

THE GROUP PSYCHOLOGIST

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

Convention Issue

President's Column

Don Forsyth, PhD

Extraordinary Exaltation

The Internet, with its listservs, web pages, and video-conferencing, provides us the opportunity to join together in a virtual space, but despite technology's charms there is still nothing like that quaint once-a-year gathering of psychologists known as the Annual Meeting. Leave it to Émile (Durkheim, that is, and a true lover of groups if there ever was one) to describe the importance of a face-to-face ritualized gathering of members, for when all "are once come together, a sort of electricity is formed by their collecting which quickly transports them to an extraordinary degree of exaltation" (1912/1965, p. 262). Durkheim was describing the large gatherings of local communities in New Guinea, but "extraordinary exaltation" seems to be a worthy goal for any group to pursue via a collective enterprise.

This year will find us streaming into Boston for what promises to be an outstanding series of presentations, meetings, and workshops all focused on group psychology and group psychotherapy. The content of the APA program represents the hard work of a group, of course. The Division owes a debt of thanks to the diligent work of Jeanmarie Keim (chair of the convention program committee), and its members Jennifer Harp, Joshua M. Gross, Maria Riva, Janice Delucia-Waack, Kathleen Ritter, and Nina Brown. Their efforts mean that there is much to see and do at the convention, as members will need to divide their time between presentations that stretch from Thursday to Sunday (August 14–17). The full division 49 program is previewed in this newsletter, which provides those of us who like to prepare for their collective experiences with the data they need.

All the sessions should prove edifying, but I would like to draw your attention to three in particular and urge you to work them into your schedule. On Friday afternoon the membership committee

has put together a session on mentoring, and invites all members to join in. Following the structured program members will have the opportunity to meet and mingle more informally. On Saturday afternoon the division has its more business-focused meetings, with my presidential address followed by a business meeting and then the Group Psychologist of the Year address. This year we recognized Richard Hackman, Edgar Pierce Professor of Social and Organizational Psychology at Harvard University, who will be discussing his work on high-performance teams. That evening will be our traditional Division 49 APA reception, to be held from 6 to 9 in the Division 49 Hospitality Suite. APA assures us that the suite will be in the Boston Marriott Copley Place, but we won't know the room number until we check-in. That ambiguity creates, though, one of our long-standing Annual Meeting rituals. Like a secret handshake or a clandestine signal shared with insiders, Division 49 members will pass the suite location from one person to another. (And for those who prefer less intrigue, there will also be signs posted at the Marriott Copley and you can use the house phone to call the suite, registered under my name.)

Groups people recognize the value of good process as well as good content, so we know that the interpersonal machinations that will unfold across our 4 days in Boston—the exchange of greetings with colleagues and friends, the search for the location of the reception, the pro-forma business meeting, and the clustering into subgroups for forays out to find restaurants—are as important as the scientific and professional material embedded in the Division's

(Continued on page 4)



Don Forsyth PhD

**Division 49
Convention Program
pp. 7–9**

You are invited to the Division 49 party at the APA Convention on Saturday, August 16, 6–9 pm, in President Don Forsyth's Suite, Boston Marriott Copley Place Hotel.

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Gloria B. Gottsegen, PhD

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Jennifer Harp, PhD

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Leann J. Terry
Doctoral candidate, University of Indiana

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Shannon Salter, PhD

Foundation

Lynn Rapin

Group Practice and Research Network

Lynn Rapin, PhD

Public Information/Education

Irene Deitch

School-Based Mental Health Group Interventions

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Submission Deadlines:

March 1, June 1, October 1

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

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From Your Editor

Allan B. Elfant, PhD, ABPP

Farewell Reflections

*And so it stays just on the edge of
vision,
A small unfocused blur, a standing
chill
That slows each impulse down to
indecision.
Most things may never happen: this
one will,
And realization of it rages out
In furnace-fear when we are caught
without
People or drink. Courage is no good:
It means not scaring others. Being
brave
Lets no one off the grave.
Death is no different whined at than
understood.*

—Philip Larkin, *Aubade*, 1988

The widower lives in a darkened world.

—Sanhedrin 22a

*“Come to the edge, he said. They said: “We can’t, We are
afraid.” “Come to the edge,” he said. They said, “we can’t, we’ll
fall off.” He said, finally, “come to the edge.” They came. He
pushed them and they flew.”*

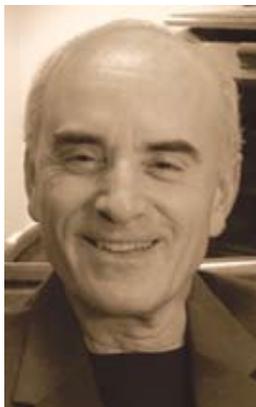
—Guillaume Apollinaire (1880–1918)

In the aftermath of my wife’s death on January 3rd of this year, I have reflected in new and uncertain ways about my priorities—personal and professional. I have decided that 2008 will be my last year as the Editor of *The Group Psychologist*. As the year concludes, I will have edited 11 issues, nearly 4 years of involvement in that capacity.

