human behavior, a key component of discerning the antecedent, consequences and meaning of the phenomenon rests within the racial-cultural environment and background of the individual. Racial-cultural factors thus act as functional variables that sculpt individual worldviews, beliefs, values, and behavior.

In the context of the therapy group as a social microcosm, the interplay of racial-cultural factors is complex (Pietro, 1996) as interactions are influenced by group member's social and cultural values, beliefs,

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and expectations (Ettn, 1994). As such, the diverse therapy group provides a setting where racial and cultural stereotypes, prejudices, and misconceptions are likely to surface, and the way in which the group therapist and the group members navigate *racial-cultural events* may have a profound effect on the therapeutic process (Brook, Gordon, & Meadow, 1998). In our view, racial-cultural events refer to incidents, interactions, or processes in the therapy group that group therapists believe were related to or influenced by visible racial dimensions, and any stereotypes and assumptions pertaining to those dimensions.

An important task for group therapists is to address racial-cultural events as they unfold, and to be aware of how such events impact group interaction, process, and outcome (Rutan & Stone, 2001). This task is often complicated by the general anxiety inherent in discussing issues related to race, by the conceptual focus of racial-cultural factors as demographic variables rather than as dynamic variables (Chen et al., 2003), as well as by the lack of evidence-based practice guidelines to assist group therapists in recognizing and effectively addressing racial-cultural events during the group therapy process (Chen, Kakkad, & Balzano, 2008).

*Purposes.* In accordance with Division 49's conference theme of "Groups and Diversity: Moving From Exclusion to Inclusion," the proposed presentation aims, first, to describe an approach in which group therapists can utilize racial-cultural events, helpful or difficult, to build connections in the therapy group. Group therapists remain intentional or mindful of their own assumptions and views, and weave intervention strategies into the fabric of the counseling process, thereby building a culturally appropriate context for change to occur. If multiple realities exist in group therapy, it stands to reason that the more diversity there is in each therapy group, the less likely it is that the same racial-cultural events will be consistently perceived by the group therapist and the group members.

A second purpose is to enhance the group therapist's empathic understanding of each individual group member's subjective worldview, thus increasing the likelihood of a shared reality. In so doing, exploring racial-cultural events helps group therapists examine and challenge their tacit and unwarranted assumptions, stereotypes, and beliefs about their group members.

Third, we intend to underscore the importance of group therapists to establish a habit of self-directed professional development. Through this self-monitoring or self-supervision process, group therapists can become creative in identifying strategies to improve their effectiveness when venturing into uncharted territory. This approach is particularly important in a culturally diverse therapy group, in which limited relevant evidence, empirical or clinical, exists to guide them in determining the most propitious direction to pursue.

*Racial-cultural events as opportunities to enhance group practice.* Our approach applies the critical incident technique (CIT, Flanagan, 1954)—a qualitative research method aimed at gaining a deeper understanding of the subjective experience of individuals—to the examination of racial-cultural events, placing a premium on assisting the group therapist in reflecting on critical racial-cultural incidents from the most recent group therapy session. This approach consists

of four sequential steps: describing, informing, confronting, and planning. Relative to the critical racial-cultural event, the group therapist reflects on the following questions in each step:

1. Describing: What actually happened? What were you hearing your members say and observing them do?
2. Informing: What was your own reaction? Why was this event important for you? What might it mean from the member's perspective?
3. Confronting: What was the possible range of alternatives for you to respond? Why did you choose that particular intervention from among the alternatives? How did you account for this event from your perspective? At what level—group, subgroup, or individual member—did your response operate?
4. Planning: How might what happened suggest to you what you should attend to during the next session? What would you like to see happen next? To what end? At what level—group, subgroup, or individual member—would you intend to influence the member's behavior?

Exploring racial-cultural events is consistent with Yalom and Leszcz's (2005) notion of "self-reflective loop" as a critical technique for the group therapist to help group members gain self-understanding. Specifically, this "self-reflective loop" begins with an experience of emotion-laden interpersonal encounter, followed by an immediate reflection on the experience, and leads to future cognitive understanding and behavioral change. It is the emotional experience combined with cognitive understanding of the racial-cultural event that provides optimal therapeutic effect.

In our practice-oriented presentation, we will utilize case vignettes to illustrate how this approach to exploring racial-cultural events offers opportunities to enhance inclusion in group therapy. The proposed presentation is expected to contribute to an understanding of how group therapists might better address racial-cultural events so as to increase empathy for diverse perspectives, foster connectivity between members, and further the group therapy process through a creative and self-monitoring therapeutic approach.

#### **8. Qi Shi, MEd & Sam Steen, PhD—Student Poster Award Winner (3rd Place)**

##### ***The efficacy of group counseling for improving academic achievement outcomes: A best-evidence synthesis.***

In this study we use a best-evidence synthesis methodology to describe the factors associated with effective group counseling interventions for children and adolescents in schools that have outcomes focused on academic achievement. A best-evidence synthesis literature review uses consistent, clear standards to identify unbiased, salient information from experimental studies and then discusses each appropriate study while computing effect sizes (Slavin, 1986; 1995). Additionally, context, design, and findings of the studies are discussed. This method is similar to meta-analysis, but includes a

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more detailed description of key studies in a format typical of narrative reviews. In this case, this strategy is appropriate for group counseling studies related to children and adolescents because they are few in number and are substantially and methodologically different (Slavin & Cheung, 2005). In order to conduct a best-evidence synthesis, the first criterion used to identify unbiased, salient data from experimental studies must be clearly articulated followed by a discussion of each study/article selected while computing effect sizes. Furthermore, other factors occasionally overlooked in meta-analyses such as contextual factors (e.g., school settings where appropriate), research design (e.g., sample size, group leader characteristics), and findings (e.g., both significant and non-significant when reported) of the studies will be analyzed. This research is important because there is considerable variation in the degree and type of implementation of group work within the school setting and more theoretical and conceptual research, evaluation and outcome studies, and sound information on strategies for implementing and facilitating groups in school are needed (Akos & Milsom, 2007). In this poster presentation, the participants will hear details about the methods (e.g., search procedures, definition of terms, exclusion criteria), results (e.g., description of studies), and implications for building upon the current literature on groups with children and adolescents attending to academic achievement as well as strategies for successfully using this methodology in the future.

### 9. Robin E. Lange, MA, & Maria Riva, PhD— Student Poster Award Winner (2nd Place)

#### *Group treatment for survivors of childhood sexual abuse: The relationship between social bonds and symptom severity.*

According to Abel et al. (1987), approximately 39 million Americans are survivors of childhood sexual abuse (CSA). Along with the physical trauma present at the time of a sexual assault, survivors of CSA also present with a wide range of mental health consequences following the assault, the effects of which may never fully dissipate (Petraak & Hedge, 2004). Despite nearly four decades of research related to sexual trauma, little is known about what treatments are effective in treating the range of symptoms common to survivors of childhood sexual abuse. Authors have suggested that group therapy may be especially effective at improving the quality of life for individuals with a history of CSA due to the ability of the group to counteract the sense of shame and secrecy associated with the experience, as well as providing a safe framework for rebuilding social bonds and trust broken in childhood (Herman, 1997; Mendelsohn et al., 2007; Parker et al., 2007).

