

# THE GROUP PSYCHOLOGIST

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

## President's Column

### It Was a Great Convention!

*Nina W. Brown, EdD*

There were several new events initiated at the convention this year: the early career professional breakfast organized by Leann Terry and Joe Miles, a board reception for newly elected board members, use of media for the board meeting, and using the business meeting as an extension of the board meeting. New this year and very helpful was the availability of the board meeting agenda on the television set so that paper copies were eliminated, but all could see the material. This was helpful as the specific wording for action items was visible and could be read on the television, thus reducing misunderstandings and having to repeat information.

The time available for the convention board meeting is always very limited, so this year we tried having some of the reports presented at the business meeting, where more members are usually in attendance. Presented were reports from the Treasurer, Membership, Specialty Task Force, and Fellows Committees. Full committee reports are available on the website.

The business meeting was an opportunity to recognize exceptional individuals for their contributions to the Society and to the profession. Recognized were Dr. Melba Vasquez, who received the Society's first Diversity Award; Dr. Zipora Schectman, who received the Presidential Award for Research;

and Drs. Lee Gillis and Leann Terry, who received the Presidential Awards for Meritorious Service. Also recognized for previous board service were Drs. Maria Riva, Jean Keim, and Lynn Rapin. Three student poster awards were presented: 1<sup>st</sup> place (\$300) to D. Mark Kivlighan III, University of Wisconsin—Madison; 2<sup>nd</sup> place (\$200) to Kacey Greening, Wright State University; and 3<sup>rd</sup> place (\$100) to Brian Amos, University at Buffalo—State University of New York.



*Nina W. Brown, EdD*

The Group Psychologist of the Year was Sally Barlow, and her address was on Saturday afternoon. The topic covered the constructive use of "The Cube" for teaching, research, and practice of group psychology and group psychotherapy rather than perceiving the structure as constraints. The presentation was informative, lively, and provided food for thought and inspiration.

Among the many proposals and recommendations acted on by the Board at the convention meeting on Saturday morning were the following.

- Reduction of dues for Member/Associate/Fellow from \$49 to \$35, and a slight increase in the Life Status Publication Fee from \$18.50 to \$21 to cover the cost

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**WE ARE MOVING** from mailing hard copies of the newsletter to sending it by email with the next issue, to save time and money. We are sending this issue both ways. If you don't get the email version or want to make sure we have the best email address to reach you, please email us at [division@apa.org](mailto:division@apa.org). Put "Div 49 newsletter" in the subject line.

See more in  
the editor's  
column, p. 3

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(See under **THE GROUP PSYCHOLOGIST**)

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## THE GROUP PSYCHOLOGIST

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#### Submission Deadlines:

February 15, June 15, September 15

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

## President's Column

*Continued from page 1*

of the journal. Student affiliate, professional affiliate, and international affiliate member fees will remain at current figures.

- The fall issue of the newsletter will be the last issue printed and mailed to members. After that issue, members will receive the newsletter via email and it will be published on the website.
- The previously informal policy regarding use of the listserv for research was formally updated. It states that "Research requests on the listserv will be included in monthly updates/requests for postings." We also adopted APA's policies on the responsible use of social media.
- In an effort to contain costs, several recommendations were made to the newsletter editor—that committee reports be summaries for the newsletter with full copy available on the website, that the editor set a word limit for articles, and that links to the website be provided to access forms for the Foundation and membership applications.

Much more took place at all of the meetings and events, and space does not permit reporting on all that occurred. However, there is one more event that I want to report, and that is the thanks extended to Kathy Ritter, whose term on the board expires in December. Not only has Kathy been an interested and participating board member, but she has also taken the lead in the past three years (maybe more) of organizing and doing most of the work for the socials. Her work, with John's assistance, made the socials successful, fun, and enjoyable. The other board member whose term ends in December is Lee Gillis, but Lee remains on as President-elect.

My last words are thanks to the many people who worked with me as President-elect and President. I will not try to name them as I am sure to omit someone, but I could not have done anything without your help. Special thanks are extended to all of you.

### Resources on Our Website:

- Foundation donation form: <http://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2012/04/donate.pdf>
- Join the division: [www.apa.org/divapp](http://www.apa.org/divapp)

## President-Elect's Column

*Maria Riva, PhD*



*Maria Riva, PhD*

I hope that you can join us for the upcoming APA annual conference this summer, being held in Honolulu, Hawaii from July 31st to August 4th. The theme for Division 49 is *Group Psychology and Group Psychotherapy Around the World: Research and Practice*.

Honolulu is a diverse and international city and our programming will represent the multitude of different ways that groups are conducted, taught, and researched within the United States and around the globe.

Of course, in addition to this theme, we welcome all group-related submissions, including posters, symposia, workshops, and continuing education sessions. We strongly encourage students to submit poster sessions to Division 49. For those students who are the first author on their poster session, we have a student poster competition with monetary awards.

Last year, several of our programs were approved for continuing education credits and they were hugely successful and well-attended. We know that we will have the same quality of sessions this year. If you are interested in volunteering for Division 49 at the conference or throughout the year, please contact me at [Maria.Riva@du.edu](mailto:Maria.Riva@du.edu).

This year our Program Chairs are Cheri Marmarosh, PhD, and John Dagley, PhD. They will be putting together a program that concentrates on great learning opportunities for early professionals, seasoned professionals, researchers, and those that provide training in group. The deadline for submissions is November 16th, 2012. We hope you will submit your work and look forward to seeing you in Hawaii.

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## From Your Editors

*Thomas Treadwell, EdD, CGP TEP, Editor*  
*Leann Terry Diederich, PhD, Associate Editor*



*Thomas Treadwell, EdD*

It was nice seeing many of you at the APA Annual Convention. Generally, we had an extremely successful gathering and a great deal of work was accomplished. The early career psychologists embarked on a focused start and are interested in adding to the Society's vitality. President Brown outlines some of the society's growths in her column reflecting where Division 49 is heading with full reports one can view on our website, <http://www.apadivisions.org/division-49/index.aspx>.