On an un-thought level, I wonder if I believed in my inner never-never land that I would be your Editor for eternity. Death disrupts such fanciful ideas. It is so very sad and painful to lose that wonderful ideational magic. Yet not to face the inevitability of death is correlated with not living or loving fully.

I have thoroughly enjoyed being your *TGP* Editor. Through my position, I have had special occasions to meet and work with many of the marvelous, wise, and perceptive psychologists in our group field, and also to have some of the upcoming creative group professionals write for our newsletter. I hope you will all continue to contribute to this newsletter; I intend to.

I am not fading away from our Division or from my chosen work, although I am unsure where I will land or be whenever in the future I am able to fly from my present darkness and grief. Apollinaire’s quote above seems to give hope for me and for the good leader, the courageous group, and its struggling members. After all, if we



Allan B. Elfant, PhD, ABPP

cannot risk dreaming and soaring, even with a loving nudge, what will become of us?

I will remain as your Representative to APA Council and thereby also be on the Division 49 Board. I will continue as well as President of the American Board of Group Psychology and as our Group Diplomat’s Representative to the ABPP Board of Trustees. I also intend to continue as a frequent presenter at conferences and workshops on the issues that arise in intensive psychodynamic group psychotherapy. I shall remain in full-time private practice, combining open-ended, long-term individual and group psychotherapy. My commitment to our Division and to Group is steadfast.

Lastly for now, I want to raise an issue concerning this newsletter to you—the membership. Other Divisions are going to an electronic format for their newsletter to save costs, and these costs are substantial. There are occasional rumblings on our Board to follow suit. However, an integral part of my remaining *TGP*’s Editor until now has been predicated on the newsletter being printed and mailed to you. To have this transitional object simultaneously touched, seen, smelled and perhaps hurled distances as well as taken to unmentionable sites where the Internet connection is poor or absent seems to me a basic Division membership perk. The Shadow side of our electronic and Internet age is that we are all reading and likely absorbing less, all the more so for the youngest in our world, and I do not wish to see our Division contribute to this phenomenon. Dinosaur or prehistoric as I may be, I hope you will insist that the next Editor and the Division 49 Board make the commitment that this newsletter remain in printed form even as it appears now and will in the future on the Division website. Whether you do or do not agree with me, voice your opinion Division 49 members!

It really has been a grand group ride! One issue to go; endings are really hard sometimes. Then again, endings may get us to fly to anywhere.

Division 49 Website

www.apa49.org

Newsletter Deadlines

March 1
June 1
October 1

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President's Column

(Continued from p. 1)

many presentations and workshops. They are the means by which our group is transformed from a professional affiliation into a more personally meaningful membership. I must admit that I have joined a good many groups and professional associations, but I identify with relatively few of them. For example, I've been a member of the alumni association for my alma mater for a good many years, but since I've never really done any alumni stuff I don't really feel like a *member*. What is needed, to spur greater identification with the group, is some type of collective action that changes mere affiliation into identification and membership; the Annual Meeting provides us with just such an event, as we can join formally and informally with like-minded theorists, practitioners, and researchers to celebrate our unique interest in groups. So, if August finds you in Boston at the annual convention, be sure to join your fellow Division 49ers for a celebration of all that is group.

By the way, if you can't make the Annual Meeting (what, late summer in Boston is not your idea of a great vacation spot), don't forget that there are many other ways to strengthen your connection to Division 49. Submit a paper to *Group Dynamics* or an article to the *Group Psychologist*. Join the discussion-oriented listserv, *Group-Buz*, and take part in its online discussion of issues in research and application. Serve as an officer of the association or a liaison for the division to another association. Or, volunteer to work on one of the committees of the association—a number of them are listed in a feature in this issue, along with the contact information for the chairs of each one.

See you in Boston.

President-Elect's Column

Robert K. Conyne, PhD

HEAR YE, HEAR YE: 49's FUTURE IS BRIGHT!



Robert K. Conyne, PhD

Okay, I'll stop shouting now. But I do want to proclaim, as a town crier might have done around Faneuil Hall during the time of the American Revolution, what I perceive to be both good news and a current truth: Our Division is in fairly good shape now, it needs to expand, and it's moving toward a state of being hale and hearty in the years ahead.

What motivates this optimism? In one word, STUDENTS. Oh, sorry, there I go again, yelling. No more, I promise. I'll try to share my enthusiasm more appropriately. (An aside: Do you ever grow weary with "constant appropriateness"? Ahh, that's a whole other matter, I won't go there...