In the literature that has accrued over the years on female sexual assault survivors, it is clear that while almost all women would report their assault experience as negative, their ability to recover psychologically following the assault varies. A body of literature has evolved which suggests that the ability to effectively access and utilize social support explains the differential recovery rate following sexual trauma (Borja et al., 2006; Charuvastra & Cloitre, 2008; Ford et al., 1997; Hyman et al., 2003; Kernhof et al., 2008; Lyons

et al., 1998; Norris & Kanisty, 1996; Pearlman & Courtois, 2005). While research on the salience of social bonds in post-traumatic growth is promising, the literature up until now has focused more on the characteristics of CSA survivors and less on treatment. The importance of social bonds in recovery has been suggested, yet few studies include measures of ability to form interpersonal bonds. Twenty years ago, Riva (1990) suggested that few rigorous studies of the efficacy of group treatments for adult CSA survivors have been conducted, despite the general consensus that group treatment is efficacious for this population. This statement continues to be true today. A study of the effects of group treatment and the ability to form interpersonal relationships over time on symptom severity for adult survivors of childhood sexual abuse is warranted and is an appropriate "next step" in advancing the science in this area.

This study seeks to determine if effectiveness of group treatment varies based on the ability of group members to utilize social support. This study also compares two types of group treatments, open and closed groups. By studying which treatment has the greatest effect on symptoms, more targeted treatment for this population may be provided in the future. The following hypotheses are being tested:

- The ability to form social bonds in group treatment will significantly predict symptom severity.
- Session to session patterns of improvement in group treatment will be significantly different based on ability to form social bonds. Those with greatest ability to form social bonds will have the greatest improvements in functioning.

Additionally, one research question is being explored:

- Is there a difference in outcome (social support/bonds and symptom severity) between clients in open group treatments compared to those in closed groups?

In order to address the two hypotheses and one research question that form this study, two research designs have been used. The first hypothesis and the single research question will be tested using a pretest-posttest non-equivalent groups design. The second hypothesis has been addressed using a mixed design in which both between groups and within groups variables are measured. Data for this study is being collected weekly using the following measures:

- The Interpersonal Support Evaluation List (ISEL, Cohen, 1988)
- The Working Alliance Inventory-Short Form Revised (WAI-SR; Hatcher & Gillaspay, 2006)
- The Outcome Questionnaire-45 (OQ-45; Lambert, Hannover, Nisslmuler, Richard, & Kordy, 1996)

In addition to the above measures, group and participant characteristics are assessed using two author-designed questionnaires. One assesses the characteristics of the individual groups and is administered to group leaders. The second is a demographic questionnaire

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that is administered to participants. The presence of CSA and adult sexual trauma are assessed using the Sexual Experiences Survey ShortForm Victimization (SES-SFV; Koss, Abbey, Campbell, Cook, & Norris et al., 2007) and the Childhood Sexual Abuse Questionnaire (CASQ; Godbout, Sabourin, & Lussier, 2009).

Adult participants have been recruited from preexisting therapy groups at community mental health centers in a major metropolitan area. Several mental health centers have agreed to participate and currently six group members have completed the study. A wide range of groups with a stated goal of treating sexual trauma survivors have been included in this study. Both open and closed groups are included in the study and incorporate a variety of theoretical approaches to treatment (exposure based, CBT, psychoeducational, process oriented, etc.). Group therapy clients who agree to participate in the study are followed over their first 10 sessions of group treatment. This study is in the middle stages of data collection with one group having completed the data collection process and a minimum of six additional groups scheduled for participation in the next two months. Data collection will be complete by May, 2011. This study will include a minimum of 40 participants.

**10. Brett A. Shumway, BA, Jennifer Bahrman, BA, Tracie Hitter, MS, Ginger Dickson, PhD, & Michael Waldo, PhD**

***Enhancing ethnic identity development through small group work interactions.***

*Statement of problem.* Ethnic identity development may be a necessary step in preparing counselor trainees for multicultural competence (Field, Chavez-Korell, Rodríguez, 2010). Experts have suggested that multiple instructional strategies are needed to promote students' multicultural competencies (Roysircar, 2004; Tomlinson-Clarke & Ota Wang, 1999). It has been proposed that exposure strategies (e.g., guest speakers) and participatory strategies (e.g., small group discussions) should be incorporated into training programs (Dickson & Shumway, in press). Research indicates that personal growth groups may be effective in promoting ethnic identity development in counseling students when connected to a multicultural counseling class (Rowell & Benshoff, 2008). However, no study has attempted to examine a group that is specifically designed to allow students' personal cultural exploration and sharing of their experiences with their respective cultures. This study evaluated a group intervention that was designed to integrate individual cultural identity development, exposure to other cultures, and participatory methods into counselor training. Group members were offered opportunities to become more aware of their own cultural identity and are provided intimate exposure to diverse cultures in a participatory manner that is intended to foster overall multicultural competence for counselor trainees.

*Hypotheses.* Three hypotheses were made that participants' level of ethnic identity (awareness, exploration, resolution) would not significantly change during the extended baseline period. Three additional hypotheses were made that participants' level of ethnic identity (awareness, exploration, resolution) would significantly increase as a result of participation in a multicultural awareness group.

*Study design.* This was a quasi-experimental extended baseline design evaluating a small group treatment intervention. Participants' ethnic identity development was assessed two weeks prior to the intervention, at the beginning of the intervention, and at the end of the intervention.

*Sample.* Six counseling Master's level graduate students (5 women, 1 man, mean age 24.5, SD = 2.07) in counseling programs at a Southwestern university participated in the study. Participants reported to be from diverse ethnic (3 self-identified as Hispanic, 3 self-identified as European American) and religious (participants individually identify as: Atheist with a Christian background, Atheist with a Jewish background, Christian, spiritual non-religious, Catholic, one participant declined to answer) backgrounds.

*Instruments.* The Ethnic Identity Scale (EIS; Umaña-Taylor, Yazedjian, & Bámaca-Gomez, 2004) was used to measure participants' ethnic identity development. Preliminary reviews of the measure indicate its reliability and validity as a measure of ethnic identity development across cultures (Anderson Moore & Lippman, 2005).

*Procedures.* After receiving an initial screening and explanation of the group, all participants were administered the EIS two weeks prior to the initial group session. No other contact was made with the group members preceding the first group session. Upon arrival to the first group session, participants were re-administered the EIS, establishing an extended baseline. Participants attended eight 1-hour and 50-minute group sessions. Each participant was assigned one session in which they were asked to share their respective personal experience with their self-defined culture. Approximately 50% of each session was devoted to participant delivered information. Additionally, approximately 50% of each group session was spent in group processing of member provided information. The EIS was re-administered a final time upon the conclusion of the last group session.

*Results.* Wilcoxon Signed Rank Tests confirmed four of the six hypotheses tested in this study. Levels of ethnic identity (awareness, exploration, resolution) did not significantly change during the extended baseline period. Participant levels of exploration did increase significantly ( $Z = -2.02, p < .04$ ) in response to the group intervention. There was no significant increase in level of awareness or resolution, after completion of treatment. Mean participant increase in EIS subscales of Awareness, Exploration, and Resolution were respectively .5, 4.6, and 3. Overall EIS scores had a mean increase of 8.16 with a mode and median of 12. Two participants with the lowest increase in overall EIS (mean = 1) received high pre-group intervention EIS scores (mean = 62) that were near the maximum overall score of 67 allowed by the measure. The remaining four participants received mean Awareness, Exploration, and Resolution subscale scores of .75, 6.5, and 4.5, with an overall mean increase of 11.75.