We are getting ready for our next APA conference, to be held in Hawaii. The 2013 convention will be an excellent way to get reconnected, gain new skills and knowledge, and come together as part of a larger group to revitalize and enjoy each other's company. Coupled with this, President-Elect Maria Riva outlines a program that concentrates on great learning opportunities for early professionals, seasoned professionals,

researchers, and those that provide training in group.

On and off over a number of years a discussion regarding the format of *The Group Psychologist* has emerged: Do we send a paper or electronic copy? The suggestion has been made recently that the newsletter be delivered as an online newsletter starting with our next issue, February 2013 (likely sent to you has a PDF, available on Division 49's website for download, or both). We encourage you to take time to reflect on your preferences and share your thoughts with us.

Articles or brief reports and news items can be emailed directly to Tom, Letitia, Noranne, and 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, DVDs, videos, and online group interactions as part of the newsletter.



*Leann Terry Diederich, PhD*

## Reviewers for *The Group Psychologist*



*Letitia Travaglini, MA*

**Letitia Travaglini, MA**, former research assistant to Aaron T. Beck, MD, at the University of Pennsylvania, and second-year doctoral student at the 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).

**Noranne Kocher, MA, LPC**, is a Readjustment Counseling Therapist with the Department of Veterans Affairs Medical Center in Coatesville, PA. She currently works with dual diagnosis clients in an extended inpatient rehabilitation setting, but has spent several years focusing on veterans with severe and persistent mental illness.

She obtained her BA and B.M. from Oberlin College and Conservatory of Music and her master's degree from the University of Maryland/Bowie State University, and most recently completed a certificate towards Pennsylvania counselor licensure (LPC) at West Chester University.

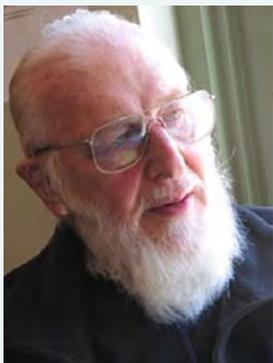


*Noranne Kocher, MA*

## Group Psychotherapy Column

### The Marriage of Attachment Theory to Group Process

John "Sparky" Breeskin, PhD



John "Sparky" Breeskin, PhD

First of all, let it be known to all and sundry that I am a Family Systems therapist. My heroes in this journey are Murray Bowen (Michael E. Kerr functioned as his mouthpiece), Jay Haley, and Virginia Satir, all of whom I have worked with, and I also have the equivalent of a two-year certificate from AAMFT. I have also spent a lot of time demonstrating and being supervised in group therapy from

both sides of a one-way mirror and being beat up by Haley over the phone.

My current thoughts have led me to conclude that Attachment Theory in general can illuminate group therapy process in an extremely helpful manner. It is axiomatic, in my view, that early attachment styles are acted out in living Technicolor in an ongoing group. One example will suffice:

I am constantly being attacked as a stand-in for a client's authoritarian father. In that sense I am being treated like a spittoon. I do not take this personally, even though the provocation is strong, but attachment theory helps me understand the genesis of this response, and, when and only when the timing is right, I will hazard this hypothesis to the client.

Looking on the positive side of this process I am able to encourage resiliency and new patterns of relating to the client using attachment as the model.

In addition, my theory, to my amazement, can be used to "cure" PTSD and I am enclosing a blog post I made that deals specifically with this claim:

Agamemnon returns victorious from the Trojan wars. Clytemnestra, his wife, lays out a red carpet in his honor and prepares his bath. Once in the bath, she and her lover kill Agamemnon and stain the bathwater with his blood. I'm well aware that Clytemnestra, in part, was motivated because

Agamemnon had sacrificed their daughter, Iphigenia, in order to provide fair winds to take him to Troy in the first place but that is not where I want to go.

In terms of the optimal strategy to use with a partner who has returned from the killing fields, I wish to propose the following model. These thoughts are directly derived from the *New York Times* review by Elizabeth Samet, a writer that I admire enormously, talking about *What It Is Like to Go to War* by Karl Marlantes. Her review is in the *NYT Sunday Book Review* on September 18, 2011.

In terms of dealing with life's vicissitudes, I have developed the strategy of placing myself in a woman's arms in order to assuage my pain. I do not fear that I will be engulfed by this maternal embrace but I feel I will be nurtured and protected and this has been my experience.

In the words of Elizabeth Samet (quoting Karl Marlantes):

In retrospect, he declares, what he really needed was a bath—he needed "Maree Ann to sit down with me in a tub of water and run her hands over my body and squeeze out the wrong feelings and confusion, soothe the pain, inside and out. . . . I needed her to dry the tears, and laugh with me and cry with me. . . . I needed a woman to get me back on the earth, get me down in the water, get me down *under* the water, get my body to feel again, . . . to come again into her world, the world that I'd left, and which sometimes I think I've never returned to."

In my mind, the gender is not specific in that men and women can interchange the roles. I do understand that another person, no matter how dear, can only offer us forgiveness if we begin to forgive ourselves: This is clear. It is, however, contextual and we need other people to be a necessary part of the healing process.

I will not copyright this healing process but give it away for free to anyone who may find it useful.

## Group Psychology and Group Psychotherapy Diversity Column

### Diversity Committee Activities at the 2012 APA Convention

Eric C. Chen, PhD, Chair, Diversity Committee  
echen@fordham.edu



Eric C. Chen, PhD

As Chair of the Division 49 Diversity Committee, I am writing to share exciting news about our various activities at the 2012 American Psychological Association (APA) Convention in Orlando, FL. First, an important goal for the Diversity Committee this year was to complete the selection of the first recipient of the Group Psychology and Group Psychotherapy Diversity Award. This award is meant to recognize the accomplishments of a group psychologist who has made outstanding contributions in group psychology practice, research, service, or mentoring that promote understanding and respect for diversity. After each of the Committee and student members reviewed the submitted vita and supportive materials, a summary of the Committee ratings and comments along with our recommendation were forwarded to the Board. At the business meeting of Division 49 on August 3, 2012, Dr. Melba Vasquez was recognized as the 2012 recipient of this award.