In the last wonderful ("Election and Memorial" issue, April 2008) Leann Terry began the "Student Section" column with the following "warning": "Watch out Division 49...the graduate students are mobilizing!" (p. 30).

Given the Boston context of our upcoming APA convention, when I read those words from Leann I couldn't help but think of the midnight ride of Paul Revere, made famous in Longfellow's poem, "Paul Revere's Ride." Lore has it that Revere alerted those along the road to Lexington, "The British are coming, the British are coming!"

But that's where the analogy ends abruptly. After all there's no battle here, no foe. But our students bring palpable energy, enthusiasm, and plenty of ideas for action, some of which might cause us to stretch as a Division.

Frankly, the idea of a "friendly revolution," is one to embrace. These students that Leann mentions are full of vim, vigor, warmth, and great ideas. They are group savvy and view 49 as their "home" within the APA superstructure. And they are not shy about expressing what's on their mind about how 49 can continue to build and broaden.

Lynn Rapin, immediate Past President, and I (full disclosure reveals that we also are married) hosted a meeting of some of these 49 students at our home one Saturday afternoon in April. Those from the student committee who were able to make it included Kyle Barry, Greg Capriotti, Leslie Markowitz, and Leann Terry.

This meeting was not our idea, that belongs to the students entirely, but we were delighted to host it. Members of the student committee were coming to Cincinnati, which turned out to be a kind of cross-roads location for them to—get this—meet on their own volition to outline how they might continue to contribute to the Division in general and to expand opportunities for students in particular. Lynn and I suggested they alight at our house, have some lunch and carry on their business. We sat in and participated some, too. But it clearly was their meeting.

I'll refrain from reporting the results of the discussion. These were numerous, positive and invigorating. Please see Leann's summary in her column. But I'll comment a little on my reactions during the meeting, trying to give you a sense of its tenor.

After a delicious lunch, I quickly become aware as the meeting progresses that these students sure seem committed to groups and already to Division 49. I marvel at the surging energy, the ideas being offered and how the students are able to build on each other's input. Note to self: "This is great group work!" After a short while

I realize that Leann is facilitating one of the most effective and enjoyable task group planning sessions I've been involved with over the years. Suggestions are offered, linked, categorized and implementation plans emerge. People smile and laugh. For a moment I cascade back to my graduate school years so many eons ago and quickly conclude that what is occurring here, in this room, would never have happened then. Here are skilled students (well, we were skilled, too!) but who have caught a glimpse of something that moves them and who are organizing themselves—on their own time, even at the conclusion of a busy academic year—to contribute and help shape the directions of a major professional association. Coming back to the present, I'm aware of being awed by the students' prowess and proactive participation and by their sense that 49 is—as Leann wrote in her last newsletter column—(I repeat the italics she used to highlight that precious adjective) with... “a warm sense of community that didn't need to be housed in cold convention halls or grand ballrooms” (p. 30).

I revel in the knowledge that these students see our Division as a hospitable place, as a warm and welcoming gathering spot. I'm joyful that students are finding us and working hard to advance our mission and to find their own which, of course, are completely intertwined. As Josh Gross, in one of his roles with us as Membership Chair, reminds us: “students and new members are our lifeblood.” Yes, most decisively, and while I've focused on students in this column, early career professionals and people of diverse racial and ethnic background are essential to our future, too.

For we are a venerable set of people, in this Division, full of accomplishments, expertise, experience, and wisdom. This condition also means, though, that the Division tilts strongly toward advancing age, declining membership and limited demographic diversity. Even though we resist it, our “Memorial” roll call will continue to expand as time goes on now. Infusing and incorporating youth and new and diverse members into our ranks is not only exciting it also is required for our continued existence as a Division. Fortunately, as I've tried to relay in this column, we can see many hopeful signs on our horizon.

So let's join with our students and resolve to grow and to “revolutionize” the Division. We can do this, yes we can, for as Don Forsyth asked in his last column, “Who can deny the power of groups?” (p. 1). Let us build on our many strengths and welcome diverse ideas and people to our group. Let us mentor our students and provide them every opportunity to grow and develop while we also learn from their burgeoning thoughts and dreams. Let us use our group skills to create an evolving tapestry of innovation and tradition that serves to propel us forward as an organization, meets member needs, and advances the multiple causes of group psychology and group psychotherapy.

HEAR YE, HEAR YE: 49's FUTURE IS BRIGHT, INDEED!

For Good Groups,
Bob

J. Richard Hackman: 2008 Group Psychologist of the Year

Don Forsyth, PhD

Dr. Richard Hackman, in recognition of his long and distinguished work in studying group productivity and team leadership, has been named the *Group Psychologist of the Year* for 2008 by Division 49 of the American Psychological Association. The award ceremony, and a presentation by Dr. Hackman, will take place on Saturday, August 16, at 4 PM in the St. George Rooms A & B the Westin Copley Place Boston Hotel.