*Conclusions.* Results of this study should be considered with several limitations. The sample size ( $n=6$ ) was small, causing difficulty in determining the generalizability of the results and limiting the possible statistical significance of the findings. The range of scores

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for the subscale awareness was near the upper limit of the measure (mean = 22.33 with a maximum range of 24). A larger sample size and a broader measure are needed to provide more accurate results. Moreover, further research is needed to develop methods of eliciting ethnic identity awareness and resolution. However, in light of these limitations, the results have implications for multicultural counselor training. Counselor ethnic identity development may be essential in preparing trainees to work with a diverse clientele (Field, Chavez-Korell, Rodríguez, 2010). Personal exploration may be a necessary step in the ethnic identity development process. These results suggest that multicultural training in a group setting that allows personal cultural exploration and sharing may be an effective form of eliciting ethnic identity development.

### 11. Russell A. Jones, MEd, & Dennis M. Kivlighan, PhD

#### *An actor partner interdependent analysis of the relationship between evaluations and affect and session attendance in groups.*

**Rationale and literature review.** Lack of attendance is a problem in group therapy because it leads to problems with group cohesiveness and can cause further absences among members (Yalom, 1995). When group members miss group sessions, the group climate is disrupted (Fieldsteel, 1996). Irregular attendance may hinder meaningful work for the rest of the group, often leaving other group members feeling insecure, worried, or angry, and often reluctant to disclose private information (MacNair & Corazzini, 1994). Finally, there is a strong association between poor group attendance and eventual group dropout (Stone, & Rutan, 1984). It is therefore important to understand the predictors of poor attendance.

Little empirical literature exists on the relationship between in-session group processes and attendance. In one study, Ogrodniczuk, Piper, and Joyce (2006) found that a sense of belongingness to the group mediated the relationship between member interpersonal distress and attendance. Specifically, lower interpersonal distress was related to a lowered sense of belonging, and this lowered sense of belonging was related to worse group attendance. McCallum, Piper, Ogrodniczuk, and Joyce (2002) investigated relationships between early group process and dropping out from a recently completed randomized clinical trial of two forms of time-limited group psychotherapy for complicated grief. They found that dropouts reported experiencing significantly less positive affect than continuers; and therapists reported feeling less close to dropouts. These studies suggest that in-session group processes are related to group member attendance; however neither study took into account the nested nature of group data or the related problem of level of analysis.

It is axiomatic among group theorists and researchers that the group has an effect on the individual (Yalom, 1995). Few studies, however have examined how the behavior, perceptions, or reactions of other group members affect the behavior, perceptions, or reactions of a group member. This is especially true for the research examining attendance. To date, only one study has examined in session experiences and the effects of other group members as predictors

of member absences in the following session. Miles, Paquin, and Kivlighan (in press) examined the relationship between the amount and consistency of the intimate behaviors in the group, and attendance in the following session. They found that being the member who had the highest number of intimate behaviors in a session, and having a low level of intimate behaviors by the other group members in a session, both increased the likelihood that a member would be absent in the following session. Given these findings, it seems possible that partner effects (the perceptions and reactions of the other group members) influence attendance in groups.

**Hypotheses.** Therefore, we examined individual and group post-session evaluation and post-session mood as predictors of attendance at the following group session. Specifically we hypothesized that: 1) there will be a positive relationship between individual members' and other group members' evaluation of the session as deep and smooth and their attendance in the following session; and 2) there will also be a positive relationship between a group member's and other group members' evaluations of post-session mood as positive and aroused and their attendance in the following session.

**Method participants groups.** Groups were four interpersonal growth groups, conducted at a large, Midwestern university. Groups were each led by a single graduate student leader enrolled in a group practicum. Groups were led using an interpersonal and interactional model (Yalom, 2005). Group members. The group members were 36 students enrolled in an elective course on group processes.

**Group leaders.** Groups were facilitated by four graduate students in counseling psychology who were enrolled in a year-long group counseling practicum. As a prerequisite to this practicum, group leaders had satisfactorily completed two courses in group theory and practice, and one semester of group practicum.

**Measures:** Session Evaluation Questionnaire (SEQ). The SEQ-Version 3 (Stiles, 1980) was given to measure the impact of the group session, and is comprised of a session evaluation section and post-session mood section. The SEQ measures two independent evaluative dimensions of participants' perceptions of their sessions, called *Depth and Smoothness*, and two dimensions of their post session mood, called *Positivity and Arousal* (Stiles and Snow, 1984). The stem "This session was:" precedes the first 12 items (session evaluation), bad-good, dangerous-safe, empty-full, easy-labored, worthless-valuable, deep-shallow, rough-smooth, tense-relaxed, pleasant-unpleasant, powerful-weak, definite-uncertain, and special-ordinary. The stem "Right now I feel:" precedes the second 12 items (post-session mood), happy-sad, angry-pleased, active-still, uncertain-definite, involved-detached, calm-excited, confident-afraid, alert-sleepy, friendly-unfriendly, slow-fast, joyful-sad, and quiet-aroused. Scores for each item of the SEQ range from 1 to 7.

**Procedure.** Groups met twice a week for 14 weeks, for a total of 28 sessions. Sessions lasted one hour and 20 minutes each. After each session, group members completed the SEQ.

**Data analyses.** In the current study, the model proposed by Kenny et al. (2002) for analyzing data from small groups was used to address

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the non-independence problem of small group data by nesting session attendance within individual group members, and individual group members within groups. This three-level, hierarchical model was used to examine both an individual group member's own influence and the group's influence on the probability of that individual group member's attendance the following group session.

**Results and Discussion.** Related to hypothesis one, we found that individual scores of positivity and group scores for session depth and smoothness increased the likelihood that an individual would be absent in the following session. However, individual scores in for session depth or smoothness did not predict attendance for individuals. Related to hypothesis two, we found that group scores on depth, smoothness, and arousal predicted their attendance in the next session. Group scores of positivity did not predict attendance for other group members.

This research shows that context matters when predicting members' absences in groups. In predicting if a group member will be absent from a session, it is important to know his or her post-session mood in the previous session in relation to the session evaluation and mood of the other members. It is important for researchers to examine variables that take into account the group context.

## 12. Paul B. Gold, PhD & Dennis M. Kivlighan, PhD

### *The pattern of endorsement of therapeutic factors over time and change in group member interpersonal problems.*

For decades, researchers have assumed that, in psychotherapeutic contexts, individual persons' change over time can be broadly described by a common trajectory (e.g., linear, quadratic), and then finely estimated by deviations from that common trajectory. However, persons change in unpredictable ways, posing a challenge to developers of new therapies and to therapists attempting to identify a particular therapeutic approach best suited for a particular individual whose needs may require, for example, modification of existing therapies, or a mix of several therapeutic approaches.

In order to better match a person's needs with a therapeutic strategy, we need to know more about whether there are clusters of qualitatively different change trajectories over time that more closely describe the "messy/fuzzy" real-world impact of psychotherapies on "subgroups" of persons with psychological problems. In this study, we offer a demonstration of how an empirically-based analytic approach, non-metric multidimensional scaling (MDS), can identify, a posteriori, clusters of change trajectories derived by reports of members in group counseling about what therapeutic mechanisms had the greatest impact on reducing their problems with interpersonal relationships.

**Method.** Participants were 4 male and 32 female students at a large Midwestern university enrolled in an elective class on group processes. Ages ranged from 19-45 years, and racial/ethnic backgrounds were 33 White, and 3 of Persons of Color.