Second, the Diversity Committee met at the Division 49 hospitality suite at the annual APA conference for a business meeting and information exchange. In attendance were Scott Conkright, Cheri Marmarosh, Joe Miles, as well as three student members—Joy Lere, a student in the PsyD Program at George Washington University, and Allyson Regis and Kourtney Bennett in the Counseling Psychology PhD Program at Fordham University. The first 45 minutes was a conversation hour with Joe Miles about social justice and implications for training and group therapy. Earlier this year, Joe Miles and his colleagues in the Counseling Psychology PhD program at the University of Tennessee, Knoxville (UTK) received the APA Board of Educational Affairs' Innovation in Graduate Education Award for its *scientist-practitioner-advocate* model of doctoral training. This model is premised on the belief that not all problems presented by clients are intrapersonal in nature, and that external factors (e.g., societal oppression) also play an important role in the health and well-being of those with whom mental health professionals work. The *scientist-practitioner-advocacy* model includes two vital elements. First, students complete two semesters of Social Justice Practicum, connecting with a community-based agency engaged in social justice work,

completing a needs assessment, and developing and evaluating a systemic intervention aimed at promoting social justice for a specific target population. Second, the model infuses social justice into all aspects of training, including group training. Specifically, the students complete an advanced course in group work that focuses on multiculturalism and social justice in which they learn a model of “intergroup dialogue,” and then co-facilitate dialogues with undergraduate UTK students enrolled in a course on multicultural psychology. Intergroup dialogue brings together individuals from social identity groups that have had a history of tension or conflict (e.g., persons of color and whites; lesbian, gay, bisexual, and transgender individuals and heterosexual adults) in a semi-structured small group setting over the course of about eight weeks. Its goals include raising of consciousness about issues related to social identities and social justice (e.g., privilege, oppression), building bridges across groups, and developing capacities and a commitment to work toward social justice. Throughout the semester, the graduate students enrolled in the advanced group course participate in a didactic course requirement that involves learning the model of intergroup dialogue, exploring literature on multiculturalism and social justice in group work more broadly, and engaging in experiential components of the group designed to help the students continue to develop their own knowledge, skills, and awareness related to multicultural issues. In addition, weekly group supervision is provided for the graduate student co-facilitators to receive support from the instructor and one another. For more information on this model of training, please feel free to email Joe at [joemiles@utk.edu](mailto:joemiles@utk.edu).

The second portion of the meeting was the Committee business meeting, which focused on how the Committee could increase the participation of early career professionals as well as student members in the Committee's activities. Among the suggestions and strategies were obtaining a list of student members in our division and reaching out to them; publishing a special issue of *Group Dynamics: Theory, Research, and Practice* about diversity in group work; reaching out to other Division 49 members who are faculty members and asking them to forward information to their students about joining the Division; developing a video series or webinars on topics related to diversity in small groups. We also discussed how we could incorporate diversity into group dynamics and group psychotherapy for the APA 2013 convention in Hawaii. One suggestion was to develop a Division 49 Diversity Committee Symposium that could be sponsored by other APA Divisions

(e.g., Divisions 17—Society of Counseling Psychology; 35—Society for the Psychology of Women; 44—Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues; 45—Society for the Psychological Study of Ethnic Minority Issues) and involve many interested student members.

As always, if any members or student members have any suggestions regarding these activities, please contact me or Allyson Regis, allyson.regis@gmail.com.

## Brief Articles

### Intimate Partner Violence: A Group Cognitive-Behavioral Therapy Model

*Kacey Sax, MA*

*Pennadel Mental Health Center Intake and Acute Stabilization  
Counselor*



*Kacey Sax, MA*

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as physical, sexual, or emotional/psychological abuse as well as threats of violence between two people in a close relationship. It “exists along a continuum from a single episode of violence to ongoing battering” (CDC, 2012, p. 1). Effective treatments and standards of care are necessary for victims of IPV as research has shown that such violence can have long-term effects on the physical and emotional well-being of the individual. Additionally, the CDC reports that IPV can directly affect the well-being of society; namely, in 2003, \$8.3 billion was spent on the medical and mental health care of victims of physical and sexual assault. Additionally, victims of this type of violence lose 8 million days of paid work and 5.6 million days of household productivity on average every year (CDC, 2012).

According to the findings of the National Violence Against Women Survey funded by the National Institute of Justice and the CDC in 2000, IPV is the most common type of violence against women. This survey found that 7.7% of women were sexually abused and 22.1% were physically assaulted by either a current or former intimate partner at some point in their lives. This report projected that over a 12-month period, 201,394 women are raped and 1.3 million are physically abused by a romantic partner (Tjaden & Thoennes, 2000). The current study will focus on a treatment program that may be useful for victims of IPV that have already left the dangerous environment.

Research has found that group therapy can be a useful means for treatment with a population of women who have endured IPV. Walker (1991) stated that “[outpatient groups] are often a useful adjunct to individual psychotherapy as the woman can learn from others’ experiences as well as her own. Participation in the group also helps rebuild the woman’s trust in other women and makes it easier to re-establish friendships” (p. 27). Additionally, women learn that they do not have to be dependent on or give in to others to feel safe. Beyond that, group therapy techniques such as role play educate women on how to take control in a relationship without use of manipulation. Techniques used in group therapy are effective in promoting successful expression of anger, teaching women that they can express themselves without being abused or judged (Walker, 1991).

While individual counseling is effective for women who have experienced IPV, being around others who genuinely understand their pain will likely prove beneficial in their treatment progress and perceived feelings of support (Johnson & Zlotnick, 2009). Many—if not all—individuals who suffer from a traumatic experience such as abuse can benefit from knowing that they are not alone in their struggle.

#### ***Key Aspects of Group Cognitive Behavioral Therapy Designed for Victims of Intimate Partner Violence***

There are several research studies that report the effectiveness of utilizing Cognitive-Behavioral Therapy (CBT) to address the development of Post-Traumatic Stress Disorder (PTSD) and related mental health symptoms that often result from IPV and related traumas. Specifically, Ehlers and Clark (2000) found that targeting clients’ core beliefs is crucial to understanding how they are currently coping with the trauma they have experienced. Further, studying how the individual negatively appraises the trauma also provides important information for their symptoms. Therapeutic interventions that address one’s core beliefs about herself and her trauma are effective in decreasing the effect of the trauma on the client’s daily functioning. Specifically, modification of cognitive

appraisals and addressing maladaptive coping strategies (such as manipulation) have been found to reduce PTSD symptoms (Ehlers & Clark, 2000). This CBT approach also increases the clients' ability to process information successfully, which then enhances the formation of a healthy belief about the self and the future (Ehler & Clark, 2000).