Dr. Hackman is the Edgar Pierce Professor of Social and Organizational Psychology at Harvard University. He graduated from MacMurray College in 1962 (majoring in mathematics) and completed his doctorate in psychology at the University of Illinois in 1966. He taught at Yale University until moving to Harvard University in 1986. A prolific researcher into all aspects of group performance, he has written 9 books and published over 100 articles and chapters in a variety of fields in psychology. His awards including the Annual AIR Creative Talent Award in the field of Measurement and Evaluation: Individual and Group Behavior, the Distinguished Scientific Contribution Award of the American Psychological Association's division on industrial and organizational psychology, and both the Distinguished Educator Award and the Distinguished Scholar Award of the Academy of Management. He is a Fellow of the American Psychological Association and of the American Psychological So-

ciety, and in 1998 was Hewlett Fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford University. In 2005 he was an American Psychological Association Distinguished Scientist Lecturer.

Dr. Hackman, in his quest to understand group performance, has studied a variety of groups, including concert orchestras, aircraft flight deck crews, commercial pilots, flight attendants, boards of directors, sports teams—groups of all types and varieties. That work has yielded substantial insights into the social influences on behavior in organizations, task and work design, the dynamics and performance of work teams, and the design and leadership of self-managing organizational units. In his recent book, *Leading Teams: Setting the Stage for Great Performances*, Dr. Hackman provides a masterful organization of the empirical findings pertaining to team performance, but also a novel conceptualization of the key questions that must be considered when turning a group into a team: (a) is the group an actual team, (b) does the team have a compelling direction for its work, (c) has the group developed an enabling structure, (d) is the group operating in an organization that supports it, and (e) does the group leader provide appropriate support to the group? *Leading Teams* won the Academy of Management's Terry Award for the most outstanding management book of the year.

Division 49 Initiatives

Don Forsyth, PhD

Division 49 members' are working on a series of initiatives, all aimed at promoting "the development and advancement of the field of group psychology and the modality of group psychotherapy." Much of that work is done as individual members conduct studies of group process, collaborate with one another in their analyses of the effectiveness of group psychotherapy, and teach their students to understand and appreciate groups. But much of the work is also done through a network of committees and task forces. Members who have not yet joined one of these groups are urged to contact the chair and volunteer.

Membership Committee: Josh Gross (Chair; JGross@admin.fsu.edu), Andy Horne, Tom Treadwell, Shannon Salter. This committee works to identify the needs of members and institute programs designed to meet those needs. The committee works closely with APA on member services, making certain that those who join the Division receive the benefits of membership (e.g., subscriptions, membership on the listserv, etc.). The primary initiative of this group, at this time, is building up membership, in general, with a focus on drawing students and early career psychologists to the division.

The Diversity Committee: Mike Andronico (Chair; Andronico7@aol.com), Clay Alderfer, Carolyn Thomas. This committee was founded officially in 2007 with the successful amendment of the bylaws to include a committee that will promote the inclusion and visibility of underrepresented minorities in the Division. The Committee is also charged with attracting, fostering, and managing diversity in membership and activities of the division, and developing and recommending policies and programs designed to educate members of the division in this area in their practice, research and training.

The Education and Training Committee, chaired by Sally Barlow (Sally_Barlow@byu.edu) monitors, promotes, and enhances education and training in group psychology, group psychotherapy and continuing education. This committee's members serve as liaisons to a number of other educational bodies (ABPP, CRSPP, CoA, etc.), as well as national level meetings focused on education. This committee's primary initiative, at this time, is the preparation of the Division's application to CRSPPP Board.

Convention Program Committee: Jeanmarie Keim (Chair; jkeim@unm.edu), Jennifer Harp, Joshua M Gross, Maria Riva, Janice Delucia-Waack, Kathleen Ritter, and Nina Brown. This committee formulates policies regarding the annual meeting, reviews submitted proposals, and organizes the Division conference events.

The Committee on Fellows: Gloria Gottsegen (Chair; ggottsegen@comcast.net), Lee Mathews, Jerry Resnick, Leo Shatin, and Mae Ziskin. This committee seeks members of the division who have met the Division's standards for Fellow status and assists these individuals in the preparation of the materials needed to certification of that status by APA.

Ad hoc Student Committee (student members only): Leanne Terry (Chair; ljerry@indiana.edu), Sidhika Bagla, Klye Barry, Gregory Capriotti, Lena Kessler, Peiwei Li, Leslie Markowitz, Emily Reisch. This committee, formed this year, is working to identify and meet the needs of student members of the Division. The long-term goals of the group are to create a number of benefits for student members, including travel-grants to conferences, mentoring in practice and research, grants for research, and enhanced networking among members.