**Therapeutic factors.** Several taxonomies of therapeutic factors have been empirically evaluated, and we chose on developed by Bloch, Reibstein, Crouch, Holroyd, & Themen (1979), specifying three

superordinate categories of *Affective Factors*, *Cognitive Factors*, and *Behavioral Factors*.

**Process measure: Coding scheme for critical incidents.** For each session, group members responded to the following questions: "Of the events which occurred in this session, which one do you feel was the most important to/for you personally? Why was it important to you?" Using Bloch et al.'s (1979) taxonomy of 10 therapeutic factors, three independent analysts rated each group members' session by session critical incident reports on all factors.

**Outcome measure: Inventory of interpersonal problems (IIP; Horowitz et al., 1988)** is 127 item self-report measure tapping a wide range of interpersonal difficulties. Group members completed the IIP prior to the first session and after the final session.

**Procedure.** Four counseling psychology graduate students each led one of the four personal growth groups, which met twice a week for 14 weeks, and followed an interpersonal counseling approach. All group members provided written informed consent to participate in this study. The University IRB approved the study protocol.

**Results.** The average Pre-Group IIP score was 1.11 (SD = .48), and average Post-Group IIP score was 0.92 (SD = .52;  $t(df = 35) = -3.06, p < .05$ ). We operationalized therapeutic outcome as the difference between Post-Group and Pre-Group IIP scores, controlling Pre-Group IIP score differences.

Aggregated mean ratings on critical incident reports across members and sessions, was highest for the Behavioral factors (M = 1.88, SD = 1.41), and lower for Affective Factors (M = 1.60, SD = 1.02) and Cognitive Factors (M = 1.64, SD = 1.07). The proximities computed for the 69 data points (23 sessions each for the Affective, Behavioral and Cognitive therapeutic factors) were submitted to the SPSS non-metric MDS procedure, yielding three-dimensional solution.

Dimension 1 (Figure 1) reveals a striking pattern over time of consistently high scale values for Affective therapeutic factors, low scale values for Behavioral therapeutic factors, and relatively flat scale values for Cognitive factors. We therefore named Dimension 1, *Passive Feeling* to capture the tendency of some group members to disproportionately attend to their emotional reactions to group sessions over time, while refraining from overt behavioral action on those emotions.

Dimension 2 (Figure 2) reveals a vastly different pattern over time characterized by fluctuating scale values for all therapeutic factors, marked by a tendency for Affective and Behavioral Factors to rise and fall together, but in the opposite direction of scale values for Cognitive factors. We therefore named Dimension 2, *Experiencing and Reflecting* to capture the alternating patterns of high scale values for *Experiencing Factors* (Affective and Behavioral) followed by high scale values for *Reflecting Factors* (Cognitive).

Dimension 3 (Figure 3) reveals a striking volatility of Affective and Behavioral factor scale values tending to occur in single sessions, with little, if any, carry-over to the immediately following session.

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We therefore named Dimension 3, *Volatile Experiencing* to capture the high frequency of extreme fluctuations in magnitude and direction of Affective and Behavioral factor scale values.

Pre-test IIP scores were significantly higher than post-test IIP scores ( $\Gamma = 0.35, t = 2.55, p < .05$ ). The more that a group member's patterns of ratings on critical incident reports over time for the Affective, Behavioral and Cognitive therapeutic factors resembled the scale value patterns for Dimension 2 (*Experiencing and Reflecting* profile), the lower their post-test IIP scores ( $\Gamma = -0.31, t = 3.69, p < .01$ ).

**Discussion.** Our exploratory non-metric MDS analysis uncovered three latent patterns of change in the importance that group members attributed to events reflecting different therapeutic factors. The *Passive Feeling Profile* described group members who strongly emphasized acceptance and catharsis over time. We speculate these group members focused their attention on emotions, but did not actively engage in the group process, depriving themselves of opportunities to address affectively-related interpersonal problems.

The Experiencing and Reflecting profile described group members who displayed several two to four session sequences of higher emphasis on Affective and Behavioral factors and less emphasis on Cognitive factors, followed by a reversal to higher emphasis on Cognitive factors, and less emphasis upon Affective and Behavioral factors, that would be described by Yalom (1995) as a "self-reflective loop," leading to maximal therapeutic gain. This profile was the only of the three associated Pre-Post changes in interpersonal problems.

Volatile experiencing profile described group members who reported a somewhat chaotic group experience, with Affective and Behavioral therapeutic factors highly valued in one session, but not valued in the following session, and an overall disorganized pattern of highs and lows for all factors. *This profile was not associated Pre-Post changes in interpersonal problems.*

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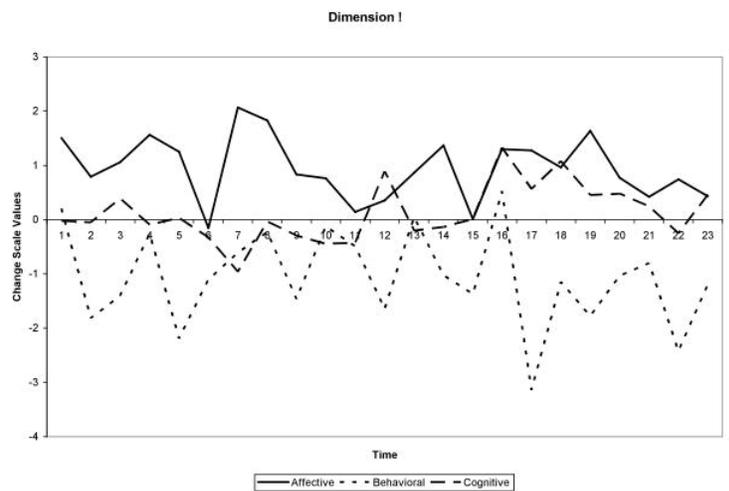