Johnson and Zlontnick (2009) used a CBT approach to promote client safety, empowerment, coping skills, and interpersonal relationships. The intervention, "Helping to Overcome PTSD Through Empowerment (HOPE)," was provided to women living in domestic violence shelters. By targeting a client's sense of control, power, safety, self-esteem, and intimacy, the intervention was able to decrease the severity of the client's PTSD and depression symptoms as well as increase personal and social resources for the client. These results were maintained for six months after the CBT intervention was complete.

### ***Facilitation Issues***

There are several facilitation issues that could arise when implementing group therapy with such a vulnerable population. Care should be taken when choosing group facilitators. If a male facilitator is selected, there may be issues regarding the female group members building rapport with and establishing trust in the group facilitator. There will likely be resistance towards opening up to a male specifically because they have been abused by males in the past. Another potential issue to consider is that women in the group could become more dependent on male leaders. They may try to be what they perceive the therapist wants or expects them to be in order to avoid potential abuse. Female clients may also feel as though they have to manipulate male facilitators to gain control, since this is what they have learned to do in the relationship with their abuser (Walker, 1991).

If a male facilitator is able to take the time to form a trusting relationship, a very powerful therapeutic alliance could occur between the woman and that facilitator. For example, she may learn that she can express anger without being abused. Also, a trusting relationship with a man would provide the woman a safe place to practice taking control by using adaptive communication techniques.

Although the focus above is on the potential difficulties with male facilitators, women who have experienced IPV may also have a difficult time trusting women group leaders as well. There will likely be clinical resistance to opening up and letting anyone into their lives given the heightened

vulnerability and fear of this group. Each group member has been in a relationship where her control and safety were taken away. It will be difficult for a facilitator of either gender to gain the trust of the clients.

It may also be a potential challenge to facilitate trust and rapport between the group members. In this regard, it will be important for the group facilitators to create a safe place for the women to express themselves and practice new skills.

### ***Overview of the Proposed Treatment Group***

The purpose of the group discussed in this paper seeks to promote the short-term safety and long-term functioning of female victims who have experienced intimate partner violence. In broad terms, the group will address the following areas: the victim's tendency towards manipulation; control; interpersonal issues; and mood-related factors such as anger, anxiety, and depression. More specifically, the group will be focused on increasing feelings of safety, goal-setting behaviors, and coping skills. Additionally, the group will move towards increased social support and trust in others, and will learn new communication skills to enhance their ability to effectively express and control anger.

There are several goals that are hoped to be achieved as a result of the group work. The primary goal is for the group members to gain a better understanding of IPV and its effects. Second, it is anticipated that group work will promote self-understanding so the women do not return to an unsafe environment. Overall, it is expected that, after the 15-session group therapy experience, the group members will report decreased PTSD symptoms, decreased depressive symptoms, increased social support, and a greater awareness of themselves (e.g., strengths, weaknesses, interests, core beliefs, and fears).

## **Method**

### ***Participants***

***Group members.*** The group will include 10-15 women between the ages of 25 and 45. Having a small group of adult females with similar trauma experiences will help to achieve the goal of helping the clients work to create rapport and trust in group members. Additional inclusion criteria are as follows: 1) women who have left their abuser for more than one month, 2) women who are currently living in a women's shelter or similar agency, and 3) women who meet DSM-IV-TR criteria for PTSD. Women will also be screened for other mental health issues such as depression or other anxiety

disorders; these women will be included in the group as long as they also meet the criteria for PTSD. Women who present with psychotic features, severe dissociation, or bipolar with active manic symptoms will not be included in the group. Additionally, women will be screened for other potential risk factors such as socioeconomic status, number of children, level of social support, education level, and employment status. This will not have a bearing on whether they are included in the group. Instead, these variables will be important to note so that it does not confound the results when an effectiveness study is performed after the group's termination.

**Group facilitators.** Each therapy group will have two master's-level facilitators who will run the weekly sessions. In each group there will be both a male and female facilitator so as to 1) make the clients feel more comfortable easing into the therapeutic experience with a woman and 2) help them to develop trust in the opposite sex. The facilitators will receive weekly training and supervision from doctoral-level clinicians to ensure that all therapeutic protocols are being met.

The initial objective of the group facilitators is to create group cohesion so the women feel comfortable sharing their stories. They will demonstrate a non-judgmental attitude to maintain a safe place for the women to discuss painful memories and emotions. At the beginning stages of treatment, they will provide psychoeducation to the clients regarding the development and maintenance of PTSD symptoms as well as information about IPV and related outcomes. Further, facilitators will teach coping skills and communication techniques, and allow appropriate space for women to discuss and practice with other group members. As treatment progresses, facilitators will be responsible for executing therapeutic techniques; for example, they will create role play situations between group members to increase ability to express anger, desensitize the previous trauma, and create trusting relationships. Most importantly, after the facilitators teach relevant skills, they will allow the group members to interact without much interference, as it will be important for them to learn effective interpersonal skills.

### Measures

**PTSD Symptom Scale—Interview** (PSS-I; Foa, Riggs, Dancu, & Rothbaum, 1993). The PSS-I is a 17-item questionnaire measuring re-experiencing, arousal, and avoidance on a Likert-type scale ranging from 0 (*not at all*) to 3 (*5 or more times per week*); 0 = not at all, 1 = once per week, 2 = 2-4 times per week, and 3 = 5 or more times per week.

**PTSD Symptom Scale—Self-Report** (PSS-SR; Center for the

Treatment and Study of Anxiety, University of Pennsylvania. (n.d.). The PSS-SR is a 17-item questionnaire measuring re-experiencing, arousal, and avoidance on a 0-3 Likert scale; 0 = not at all, 1 = once per week, 2 = 2-4 times per week, and 3 = 5 or more times per week.