Ad hoc Early Career Group Psychologists Committee (ECPs only): Shannon Salter (Chair; ssalter@admin.fsu.edu), Courtney Ramous. This committee, formed this year, is working to identify and meet the needs of Early Career Psychologists who are members of the division.

Ad hoc Foundation Committee (fundraising): Don Forsyth, Lynn Rapin, Bob Conyne. This task force is charged with fund raising for the division, and is exploring such ideas as forming a foundation that could receive charitable donations for the division.

Ad hoc Group Practice and Research Network (GPARN; Lynn Rapin (Chair; rapinls@email.uc.edu), Bob Conyne, Josh Gross, Don Forsyth. This committee is an outgrowth of Dr. Rapin's presidential initiative, the Summit Meeting held earlier this year involving representatives of Division 49, the American Group Psychotherapy Association (AGPA), the Association for Specialists in Group Work (ASGW); Division 39, Psychoanalysis (Group Section); Division 13, Consulting Psychology; Division 50, Addictions. This committee continues to work to build a coalition of organizations that focus on group approaches.

Ad hoc Public Information/Education Committee, Irene Deitch (Chair; ProfID@aol.com), Bonnie Jacobson, Diana Semmelhack, Craig Pfaffl, Bernard Frankel. This committee works closely APA's Office of Public and Member Communication to identify and disseminate information regarding our members' research, practice, activities, and programs.

Ad hoc Committee on School-Based Mental Health Group Interventions, Elaine Clanton Harpine (Chair; ElaineH@usca.edu), Andy Horne, Janice DeLucia-Waack, Michael Waldo, Sheri Bauman, Judy Tellerman, Lee Gills, Maureen Kenny, Maria Riva, Wendi Cross. This group of highly active members organizes and promotes the use of group-level interventions in school settings through such activities as developing curriculum, sponsoring research activities, hosting conferences on the topic, and presenting information at the Annual Meeting.

If you are just the least bit curious about these committees, please contact the chair with your questions. Or email Don Forsyth, dforsyth@richmond.edu, to begin an email conversation about your special interests and qualifications and how you would like to put them to work in Division 49. For more information, please visit our website, at <http://www.apa49.org/>

Division 49 2008 Convention Program

The program for Division 49, 2008 APA Boston Convention is listed below. It reflects the efforts of the many who submitted proposals and the hard work of the 2008 Program Committee. Consult the APA Convention Program and convention updates for any last minute changes.

Many thanks to the 2008 Division 49 Program Committee: Jeanmarie Keim, PhD (Chair); Jennifer Harp (Co-Chair and Past-Chair); Joshua M Gross, Maria Riva, Janice Delucia-Waack, Kathleen Ritter, and Nina Brown

Thursday, August 14

10:00–10:50 AM

Poster Session

Boston Convention Center & Exhibition Center, Exhibit Halls A & B1

Transference in Group Therapy: A Social Relations Analysis

Rayna D. Markin, PhD, and Dennis M. Kivlighan, Jr., PhD

Group Therapy for Substance Abuse: Rolling Versus Closed Admissions

Keith C. Klostermann, PhD, Antonio A Morgan-Lopez, PhD, and William Fals-Stewart, PhD

AOD Groups: An Optimal Group Learning Opportunity for Graduate Trainees

Ian Birky, PhD, Anju Kaduvettoor, MEd, and Yoko Mori, MS

Co-Leader Similarity and Group Climate in Group Interventions

Joseph R. Miles, MS, and Dennis M. Kivlighan, PhD

Multicultural Competence and Evidence-Based Group Therapy Practice: Challenges and Prospects

Eric C. Chen, PhD, Julie E. Balzano, BA, and Dhruvi Kakkad, PhD

Group Psychotherapy Mind/Body Intervention for Spanish-Speaking Population: Lessons Learned

Ann DeSollar, MA, MA, Lynne Matte, MA, MA, Celeste Rivera, PhD, and Yvette Caron, PhD.

Support Group Curriculum for Parents of Girls with Craniofacial Differences

D. Colette Nicolaou, PhD, Alexis L. Johns, PhD, and Laura R. Garcia, MSW

Mindfulness-Based Depression Treatment through Web and Telephone Groups

Nancy J. Thompson, PhD, MPH, Elizabeth L. Reisinger, MAT, and Ashley Winning, BA

Innovations in Group Home Living: Utilization of Group-As-A-Whole Work to Increase Self-Efficacy and Group Cohesion in Severely Mentally Ill Adults Living in a Community Setting

Diana J. Semmelhack, PsyD, Clive G. Hazell, PhD, and Deanna Dang, MA

Navigator's Group: A Group Therapy Program for Sexually Reactive Children

Kristin Shaner-Rose, MEd., and Renee Flaherty, MEd

Self-Regulation Group Program for Male Adolescents

Eun Kaung Bae, MA, and Hyun Joo Song, PhD

Group-Based Adolescent Treatment service Delivery and Effectiveness, and Emerging Treatment Alternatives