Figure 1

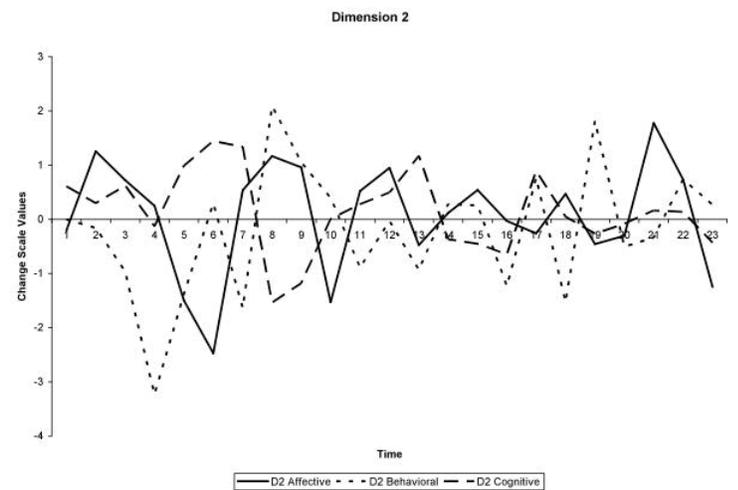


Figure 2

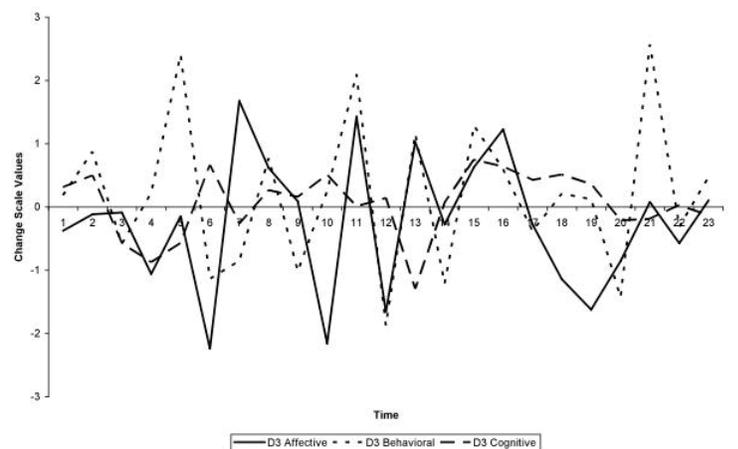


Figure 3

### 13. Sean B. Hall, MA and Nina W. Brown, EdD

#### *Indicators of potential for harm in training groups: A pilot study*

Training groups for mental health professionals are highly recommended by professional organizations such as the American Counseling Association, The American Psychological Association, and the American Association for Group Psychotherapists. These are usually implemented in a training program and can have different designations, e.g. T-group, support group, process group, experiential training group, and so on. (Yalom, 2005) Two characteristics of these groups can put participants at risk; the lack of screening, and the mandate to attend where the penalty for non-attendance or dropping out of the group negatively affects the person. While difficult or toxic groups can occur in any setting, the particular characteristics of the training program's T-group can present additional difficulties. These difficulties will be compiled from the literature for the study and submitted to a panel of experts in training group leaders from two national organizations. Purpose The purpose for the study are to develop a set of indicators of potentially harmful or destructive forces/acts/attitudes/behaviors in a T-group of mental health professionals that can guide group leaders, faculty, and other responsible observers in deciding if an intervention, such as disbanding the group, is needed for group members' emotional and/or psychological safety.

#### **Research Question**

What are the indicators that a T-group for mental health professionals in ineffective and potentially harmful? Participants Senior faculty in counseling and psychology mental health professional preparation programs currently serving on the Board for The Society of Group Psychology and Group Psychotherapy, and T-group leaders who are members of the American Group Psychotherapy Association will be surveyed. The AGPA group will be composed of psychiatrists, psychologists, counselors and social workers. The prospective N is 25.

#### **Methodology**

1. A survey instrument was developed from the literature about difficult group members, difficult groups, and experiences with ineffective T-groups. (Examples of items are at the end of this proposal) Participants will score each item from 1 (not an indicator or a poor indicator) to 5 (extremely important indicator) on its importance as an indicator of potential harmful effects, and the frequency with which it has been observed by the participant as a group leader. Participants will also be asked if they have experienced a T-group that was difficult, disturbing, or was disbanded because of members' behaviors or hints of potential harm to some members. Space will also be provided for participants to write additional suggested indicators.

2. Approval for the research will be sought from the institution's IRB.

3. Participants will be informed about the study and invited to participate. Consent forms will be provided.

4. The survey will be submitted to participants via Survey Monkey.

5. Results will be analyzed using descriptive statistics.

#### **Examples of Survey Items**

Following are some behaviors and observations/feelings that can occur in some T-groups. Rate each from 1 (little or no importance) - 5 (extremely important indicator) on its importance as an indicator for potential harm, and also rate each item 1 (no observance) - 5 (Very frequently observed) on the frequency you have observed this happening in a T-group.

1. Group members express continual catharsis without interpersonal or intrapersonal learning also occurring.

2. Many members often make snarky, snarly comments and remarks to each other and to the leader, but are not receptive to the receiver's response.

3. Members seem to catch each other's negative emotions, and then these begin to intensify.

4. The leader feels like he/she is wading on eggshells most of the time.

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## Committee Reports

# Coalition for Psychology in Schools and Education Report (CPSE)

*Karin Hodges, PsyD, Division 49 Representative to the Coalition for Psychology in Schools and Education*

It is a pleasure to be involved with Division 49 and to represent our group within the Coalition for Psychology in Schools and Education (CPSE). Here I will offer you an overview of the CPSE, share some CPSE activities that I enjoyed at the APA Convention, and propose some ideas for increasing the presence of Division 49 within the CPSE (and vice versa).



*Karin Hodges, PsyD*

### Coalition for Psychology in Schools and Education (CPSE)

*The mission of the coalition is to bring together interested psychologists to promote and make publicly accessible applications of the research that psychology has developed to assist the nation in improving the quality of public and private Pre-K–12 education. The coalition further hopes to influence APA’s involvement in policy making and legislation associated with the nation’s educational agenda. In addition, the mission of this coalition is to encourage cooperation among those APA entities and affiliates whose focus is on children and youth, and the teaching and learning processes. (Available on CPSE website: <http://www.apa.org/ed/schools/coalition/>).*

### The goals of the CPSE are the following:

*(1) Improving the quality of the psychology offered in teacher preparation and professional development; (2) Collaborating with other professions that address the needs of children in schools; and (3) Making education and schooling more central to APA’s agenda. (Available on CPSE website: <http://www.apa.org/ed/schools/coalition/>).*

While the mission and goals of the CPSE are geared towards application of research, I have observed that there is a great deal of research being conducted by members and leaders of the coalition. The members of the coalition are producing research and then creating initiatives that are in keeping with the mission of the CPSE. I have been impressed with the depth and breadth of the work of the CPSE. For example, they created a teacher needs survey, which they utilized in a study with 2334 respondents. They wrote up a report from that survey (<http://www.apa.org/ed/schools/coalition/teachers-needs.pdf>). Not only has the coalition considered direct interventions for reducing teacher stress, but the coalition has also considered indirect ways to support teachers, such as by offering information to spouses of teachers. (<http://www.apa.org/ed/schools/cpse/teacher-stress-brochure.pdf>).

### Activities enjoyed with CPSE while at the APA Convention

#### Breakfast Meeting

While attending the Annual Convention of the APA, I had the pleasure of meeting approximately a dozen members of the CPSE. We enjoyed a breakfast meeting. The breakfast was primarily geared towards greeting new members to the CPSE, introducing new members to the work of the coalition, and also brainstorming ideas for the coalition.

At the breakfast were Dr. Rena Subotnik of the American Psychological Association and Dr. Mary Brabeck of New York University, leaders and long time members of the coalition. Represented at the breakfast meeting were: (a) members of the Center for the Study of Schools and Education, (b) representatives from various APA divisions, and (c) Deans of Universities, all who were focused on the mission of the coalition.

- Drs. Subotnik and Brabeck introduced new members to the history of the coalition.
- Drs. Subotnik and Brabeck introduced newer members of the group to the recent activities of the coalition, including online modules for classroom teachers (and for those who educate classroom teachers). (<http://www.apa.org/ed/schools/cpse/activities/teacher-stress.aspx>).
- The group discussed various agendas of the CPSE, with special attention to the need for more nationally regulated and mainstreamed standards for K-12 educators, as opposed to a somewhat haphazard way in which teachers become teachers. We spoke a great deal about the need for more consistent inclusion of psychology in K-12 educational (e.g., psychology taught in K-12 curriculum, methods for classroom management, informed by psychology, etc).
- Following much sharing and brainstorming and reviewing of the history and initiatives of the group, the question arose, “How might we bring initiatives and recommendations to the schools in a way that they will be reliably implemented?” We considered various ways that we might have an impact on K-12 schools (rather than creating initiatives that might not be implemented).
- We discussed legislative change. The leaders of the CPSE recommended that those who were present at the meeting consider the APA Congressional fellowship in Washington DC (<http://www.apa.org/about/gr/fellows/index.aspx>).