**Post Traumatic Diagnostic Scale** (PDS; Foa, Cashman, Jaycox, & Perry, 1997). The PDS is a 49-item self-report measure recommended for use in clinical or research settings to measure severity of PTSD symptoms related to a single identified traumatic event.

**The Beck Depression Inventory-II** (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II will be used to measure severity of depression symptoms.

**The Multidimensional Scale of Perceived Social Support** (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). This scale measures perceived adequacy of social support from three different sources: family, friends, and significant others. The MSPSS consists of 12 items that are rated on a 7-point Likert-type scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Four items are dedicated to measuring perceived social support from each source, and the MSPSS measures the adequacy of support from three sources: family (items 3, 4, 8, 11), friends (items 6, 7, 9, 12) and significant other (items 1, 2, 5, 10).

**Self-Understanding and Personal Growth Scale** (Sax & Treadwell, 2012). This scale was designed by the group facilitators and supervising clinicians, to be administered to the women regarding their level of self-understanding based on core concepts that were the focus of the group therapy. A greater understanding of strengths, weaknesses, interests, core beliefs, and fears will be measured using a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*).

In order to determine the effectiveness of the group treatment, these seven measures will be given at the beginning of the first session, post-treatment (Session 15), and three months following the completion. During Session 15, group members will also be asked to give any feedback to the group facilitators regarding aspects of the groups they liked or disliked and whether there were specific skills or symptoms that were not targeted by the current group.

### Procedure

**Group format.** The group will meet twice per week for a total of 15 sessions. Each session will be 1 hour and 30 minutes in

length to allow time for every member of the group to practice learned skills. Over the course of the 15 sessions, the group facilitators will work with clients from creating preliminary treatment goals at Session 1 to creating a discharge plan at Session 15; the group members and facilitators will be an active part of each stage of the group therapy experience.

**Treatment techniques.** This group for women who have suffered from IPV will utilize CBT-based techniques to increase important skills and insight. Walker (1991) found that addressing a victim's manipulation and control issues, dissociation, anger, issues with intimacy, and feelings of vulnerability are crucial to her treatment. CBT techniques such as thought-stopping, Automatic Thought Records (see Greenberger & Padesky, 1995), and role playing will allow the facilitators to address the woman's core beliefs about herself, challenge dysfunctional thinking, and modify the cognitive appraisals associated with the trauma. Lastly, CBT will allow the group to identify maladaptive coping strategies and replace them with healthy coping and communication strategies.

**Treatment format.** This group therapy will follow a similar format to the HOPE program referenced in Johnson and Zlonick (2009). Session 1 will focus on rapport building between group members and group facilitators. As a way to promote empowerment and control over her treatment, each group member will share why she is in group and her individual goals for treatment. Continuing on the work from Session 1 regarding the promotion of group rapport and trust, during Session 2 the group members will begin to work in groups of 3 to discuss their personal experience with trauma. Additionally, Session 2 will focus on creating a detailed safety plan for each individual. The facilitator will first discuss the important aspects of an effective safety plan. According to the National Center of Domestic and Sexual Violence (NCDSV), safety plans should be personalized and contain detailed information regarding multiple different scenarios that could occur. For more details on safety planning, please visit the NCDSV website (<http://www.ncdsv.org/>). Members of each small group will give and receive help in creating the safety plans for each member.

Sessions 3 and 4 will focus on empowering the group members by providing psycho-education about the development of PTSD and other short- and long-term effects of IPV. Knowledge is viewed as power; the better the women understand their current situation, the more control they have over it. The clients will be given relevant handouts and worksheets regarding symptoms and effects related to IPV. It is intended that this educational component will have a secondary effect of providing group

cohesiveness so members do not feel like they are the only one suffering from previous trauma.

During Sessions 5 through 8, facilitators will utilize CBT techniques to teach the group members about schemas, core beliefs, and how these concepts can affect one's emotions and behaviors. Facilitators will teach group members how to complete Automatic Thought Records (Greenberger & Padesky, 1995) as an effective way of challenging negative beliefs about themselves and their traumas. It is likely that most of the women in the group will endorse core beliefs that they are unlovable, do not deserve to be happy, or feel that they are too weak to leave a relationship, so facilitators will point out these beliefs to the group. Facilitators will also highlight any themes that arise regarding cognitive appraisals of the traumatic event, such as victim thinking.

Small group work and large group facilitation will be utilized throughout these sessions to further increase the group's comfort with one another and with the facilitators.

Sessions 9 through 10 will focus on having the facilitators and group members work toward identifying what triggers memories, flashbacks, and anxiety or avoidant behaviors. From there, group facilitators will identify which maladaptive coping strategies group members have used in the past to deal with these triggers. Effective coping strategies and communication techniques will be taught during these sessions, and the group members will have the opportunity to discuss with the group their success in using these coping strategies outside of the sessions.

Sessions 11 through 13 will capitalize on the feelings of trust and safety the group members have developed over previous sessions. These sessions will focus on role-playing techniques to address healthy expression of anger and other relevant emotions such as pain and resentment. Each group member will have a chance to role play with other members of the group. As the group dynamics develop over the previous 10 sessions, the facilitators will make a judgment regarding an issue each client should work through in a role play; however, to promote control and empowerment, the ultimate decision about the role play will be left up to the individual client. The client is able to make the decision about what emotion or situation they would like to address as well as which group members they would like to use. Psychodramatic techniques will be utilized in the role-playing sessions (see Karp, Holmes, & Tavon, 1998). Group members will play several roles, including client doubles, client alter-egos, client life-roles, and important people in the client's life. Each client will

have the opportunity to utilize effective coping strategies and communication techniques to express their emotions and work through their issues.