Lee Gillis, PhD, and Keith Russell, PhD

11:00–11:50 AM

Negotiating Dual Relationships in Experiential Training Groups—Trainees' Perspectives (Discussion)

Boston Convention Center & Exhibition Center, Meeting Room 156C

Co-Chairs: Eric C. Chen, PhD and Bethany D. Aaronson, MSE

Participants: Bethany D. Aaronson, MSE, Lauren M. Luttinger, MSE, and Ryan J. Androsiglio, MSE

12:00–12:50 PM

Group Psychotherapy—Past, Present, and Future (Discussion)

Boston Convention Center & Exhibition Center, Meeting Room 206A

Participants: Sally H. Barlow, PhD, Rex Stockton, PhD, and Michael P. Andronico, PhD

Discussant: Arthur M. Horne, PhD

1:00–2:50 PM

Value of the ABPP Specialty in Group Psychology—Preparing for the Examination (Workshop)

Boston Convention Center & Exhibition Center, Meeting Room 255

Chair: Joseph C. Kobos, PhD

Participants: Allan Elfant, PhD, Joshua M. Gross, PhD and Thomas Lowry, PhD

Friday, August 15

8:00–8:50 AM

Positive Psychology, Group Psychotherapy, and the Contemporary Counseling Center (Symposium)

Boston Convention Center & Exhibition Center, Meeting Room 208

Chair: Rebecca R. MacNair-Semands, PhD

Div. 49 2008 Convention Program

(Continued from p. 7)

Participants: David Spano, PhD, Rebecca R. MacNair-Semands, PhD, James M. Harbin, PhD and Jocelyn M. Brineman, BA

9:00–9:50 AM

Experienced School-Based Group Practitioners Discuss Critical Issues (Discussion)

Boston Convention Center & Exhibition Center, Meeting Room 153C

Chair: Elaine Clanton Harpine, PhD

Participants: Janice L. DeLucia-Waack, PhD, George Gazda, PhD, Susana Helm, PhD, Arthur M. Horne, PhD, Maureen E. Kenny, PhD, and Michael Waldo, PhD

10:00–10:50 AM

Group Counseling and Psychotherapy With Children and Adolescents (Workshop)

Sheraton Boston Hotel, Republic Ballroom A

Chair/Participant: Zipora Shechtman, PhD

12:00–12:50 PM

Parenting Approaches for Challenging Kids—An Evidenced-Based Group Intervention (Discussion)

Sheraton Boston Hotel, Republic Ballroom A

Chair: Jason D. Williams, PsyD, MEd

Participants: Jason D. Williams, PsyD, MEd, Lisa Anderson, MPH, and Mary N. Cook, MD

1:00–1:50 PM

Predicting Who Will Benefit From Group Psychotherapy: Group Selection Measures (Symposium)

Sheraton Boston Hotel, Republic Ballroom A

Co-Chairs: Gary M. Burlingame, PhD and Robert L. Gleave, PhD

Participants: Jonathan Cox, BS and Elizabeth L. Baker, BS

Discussant: **Rebecca R. MacNair-Semands, PhD**

2:00–3:50 PM

Preparing for Internship—What You Need to Know About Group Psychology (Symposium)

Boston Convention & Exhibition Center, Meeting Room 211

Chair: Joshua M. Gross, PhD

Participants: Joshua M. Gross, PhD, Janice L. DeLucia-Waack, PhD, Dan Jones, PhD, and Edith Chung, PhD

4:00–5:50 PM

Mentoring-A Meeting Place for Group Psychologists (Discussion)

Boston Convention Center & Exhibition Center, Meeting Room 211

Co-Chairs: Jeanmarie Keim PhD, and Joshua M. Gross, PhD

Participants: Leann J. Terry, BA, Shannon Salter, MEd., Jeanmarie Keim, PhD, Joshua M. Gross, PhD

Discussant: Thomas Treadwell, EdD

A Friday evening event is in the planning stages. Details will follow on the Div 49 listserv.

Saturday, August 16

8:00–8:50 AM

Activity-Based Experiential Group Psychotherapy—Kinesthetic Metaphors of Change (Workshop)

Boston Convention & Exhibition Center, Meeting Room 252A

Co-Chairs/ Participants: Lee Gillis, PhD and Michael A. Gass, PhD

9:00–10:50 AM

Deepening Feelings Through the Group Process—An Experiential Workshop (Workshop)

Boston Convention & Exhibition Center, Meeting Room 209

Co-Chair/Participants: Michael P. Andronico, PhD and Allan Elfant, PhD

9:00–12:00 PM

Meeting of the Board Members of Division 49

Division 49 Suite

11:00–11:50 AM

Assumption of Independence in Group Intervention Research (Workshop)