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## Coalition Summary...

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### Sessions at the APA Annual Convention

I also attended sessions at the APA Annual Convention that were hosted by the coalition. One remarkable session, presented under the auspices of the CPSE, was titled, "Using Psychology to Improve the Climate for Teaching in K-12 Schools." Presenters were Drs. Dorothy Espelage, Linda Reddy, and Isaac Prilleltensky. The session included two problems within K-12 schools. The first problem presented was that teachers experience too much violence in their workplace. Findings from a national survey were presented. The speakers concluded that teachers manage a significant number of threats and assaults in their workplace. Such experiences, the speakers argued, would be considered unacceptable in most work settings. The research highlighted not only that teachers experience threats and physical assaults, but also that perpetrators include parents and co-workers (not only students, as one might initially expect).

The second, related problem presented was workplace stress. Such stress reportedly leads to teachers dropping out of the profession within the first few years of becoming a teacher. Dr. Isaac Prilleltensky and his colleagues presented a program aimed to reduce teacher burnout and attrition. The program includes support groups for teachers. This program could be of interest to the Division 49 because it is an example of an integration of psychology and education, with a focus on the value of social support in group settings.

In the above-mentioned APA offering (and also at the APA coalition for psychology in schools and education breakfast meeting), I was introduced to modules on teacher stress (available on the APA website for individual educator use, as well as for organized professional development). The modules, which were initiated and conceptualized by Dr. Isaac Prilleltensky, can be found at (<http://www.apa.org/ed/schools/cpse/activities/teacher-stress.aspx>). In a nutshell, these modules are psychoeducational videos regarding teacher stress in schools, which includes a narrator, and also personal testimonials from teachers regarding their experiences of occupational stress. Within the modules, emphasis is paid to mentorship, dysfunctional behaviors and cognitions, affect, physical manifestations of stress, coping, conflict management, and phases of acclimation and adaptation to the teaching role.

While at the APA conference, I also attended sessions that taught me a great deal about the ways that psychology and education are bridged. I attended a presentation at the APA Annual convention titled, "Increasing the Role of Psychological Science in Improving K-12 STEM Education." Within that presentation, Dr. Rena Subotnik presented her research on gifted children's motivation to be in STEM (science, technology, engineering, mathematics) higher education and careers. She looked at the effect of specialized versus typical K-12 settings on children's motivation to move towards STEM careers. Within her research was a surprising finding regarding gender, as it related to the need to belong to the school or feel a part of a school.

While at the APA convention, I had the pleasure of meeting with Dr. Sylvia Rosenfield, who is representative of Division 13—Counselling Psychology. She and her colleagues on the CPSE are focused on understanding adult teams/working groups within schools and improving the

functioning of these working groups. Dr. Rosenfield and her colleagues have come up with some clear recommendations for bolstering success in these adult working groups (e.g., SPED meetings, student support meetings) within the schools – making the adult team meetings more productive and professional.

### Ideas for Increasing the Presence of Division 49 within the CPSE

While I am quite new to the group and only learning about their programs and agendas, I have some preliminary ideas about how Division 49 might get involved. First, we could consider the ways in which group-based knowledge might influence and support the work of the coalition. We (members and leaders from Division 49) could think together about the ways in which our group-based knowledge can influence the work of the coalition by: (a) reducing educational disparities, (b) supporting gifted learners, (c) increasing positive climate in schools, (d) improving the development and functioning of adult working groups in schools, (e) creating support systems for teachers to decrease burnout and increase teacher longevity (many drop out of profession after 1st year), (f) reducing violence in teacher workplace, (g) increasing standards for educators in K-12 settings, and (h) better regulating teachers/more uniform educational standards for becoming a teacher.

Below are some initial proposed projects (broadly defined) that I would like to consider with Division 49 (some of which would be new to the coalition and some of which are in keeping with current projects of the coalition):

- Teacher support groups—What might distinguish the program in Florida from other systems that have been unable to motivate teachers to attend support groups?
- Fostering work in adult working teams—What distinguishes productive groups who work well together from those where there is a negative climate, poor cohesion, and no "work"? What sorts of recommendations might lead to healthy group process, keeping in mind that these are essentially peer-led groups in work settings?
- What are the school-based factors (e.g., rituals, expectations, norms, boundary setting, adult relationships) that might moderate (e.g., child population) or mediate (e.g., positive climate) a cohesive school environment in which children and adults are motivated and working towards a positive goal together?
- What types of prevention-focused whole-classroom interventions groups help (e.g., strength focused) or hinder (e.g., problem focused) a healthy school environment?
- Small school-based group treatment for children diagnosed with mental illness: How might increasing the social skills of disruptive and socially immature children improve the overall climate of a classroom? How might improvements in these children's functioning affect classroom cohesion?

Here are the questions that I have at this time for Division 49 leadership:

(Continued on page 29)

# Division 49 Board Meeting Minutes

Scott Conkright, PhD



Scott Conkright, PhD

## Attendees:

Dr. Jean Keim, Dr. Gary Burlingame, Dr. Nina Brown, Dr. Lynn Rapin, Dr. Scott Conkright, Dr. Katherine Ritter, Dr. Dennis Kivlighan, Dr. Gloria Gottseghen, Dr. Lee Gillis, Dr. Maria Riva, Dr. Craig Parks, Dr. Kevin Kulic

## Excused:

Kyle Barry, Student Representative

## Guests:

Dr. Leann Terry

## Executive Committee Reports

### Past-President's Report:

Dr. Burlingame provided updates on: 1. Replacement for Journal editor. 2. Nominations and Elections 3. Research on Group Treatment.

### President's Report:

Dr. Keim gave an update on the status of the Foundation.

### President Elect Report:

Dr. Brown gave possible venues for the January 6-8 Board meeting and that airline tickets will be coordinated with the APA office.

### Treasurer's Report:

Dr. Rapin handed out the Mid-Year Financial Summary (reviewed in the Finance Committee report below).

### Secretary's Report:

Dr. Conkright handed out the Secretaries report (discussion below under publications committee report).

## Committee Reports and Action Items

### Finance Committee:

Dr. Rapin shared that the cost for this year will be slightly higher due to convention and 20th year anniversary celebration. Board approved all costs. Member dues are somewhat down, possibly due to recession.

Income is around \$40,000. Foundation fund is officially funded.

She received a letter from Dick Moreland who is bequeathing between \$25,000 - \$30,000 for a dissertation award.

Dr. Burlingame moved that a letter of acknowledgment be sent to Dr. Moreland and the motion was approved.

### Fellow's Committee:

Dr. Richard Hayes submitted a written report. Board discussed the need to generate a list of potential fellows and the need for members at large to oversee this committee.

Board discussed potential chairs for this committee and the need to review by-laws.

### Membership Committee:

### Program Committee:

Dr. Riva shared that there were more program submission this year than last and that they were of very good quality. There were three student poster session winners. She recommended more poster session, for next year and that we find a way to better make use of the suite.

Action Item: At the January Board meeting the Board needs to coordinate suite reservations between social and business meeting.

### Publications Committee:

Dr. Parks will stay on as editor until 2012.

Action Item: Need to possibly increase number of associate editors.

Dr. Gillis informed the Board of the progress made on the new website.

### Awards Committee:

Dr. Brown suggested that the Board address the role of this committee in order to have it function better. Dr. Kulic volunteered to oversee student representatives & Dr's Riva, DeLuca & Brown will review reward process.