Sessions 14 and 15 will be the termination sessions. Clients will have the opportunity to express what they feel they have gained from the group therapy experience. The facilitators will praise the clients for the growth and point out their newly found strengths in order to promote control and confidence in their abilities. Each client will review their safety plan and make changes as needed. Facilitators will make any necessary referrals if a client should need additional support or treatment. Facilitators will perform a review of what the group members accomplished throughout the course of group treatment, and will provide a packet of worksheets and resources so the women can continue their progress after termination. Lastly, each client will discuss their long-term goals and how they plan to attain those goals. Facilitators will stress the importance of setting manageable goals and objectives as an effective way of promoting confidence and maintaining motivation to continually progress. Before the client leaves the group, she must identify at least one group member in whom she feels she can trust and confide. Additionally, each member must identify at least one way she plans to increase her social support in her community (i.e., job opportunity, volunteering, church group).

### Conclusion

To conclude, IPV is a growing issue in the United States. Finding effective treatment modalities for women leaving their abusers has important implications for personal as well as societal well-being. This paper details a group therapy technique to address Posttraumatic Stress Disorder symptoms that have developed as a result of violence in the group member's romantic relationships. This intervention will use CBT techniques such as thought-stopping, automatic thought records, and role playing in order to help the women safely re-enter their community.

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## Counseling Center Groups: A Trainee's Perspective

Audrey L. Schwartz, MS  
Oregon State University



Audrey L. Schwartz, MS

It goes without saying that psychology trainees differ enormously in their interests and in their motives for pursuing a career in mental health. Even within the sub-population that chooses to engage primarily in clinical work, the focus of each developing psychologist is unique.

My own professional path has been strongly influenced by the university counseling center environment, a setting which provides a distinctive blend of experiences for trainees. One of the benefits of that blend is extended exposure to the modality of group psychotherapy.

I'll be the first to acknowledge that group therapy was not a particular area of interest to me when I entered graduate school, and it has taken time to adjust my automatic bias for working in a one-to-one format. Often, psychology students spend the

bulk of their clinical training learning skills for working with individual clients, with the unfortunate side effect that group psychotherapy comes to be perceived as a supplementary or secondary treatment option used to maximize efficiency rather than outcome. Though I took only a single group process class in graduate school and did not initially plan for group facilitation to be a large part of my career, I have since been fortunate to be mentored by several talented and dedicated group clinicians. As a result, I have come to hold a deep appreciation for group and believe that it is a powerful first-line treatment of choice for many clients.

In considering the evolution of my attitude toward group therapy, several things stand out which helped me develop the knowledge, skill, and confidence to facilitate group work. The following is an attempt to identify and describe a few elements that were integral for shaping and enriching my understanding of group therapy.

First and foremost, I feel that much of my appreciation for group stems from participating in the many different forms of group therapy. Didactic training in theory and practice is of course necessary (and I learned a great deal from my coursework and reading), but true learning happens experientially and over time. Prior to beginning internship at Oregon State University's Counseling and Psychological Services (CAPS), I had some general exposure to both interpersonal process and skills-building groups, and the scaffolding approach of gradually increasing autonomy helped push me to step outside my comfort zone. During internship, my colleagues and I were strongly encouraged to run at least one process group, and there were numerous other opportunities to co-lead support or skills groups. Across my internship year, I co-facilitated three different styles of group, each with different senior staff, and I learned to adapt my leadership and therapy approach to fit the needs of each one. Seeing first-hand the variety of forms that group can take helped me appreciate the flexibility and power of the group modality.

Additionally, I grew in noticeable ways through working with a diverse range of clinicians who approached group work from a variety of frameworks. Throughout my training, I have worked with nine different group clinicians, each with a different theoretical orientation and unique way of interacting with group process. My exposure to different co-leadership styles taught me to adapt, flex, and trust my own clinical judgment in the room, and I learned how to conceptualize group dynamics and process from multiple perspectives.

One particularly important skill I gained on internship was the concept of using group process to facilitate outreach workshops; this came about as a result of my membership on the CAPS Diversity Committee. Michele Ribeiro, PhD, who organized a number of outreach projects for the Diversity Committee, introduced me to the practice of facilitating one-time group dialogues around important but infrequently discussed topics such as mental health stigma and intersecting identity markers. The feedback from students and staff who participated in these dialogues was strongly positive and reinforced for me that change occurs most readily through interpersonal means, and group process is a powerful tool for addressing a wide spectrum of concerns.

Finally, I believe that system structure is crucial for fostering group skills among psychology trainees. The culture of a system determines how group therapy is perceived and carried out, and my best learning has occurred in systems where group interventions were highly valued and continually evaluated. One of the ways this has occurred is through staff-wide participation in group programming, and one of the strengths of the counseling center where I completed internship was a stated commitment to offering a wide variety of groups that match stated student needs. One of the groups I was fortunate to have a hand in developing and running on internship was a Family of Origin process group, a project that was born from data suggesting that a significant number of students sought therapy specifically for interpersonal problems stemming from dysfunction in their families. The experience of working collaboratively with my co-facilitator to design, market, and recruit was invaluable, and I grew immensely as a result of having a balance of support and autonomy.

I am now coming to the end of my internship year and will soon be transitioning into a university counseling center staff position. This new step brings with it much anticipation and adjustment. Reflecting on the many lessons that have come about as a result of my training experiences provides an enhanced respect for the necessary role that group therapy plays in counseling center work and in trainee development. I look forward to shifting my role to one of supporter and nurturer of group interest in other trainees and budding group therapists.

**APA CONVENTION IN HAWAII**  
**July 31 - August 4, 2013**  
**Submission deadline: November 20, 2012**

## We're Not Alone in the Internship Process

Kacey Greening  
Doctoral Candidate  
Wright State University



Kacey Greening

In recent years, there has been much concern regarding the internship match crisis. There are different hypotheses for this crisis, but regardless of the reasons, the impact is the same. Delaying internship can disrupt the progression of training, place financial and emotional burdens on students, and impede self-esteem and confidence. APA and APAGS have been working to provide education and guidelines to ensure that

some doctoral programs either improve the quality of their training or accept fewer students into their program. Other solutions have included the possibility of requiring accredited doctoral programs to provide a quality internship program for every student accepted, as well as encouraging prospective students to become informed about match records among different programs (Munsey, 2011).