Boston Convention & Exhibition Center, Meeting Room 211

Participants: Scott C. Marley, PhD, MPH, and Jeanmarie Keim, PhD

12:00–1:50 PM

Purposeful Selection of Group Techniques (Workshop)

Boston Convention & Exhibition Center, Meeting Room 213

Chair: Robert K. Conyne, PhD

Participants: Robert K. Conyne and Mark D. Newmeyer, EdD

2:00–2:50 PM

Presidential Address

Westin Copley Place Boston Hotel, St. George Rooms A & B

Participant: Donelson R. Forsyth, PhD

3:00–3:50 PM

Business Meeting

Westin Copley Place Boston Hotel, St. George Rooms A & B
Division 49 Business Meeting

4:00–4:50 PM

Arthur Teicher Group Psychologist of the Year Award

Westin Copley Place Boston Hotel, St. George Rooms A & B

Participant: J. Richard Hackman, PhD

6:00–9:00PM**Division 49 Social Hour**

Division 49 Suite

Sunday, August 17**8:00–8:50AM****Therapists' Use of Passion and Aggression in Adolescent Therapy Groups (Symposium)**

Boston Convention & Exhibition Center, Meeting Room 157A

Chair: Lorraine Mangione, PhD**Participants:** Karin M. Hodges, MS, Gretchen L. Schmelzer, PhD, and Ralph J. Buonopane, PhD**Discussant:** Lise Motherwell, PhD, PsyD**10:00–11:50 AM****Object Relations and Family Systems in Group Psychotherapy—A Demonstration (Workshop)**

Boston Convention & Exhibition Center, Meeting Room 252A

Chair/ Participant: Kathleen Y. Ritter, PhD

ABPP Update

*Joshua M. Gross, PhD, ABPP**Examination Coordinator*

To date 51 individuals have passed the examination in group psychology administered by the American Board of Group Psychology and five of our founding members have since passed away. In our ongoing attempt to encourage the members of Division 49 to become involved with the ABPP in Group Psychology we wish to assist you all in knowing more about our values and objectives.

The ABPP website (www.abpp.org) offers the following generic Value Statement in regard to all thirteen areas of specialty practice:

Board certification by the American Board of Professional Psychology (ABPP) provides peer and public recognition of demonstrated competence in an approved specialty area in professional psychology. In addition, ABPP board certification provides the professional with increased opportunities for career growth, including employability, mobility, and financial compensation.

My goal in this update is to further acquaint you with some of the obligations and responsibilities that come with the passing the examination in group psychology which leads to membership in the American Academy of Group Psychology. Article 1. of the Bylaws of the American Academy of Group Psychology (www.aagp.net) states that:

ARTICLE I: Objectives

The American Academy of Group Psychology exists for and is dedicated to the following purposes:

- Support of those principles, policies and practices that seek the attainment of the best in group psychology practice.
- The pursuit of high standards of group psychology and support of the credentialing activities of the American Board of Group Psychology.

- The communication of scientific and scholarly information through continuing education, scientific meetings, and publications.
- The pursuit of excellence in psychological education.
- To promote the value of group psychology and group psychotherapy as subspecialties of the field of psychology.

The membership of the American Academy of Group Psychology elects members to two boards of directors. The Academy Board of Directors is charged with ensuring that the above objectives come to pass and supports the second board, the American Board of Group Psychology, in its mission to administrate the examination process in our area of practice.

Our overriding goal is to ensure that the practice of group psychology is recognized as a specialty domain of practice and to promote its proliferation and development as a core area of psychological practice. Our members who volunteer their service on these two Boards give considerable time and effort over and above their primary employment and professional responsibilities. The demands of this work are at points challenging and complex as the political and administrative issues we face are in constant flux.

In this regard I wish to thank David Hescheles, Richard M. Billow, Darryl Feldman, Ruthellen Josselson, David Kipper, and Alaire Lowry who are the current Directors of the American Academy of Group Psychology as well as Joe Kobos, Allan Elfant, Sally Barlow, Gloria Kahn who serve with me as Directors of the American Board of Group Psychology.

If any of us can be of assistance to you in your consideration of applying for the ABPP Specialty Credential in Group Psychology please feel free to contact us at any point. It is our sincere desire to welcome as many of you as possible to come join us in our work.

*Joshua M. Gross, PhD, ABPP*

Membership Chair's Report Summer 2008

Joshua M. Gross, PhD, ABPP
Membership Chair, APA Division 49

Greetings and welcome to the 116th APA Convention Edition of the Group Psychologist. We are looking forward to seeing many of you in Boston for what promises to be an excellent Division 49 program. We have more than 35 scheduled events that relate to group psychology and psychotherapy at the Boston Convention.