### Diversity Committee:

Dr. Conkright volunteered, at the request of Eric Chen.

Dr. Burlingame motioned that the Board approve Eric's request that student members will be entitled to a one-year membership. Motion approved.

### Ad Hoc Committees:

GPRN

Dr. Rapin participated on conference call with the three organizations.

Research Supported Treatment

School-Based M.H. Group Interventions

### Executive Committee Detailed Reports on Items not incorporated into Committee Discussions

Dr. Brown briefly discussed the following action items:

1. The possibility of having Board meeting two days before annual convention
2. Funding research projects on Group therapy and practice.

## Committee Reports

### Awards Committee



*Nina Brown, EdD*

*Nina W. Brown, Chair*

The Awards Committee (Brown, Burlingame, and Stockton) met after the APA conference to select the nominee for the Group Psychologist of the Year Award, to review the procedure for the Diversity Award submitted by that committee and make recommendations to the Board, to review proposed procedures for selection of the Group Psychologist of the Year Award and for the Student Poster Awards as the by-laws and policy manual do not specify these.

The committee has selected a nominee for the Group Psychologist of the Year Award which will be submitted to the Board at the Mid-Winter meeting in January, 2012. An announcement will be made after the Board meeting.

The committee approved the procedure for the Diversity Award submitted by that committee's chair, Eric Chan, and submitted it to the Board. The Board is reviewing the item and is expected to have a response shortly.

Proposals for the selection of the Group Psychologist of the Year Award and the Student Poster Awards are still being considered by the committee.

### Development Committee

*Nina W. Brown, EdD*

The Development Committee focused on increasing visibility for the Society, and additional promotional items for members in 2011. Two visibility projects were initiated and completed; the first was signs with the new logo placed on the board for each poster presentation. The second visibility project was printed cards with the Society's convention presentations, business meeting, presidential address, social hour, and the Group Psychologist of the Year invited address. These cards were distributed throughout the conference. The committee also provided lanyards with the Society's name on it for members at the social, and distributed paperweights with the logo at the Founder's breakfast.

This will be my last column as Chair of the Development Committee and I am pleased to announce that Kathy Ritter has agreed to assume the position. This committee recommends new funding opportunities, creative projects, and is charged with marketing and publicity for the Society.

Following are some ideas I passed on to Kathy for the committee's future work. Let her know if you find any appealing, and more

importantly, are there any that you want to support by volunteering to work to get them started. If you have other ideas, the committee will be receptive to those.

- Initiate \$2,000 seed money research awards. This suggestion was acted on by the Board at the August meeting, and one such award was approved.
- Commissioned white papers and guidelines for teaching, research and practice.
- Pod-casts.
- Web-based research and career coaching.
- Create a hospitality/events planning group.
- Use conversation hours as programming at the national conference.

### Federal Advocacy Coordinator Committee



*Gloria B. Gottsegen, PhD*

*Gloria Gottsegen, PhD, Chair Division 49, Society of Group Psychology and Group Psychotherapy*

**August 6, 2011 Meeting in Washington, DC**

Committee Members: none

Summary of accomplishments and activities between January, 2011 and August, 2011:

1. Attendance at State Leadership Conference.
2. Prepare report for publication in *The Group Psychologist*.

Committee Plan and Goals for the next two years:

1. Attendance at annual State Leadership Conference in March, 2012
2. Lobbying Congressional leaders for support
3. Continue notifying Division 49 members regarding federal legislative information from the APAPO (APA Practice Organization) and soliciting grass roots action for federal issues involving psychology.

Action and discussion items for the Board of Directors:

None needed.

## 2011 Dissertation Award

# Broadening Team Composition Research by Conceptualizing Team Diversity as a Cross-Level Moderating Variable

*Meir Shemla, PhD, Technical University of Dresden*

A major challenge facing managers in current organizations is an increasingly diverse workforce (Jehn, Lindred, & Rupert, 2008). Diversity, “a characteristic of a social grouping that reflects the degree to which there are objective or subjective differences between people within the group” (Van Knippenberg & Schippers, 2007, p. 519), refers to an almost infinite number of dimensions of differences between group members, ranging from differences in age to nationality, from religious background to personality, from work skills to emotions (Van Knippenberg, De Dreu, & Homan, 2004).

Until recently, the diversity field had been dominated by the main effects approach and thus mainly examined whether diversity has negative or positive effects on team outcomes. Typically, researchers draw on two seemingly contradictory theoretical perspectives to answer this question (see Williams & O'Reilly, 1998). The “value in diversity” perspective (Cox, Lobel, & Mcleod, 1991) proposes that diversity may improve team functioning due to an increased variety of knowledge, expertise, and opinions. An opposing, pessimistic perspective posits that diversity may result in social divisions and negative intra-group processes, which may detract from team functioning (Mannix & Neale, 2005).

Despite the intuitive sense that both approaches make, two decades of research has resulted in highly inconsistent findings and corroborated the conclusion that the main effects approach is unable to account for the effects of diversity adequately (Bowers, Pharmed, & Salas, 2000). Consequently, researchers have recently begun to explore the question of whether, and how, the perspectives on the effects of diversity can be reconciled and integrated (Van Knippenberg et al., 2004). Prominent attempts to answer this question mainly rely on contingency models (e.g., Wegge, 2003), proposing that whether diversity results in negative or positive outcomes depends upon several moderators. The research agenda set by such models informs the major part of research efforts in the field. Indeed, the contingency approach has proved useful for the purpose of integrating past contradicting findings and advancing knowledge of the moderators and mediators underlying the effects of diversity.

However, despite these notable theoretical developments, current research is still limited in its ability to capture the rich and wide-ranging influence of diversity in the workplace. This dissertation identifies two main sources for this weakness. First, the majority of diversity research regards diversity as an isolated phenomenon that occurs only on a single organizational level. Cross-level influences of diversity, however, are largely ignored. Second, despite the richness that the contingency approach has added to the study of



*Meir Shemla, PhD*

diversity, it has not changed the fundamental goal guiding this field: examining the relationship between diversity and work outcomes. I shall argue that diversity research has so far overlooked other aspects of the influence of diversity and that it can benefit from turning into new and unexplored avenues. In particular, diversity research may benefit from examining team diversity in roles other than the independent variable, and especially explore the influence of diversity as a context (i.e., moderating) variable. Thus, in an attempt to overcome these two limitations, the overarching aim of this dissertation is to extend previous work by reassessing the role of diversity. In particular, this dissertation illustrates the empirical and theoretical usefulness of conceptualizing diversity as a cross-level moderator and explores the ways in which team diversity sets the context and influences work phenomena across organizational levels.

Study 1. explored the cross-level relationship between organizational tenure and employee performance in a prospective design. It was found that employee tenure, team leader tenure, and team tenure diversity exert positive effects on employee performance. An additional finding, a three-way interaction between employee tenure, team tenure diversity, and team leader tenure on employee performance, suggests that the positive effect of employee tenure on performance is weaker when either team tenure diversity or team leader tenure or both are high. The hypotheses were tested using multi-level modeling and an objective measure of employee performance with a sample of 1767 employees and 256 leaders in intact working teams of a large financial services firm. The findings suggest that team diversity grants organizational tenure its meaning, thereby determining to what extent the benefits associated with organizational tenure will unfold.