I write from a unique perspective because I am not comfortably writing from the other side. I can't celebrate a successful internship match yet because I am in the midst of applying for internship this year. I'm sure many of you are also in the midst of applying or at least looking ahead to applying in the near future. In the spirit of group, Yalom's therapeutic factor "universality" comes to mind. It may help to know we're not alone and to know there are other students out there who are going through the same exciting and anxiety-provoking journey. For us, anxiety is not a thing of the past but very palpable in the present moment. Now, we can have an even deeper empathy for what many of our clients must be experiencing in group (e.g., Will I "match" or "fit"? Will I get my needs met? Does anyone else know what I'm experiencing?)

If pre-group preparation is a strong predictor of group success, then hopefully a similar concept can be applied to the internship process. Much like new group members who learn about group processes before they join, it has been essential for me to prepare well in advance for this capstone in my

training. For instance, familiarizing myself with the internship process and with potential programs have been important preparations for me. Personally, I've found it helpful to reach out to programs in an effort to learn more about their mission and what a professional relationship might be like with them. I think this speaks to the importance of "self-understanding" and knowing what works for you because each person will be encouraged and calmed by different strategies. For me, it has been just as important to have self-care strategies outside of my professional world. For example, spending time with my family and friends, as well as reading and meditation, have been powerful ways for me to decrease internship-related stress.

I've often imagined that internship interviews will be similar to group screenings. You walk into a new environment, both excited and nervous, with only a partial understanding of what will happen. You approach the process with a desire to learn about an opportunity that could generate great possibilities for your life, and you hope to convey what you might be able to offer in return. It is a curious time because you know you're being assessed and you also know that you're assessing them. This process may bring up "existential factors." For example, I can't do anything more than my best. While I can do my best to work with any situation, each person ultimately makes their own evaluations and decisions. As group screenings provide a channel to check in with clients to see if they are a "fit" for group, internship interviews provide a channel to check in with applicants to see if they are a "fit" for the site. The concept of "fit" isn't always easy to understand, but I think it is important to remember that just because some group members don't fit into a specific group doesn't mean they are any less valuable. I believe the same is true for internship applicants.

Through writing this article, I have experienced some "catharsis" regarding the internship process. Just knowing that others will read this article, regardless of their reactions, makes me feel as if someone has witnessed my feelings and my fears. I wish I had a perfect set of answers to solve the matching crisis and to ease the anxiety many of us feel. But no matter what the outcome is, I firmly believe that it can bring about opportunities for growth and meaning. While I wish a successful match for us all, I wish even more that we give the very best we have to the process and not base our worth as a clinician on the outcome. I know this is easier said than done, but this is still my wish for us all.

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## Prevention Corner

Elaine Clanton Harpine, PhD



Elaine Clanton Harpine, PhD

In our last column, we presented a letter from a third grade teacher who was concerned about a student in her class who had been labeled “mildly mentally retarded.” The teacher signed her letter “frustrated” and said, “How can we prevent this from happening to another child?” Her letter sparked three responses from other frustrated teachers.

### RESPONSE #1

*Dear Frustrated,*  
*I know exactly how you feel. I teach 5<sup>th</sup> grade, and by the time the students get to me, there's no hope. Their lives have already been decided for them. All my school cares about is mandated testing. If the students have no hope of passing the test, then the school doesn't even try to help. Our school psychologist identifies and labels students by whatever will bring in the most federal and state funding. We label many students as mentally retarded simply because it means they do not have to be tested.*  
*I See No Hope*

### RESPONSE #2

*Dear Frustrated,*  
*Our school also labels children mentally retarded when they can't read. Our special education teacher doesn't even try to work with them. He simply has the children run errands, clean chalkboards, and play games on the computer. Yes, they can't read, but they can learn to play games on the computer. Something has to be done, but I don't know what to do.*  
*Ready to Give up*

### RESPONSE #3

*Dear Frustrated,*  
*I know exactly how you feel. I am so tired of seeing children labeled. If a student doesn't learn, we the teachers are blamed. No matter how hard I try, some students simply do not learn. I don't know why. I want help, but there never seems to be anyone who offers any real help. The administration has so many rules to follow and forms to fill out that it doesn't leave us any time to teach. The parents, for the most part or at least in my school, do not want to be bothered. They do not respond to calls, and they do not attend conferences. The students started falling behind in school before they even started 1<sup>st</sup> grade, and they're just marking time and falling further and further behind each year. If there is an answer, I would certainly like to know what it is. I know it is not what we are doing right now. Our schools are a mess.*  
*Please Help*

Our usual method in this column is to have a guest psychologist write responses, but I thought that these letters of frustration from within the classroom spoke more to the nature of what is facing school-based mental health than possible words of guidance or reassurance. Children are failing, being retained, not learning to read, not passing mandated tests, and eventually dropping out of school. Teachers are frustrated, some even seeking other areas of employment because they see no hope for change in the future. Schools are being labeled as “failing schools.” What can psychology offer to the problems plaguing our schools? How can psychologists help children learn?

I hope you'll join this dialogue. Please send comments, questions, and group prevention concerns to Elaine Clanton Harpine at [clantonharpine@hotmail.com](mailto:clantonharpine@hotmail.com).

## Division 49 Committee Reports

### Fellows Chair Report

Sally Barlow, PhD

This year Division 49 has nominated distinguished group therapist and author Gerald Corey as a Fellow for our society. He is eminently qualified. All materials were submitted in the summer for the 2013 award. However, I learned at the APA Fellows meeting in Orlando at the Annual Meeting in August that APA has just moved to an electronic format and will have to resubmit all materials again. This will not be a problem, just a slight hiccup in the process. Our committee—Gary Burlingame, Andy Horne, and myself—welcome

your ideas about future fellows! I also wear another hat as the current president of the Academy of Group Psychology of the American Board of Professional Psychology. With that hat on, I encourage all members of our society to consider sitting for the ABGP exam.



Sally Barlow, PhD

## Treasurer's Report

Rebecca MacNair-Semands, PhD



Rebecca  
MacNair-Semands, PhD

Convention costs for August 2012 came in under budget this year by over \$500. Special thanks to Kathy Ritter and Sarah Appleton, who helped keep the cost of food and beverages for the socials down. We were also able to reduce the cost of the Early Career breakfast after the manager received our request due to having fewer attendees than had RSVP'd. Distributing electronic board and business meeting

reports also reduced copying/materials expenditures. Further, the hotel initially required the rental of the suite for 3 nights, but we managed to get it for only 2 nights. Award costs and gifts were also decreased from last year. So, although we had to pay for an extra suite night over the prior year and had an additional catered social to welcome newly elected board members, kudos are given to all for working so hard to keep us under budget!