Study 2. further examined the empirical and theoretical usefulness of conceptualizing team diversity as a cross-level moderator. Particularly, the relationship between gender diversity in teams and individual-level health symptoms of men and women was examined in two consecutive years in 220 natural work teams (N 1st year = 4538; N 2nd year = 5182). In an attempt to account for inconsistencies in the literature regarding the relationship between gender and health symptoms, I examined this relationship from a multilevel perspective. As expected, it was found that individual-level gender was not related to health symptoms but that team gender diversity determined this relationship. Specifically, while there were no individual-level differences between men and women in health symptoms, it was found that women report more health symptoms as the proportion of female employees in the team increased. In contrast, men's self-reported health symptoms remained invariant with team gender diversity changes. These

*(continued on page 29)*

## Broadening Team Composition...

(Continued from p. 28)

findings were found stable across two measurement points, over two years.

Finally, Study 3. examined the role that subjective team diversity plays in facilitating affective linkages (i.e., the convergence of affect among team members over time) within teams. The results of Study 1. (170 employees in 33 Israeli teams) provide evidence that affective linkages among team members were moderated by perceived team diversity such that the linkages were stronger in teams with lower perceived diversity. Study B (304 employees in 61 German teams) replicated the findings of Study A and extended them by including an additional moderator, team identification. Using hierarchical linear modeling, it was found that team identification moderated the influence of perceived diversity on affective linkages.

The most striking contribution that all three studies offer is a strong support for the usefulness of conceptualizing diversity as a cross-level moderator. Particularly, in Study 1. team tenure diversity determined whether and to what extent the positive effects of organizational tenure on individual performance might be realized. In Study 2., gender diversity determined the relationship between individual gender and health. Finally, in Study 3., perceived diversity influenced the strength of affective linkages in teams. The three studies are also consistent in illustrating the theoretical usefulness of conceptualizing team diversity as a context variable. To be exact, the current approach integrates the micro domain's focus on individuals with the macro domain's focus on groups. The result is a richer portrait of organizational life—one that acknowledges the influence of the team context on individuals' actions and perceptions. In sum, the findings demonstrate that viewing team diversity as a moderator broadens the focus of diversity research, illuminates new roles of team diversity, draws a richer and more complex portrait of other work phenomena, and opens new horizons for diversity research.



Zipora Shechtman, PhD

## Catching Up With Notable Member Accomplishments

Zipora Shechtman is a fellow of Division 49, the Society for Group Psychology and Group Psychotherapy, and an associate editor of *Group Dynamics*, the official journal of the Society. She is also a prolific scholar and researcher examining group processes for reducing aggression and violence of children and adolescents. In addition to her excellent accomplishments, her family recently received further recognition when her husband, Danny, was awarded the Nobel Prize for Chemistry. We congratulate Zippi, Danny, and her family for their accomplishments and contributions to society and the world and feel fortunate to have them connected with our Society.

## Coalition Summary...

(Continued from p. 25)

- Might it be possible to put together a Division 49 working group for supporting my work within the CPSE?
- I wonder if there is some funding available within Division 49. Perhaps there is a stipend available to support reviews of the literature or fund a bit of empirical research in the above areas of interest. Alternatively, might there be funds available for another project, perhaps determined by more members of Division 49? I would enjoy a project related to schools and education that may compliment my work on the coalition.
- I would welcome any mentorship and leadership training that might accompany this role. For example, I would enjoy consult regarding the activities that I am participating in within the CPSE.

The next CPSE Coalition meeting that I will attend is scheduled **December 2- 4, 2011** in Washington, DC. It will begin at 6 pm on Friday and end at Noon on Sunday.



### DIVISION 49 FUND DONATION/PLEDGE FORM



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I would like to pledge \$\_\_\_\_\_ to the American Psychological Foundation (APF).

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My contribution will extend for \_\_\_\_\_ years. *Note: The maximum payoff period allowed is five years.*

I would like to make payments as follows: \_\_\_\_\_ Annually    \_\_\_\_\_ Semi-annually    \_\_\_\_\_ Quarterly    \_\_\_\_\_ Monthly

My first payment of \$\_\_\_\_\_ is enclosed.

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If you wish to donate **marketable securities**, please contact Kimberly Rowsome at (202) 336-5622 or krowsome@apa.org.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*APF must receive at least \$100,000 to begin the Division 49 Fund. If \$100,000 (in cash and commitments) is not achieved at the conclusion of 2016, APF reserves the right to use donations toward APF's philanthropic goals.*

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## Prevention Corner

*Elaine Clanton Harpine, PhD*

Our question today comes in response to a three part series that we did on prevention training. We started the series with a student request for schools which offer course work in group prevention. Part II of our series offered suggestions from several professors explaining how prevention was being taught at their university. Part III dealt with a question from a reader interested in organizing a group prevention course. The conclusion drawn from our investigation of prevention training at the university level was dismal. We need to increase prevention training at the undergraduate and graduate level. We need specific courses in group prevention, and we need to direct graduates toward prevention related jobs. We also need to emphasize work being done in prevention so that students can see the variety and complexity of work available in prevention. Our question today stems directly from this need to highlight work being done in group prevention.

### Editorial Question Posed

*Dear Prevention Corner:*

*I'm very interested in this talk about prevention psychology. Is it possible to actually get a job as a prevention psychologist?*

*Signed,*

*Just Wondering*

### Response

Dear *Just Wondering*,

Yes, it is definitely possible to get a job in prevention, but the field of prevention is very broad. Therefore, first ask yourself: What type of prevention work would you like to pursue? Do you want to work with children? Are you interested in working in a medical related field? Would you like to work in the school? Do you want to work with adults? Would you prefer to work in a workplace setting? Do you see yourself working with families or teenagers? There are many options in prevention work.

Your question brings forth a multitude of possible answers. Over the next several issues, we will be introducing responses from several different aspects of group prevention work. I hope that one of these responses will generate a possible career direction for you.



*Elaine Clanton Harpine, PhD*

I will begin by presenting one possible avenue of employment for a group psychologist working in the field of prevention–afterschool prevention programming. The federal government spends over one billion dollars a year on afterschool programming, but unfortunately, most of this programming has been reported through research-based evaluation to be unsuccessful. The emphasis to date for most afterschool programs is on recreation and homework help, but research shows that help with homework does not translate back to success in the classroom. This leaves approximately 8 million children desperately in need of effective prevention programming. More and more researchers are calling for prevention programs with an academic focus. Prevention programs which focus on academics can help reduce academic failure, addictive (drug) behaviors, unruly classroom behavior, and can even help lower the drop-out rate.

We know that prevention programming works. Now, we need people trained in prevention to go out and develop and direct group prevention afterschool programs. There is an ever-increasing need for trained group prevention programmers. This is definitely a job direction for today and tomorrow.

If you're interested in this type of employment, you need training in group theory and process, group counseling, group prevention program design, and developmental psychology. Also, take advantage of any volunteer opportunities that are available for working with children and/or teens. Learning to work with children and teens in a group is essential. For more information of the present state of afterschool programming, see the June, 2010 special issue of the *American Journal of Community Psychology*, where researchers call for change in afterschool programming and stress the need to improve program quality.

In our next column, we will discuss working with adults in a workplace setting and in prevention medicine. This is your column; so take a minute to share your ideas. You may send comments and suggestions to [clantonharpine@hotmail.com](mailto:clantonharpine@hotmail.com)

*I look forward to hearing from you.*

**Society (Div. 49) Website**

[www.apa49.org](http://www.apa49.org)

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