## Early Career Group Psychologist Column

### Reflections on the Convention in Tampa

Leann Terry Diederich, PhD

Due to a flight cancellation, my time at APA was cut a bit shorter than anticipated this year! However, it was full of typical Society gatherings, meeting new people, and reconnecting with old friends. As I think back on it, here are some of the highlights:

- The Early Career Psychologist (ECP) Roundtable was a resounding success. After introductions, we divided into small groups to discuss topics of interest. See more in the ECP column about this event.
- I attended the Membership Committee meeting. There were a number of interesting take-away points from this meeting. I appreciated the focus on ECPs and am bringing their handout of "25 Ideas that Work! What APA Divisions and State Psychological Associations Can do to Recruit and Retain Early Career Psychologists" to our ECP Committee in the Society for further consideration.
- I also attended the Committee on Early Career Psychologists hosted by APA. They encouraged ECPs to consider participating in APA Boards and Committees, but acknowledged that there are some tips that can make it much easier. A Tip Sheet was passed out that I'd be happy to give to any ECP considering this. Just email me at [LJT18@psu.edu](mailto:LJT18@psu.edu) if you are interested in receiving this. Tips included topics like having your letter of interest include what experiences you have that qualify you for the position, how you have the ability to think beyond your division and work with people from different perspectives in APA, and how you might help the committee further APA's strategic plan.
- I loved seeing Sally Barlow receive the Group Psychologist

of the Year award. Sally is a phenomenal woman in the world of Group Psychology and Group Psychotherapy, and it was wonderful to see her honored with this award.



Leann Terry Diederich,  
PhD

- Being able to make new friends and find myself part of a "new group" is one reason why I love our Society. On Saturday evening of the convention, I found myself without plans. I had recently reconnected with Jen Alonso at our ECP roundtable, and inquired what her plans were for the evening. She graciously invited me to join her and her husband for a night at Downtown Disney. What a great time we had! We discovered many similarities among the three of us, enjoyed a fabulous meal, and took in the sights. It is the openness of Society members like this that I find so rewarding when I attend conventions. Thanks, Jen and Daniel, for a great evening!
- Seeing the energy at the Society's social was wonderful. There were many new faces and connections being made. Somehow the word got out that the party started earlier than 6 pm, so it was a great surprise to get there "early" and feel like it was already a happening place. This kind of young energy is exactly what the Society needs, so I'm thankful to the students and ECPs who helped make this year's Social a great event.

I'm already looking forward to next year!

### Early Career Psychologists, Fall 2012

Leann T. Diederich, PhD

This year's American Psychological Convention in Orlando offered a several new and exciting opportunities for early career group

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## Early Career

*Continued from page 15*

psychologists. First, The Society of Group Psychology and Group Psychotherapy also hosted a brunch for early career professionals at the Napa Restaurant in the Peabody Hotel. This brunch provided early career group psychologists an opportunity to meet and network with one another, and with Society leadership. The Ad Hoc Early Career Psychologist Committee of the Society is continuing to discuss and explore ideas to engage early career group psychologists at future Conventions.

In addition, the Ad Hoc Early Career Psychologist Committee hosted a conversation hour at the Convention Center entitled "Creating Dialogue: A Conversation Between Early Career Group Psychologists." This 50-minute session offered the opportunity for early career psychologists from a variety of settings to dialogue about group-related issues relevant to their professional lives. This well-attended session included three break-out groups focused on (1) groups in counseling centers, (2) research and teaching on groups in academic settings, and (3) groups in health care settings and with adolescents. The counseling center group, facilitated by Leann Terry Diederich, included ideas for naming and marketing groups, tangible activities to engage group members in the here-and-now, preparing student clients for group, and staff buy-in regarding group. The research and teaching on groups in academic settings group, facilitated by Joe Miles, discussed special topics and methodological considerations in group research, and the structure and syllabi of group courses. The third group, facilitated by Rachelle Rene, discussed a range of group topics including groups with members with chronic health concerns. We hope to have plans in place for similar conversation hours between early career group psychologists at future APA Conventions. We are also discussing ways in which

we might facilitate ongoing dialogues between early career group psychologists in between conventions. If you have ideas about creating ongoing dialogue between early career group psychologists, or if you would like to be involved, please contact Leann Terry Diederich at [LJT18@sa.psu.edu](mailto:LJT18@sa.psu.edu), or Joe Miles at [joemiles@utk.edu](mailto:joemiles@utk.edu).

The Ad Hoc Early Career Psychologist Committee of the Society of Group Psychology and Group Psychotherapy is continuing to grow and evolve, and will now be a subcommittee of the Membership Committee. Along with this change, we are also adding two new members, Jennifer Alonso and Rachelle Rene, who we'd like to introduce in our ongoing columns.

**Jennifer Alonso:** I am thrilled to be a part of this committee! As a new professional I am always interested in working with and supporting others, especially those who have a passion for group therapy like I do!! The mentorship I have received from so many others within the group field has been invaluable and I hope to use their support and guidance as a springboard for myself and others. I am a new professional graduating from Brigham Young University's Clinical Psychology program in 2011 and now working at the University of Florida, Counseling and Wellness Center as a licensed psychologist and group therapy coordinator. I have also had the opportunity to teach group therapy seminars to trainees, provide in-house group CEs at the center and teach a graduate course on Group Therapy. To maintain wellness I enjoy training my Bichon Frise dog to be a therapy dog, biking, making homemade cards, and baking chocolate treats.

Stay tuned next issue for learning more about Rachelle! If you are interested in joining us as we continue to grow, please contact Leann Terry Diederich at [LJT18@sa.psu.edu](mailto:LJT18@sa.psu.edu), or Joe Miles at [joemiles@utk.edu](mailto:joemiles@utk.edu).