The Convention Program Committee has worked hard to provide a range of presentations that will help members to increase our breadth of knowledge in the domain of group psychology. We start on Thursday morning with our Poster Session at the Exhibition Halls as continue on with programming throughout the day. We also have full days of group psychology related programming on Friday and Saturday and finish up on Sunday morning as well. The Division 49 Convention program is available for your review at <http://www.apa49.org/education/>.

I would like to ask you all to consider setting aside some time on Friday afternoon from 4:00 to 5:50 for the Division 49 Mentoring Event. This event came about as a result of our being allotted some extra session time from APA. The Division 49 Program Committee responded by putting together a program that we hope will help our membership to meet other members. Our goal is to link up our gradu-

ate students, early career, middle career and late career members in a brand new event.

Jeanmarie Keim, PhD, Division 49 Convention Program Chair; Leann Terry, BA, Graduate Student Representative; Shannon Salter, MEd, Early Career Representative; Thomas Treadwell, EdD, Division 49 Demographer and I have been working to bring together our membership with the goal of providing an opportunity for people to gather with those at a similar level of professional development as well as to engage with others who are junior or senior in terms of their duration of professional practice. Our hope is that this will become a regular event at the annual meeting and that we do a good job of helping people to make connections with others.

One way for us to grow our membership is to offer activities that encourage us to make new friends and establish professional relationships. We hope to see a good representation of our membership at this event and hope that you will join us there. Our Division is small and our membership is heavily weighted toward the senior practitioner. We hope that we can work this year to bring in more graduate students and early career professionals to ensure that Division 49 continues to grow and support those psychologists who are interested in group psychology and psychotherapy.

Division 49 Membership Demographics Report

Thomas Treadwell, EdD, Division 49 Demographer
Joshua M. Gross, PhD, ABPP, Division 49 Membership Chair

2005, 2006, 2007 Membership Data by Specialty, Age, & Gender

In 1992 Division 49 had 877 members, which represented about 1% of the total division memberships in APA. Our highest year of membership was 1994 when we had 2,021 members for about 1.6% of the APA total. In 2005 we had 598 members for a total of 0.79% of the total division memberships in APA. In 2006 we sank to 570 members and in 2007 we are at 523, suggesting a slow but steady decrease in membership since 1994.

Generally, the evidence supports past membership statistics indicating the decline in membership continues to through the present. More importantly, division 49 membership is skewed toward older professionals and we need to balance our membership to include younger professionals. There is current movement to address this paucity utilizing a Mentoring Event at the 2008 Boston APA Conference.

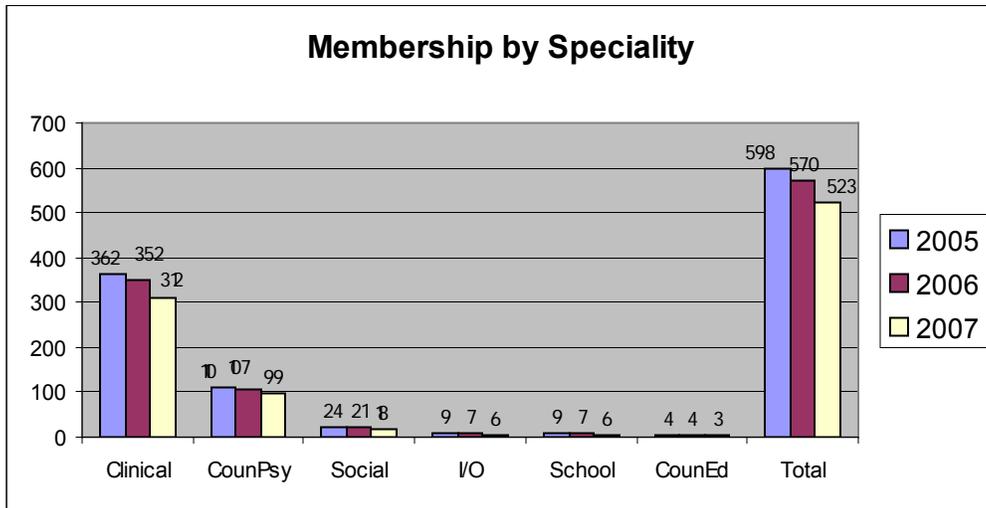
The charts on the following page represent Division 49 membership data over a three year period 2005–2007. Figure 1 is membership by specialty, Figure 2 is membership by age, and Figure 3 is membership by gender.

Clinical and counseling psychologists represent the majority of division 49 memberships. Counseling educators, Social, and Industrial/Organizational have minimal visibility.

The process of membership development has many facets. It starts with the leadership making it clear that we have room for new members and that they are welcomed into the Division. It is also necessary for all of the Division 49 members to take some responsibility for bringing new psychologists into the fold. If each of us took on the mission of mentoring and encouraging new psychologists to join with the Division we would soon be able to double our membership numbers.

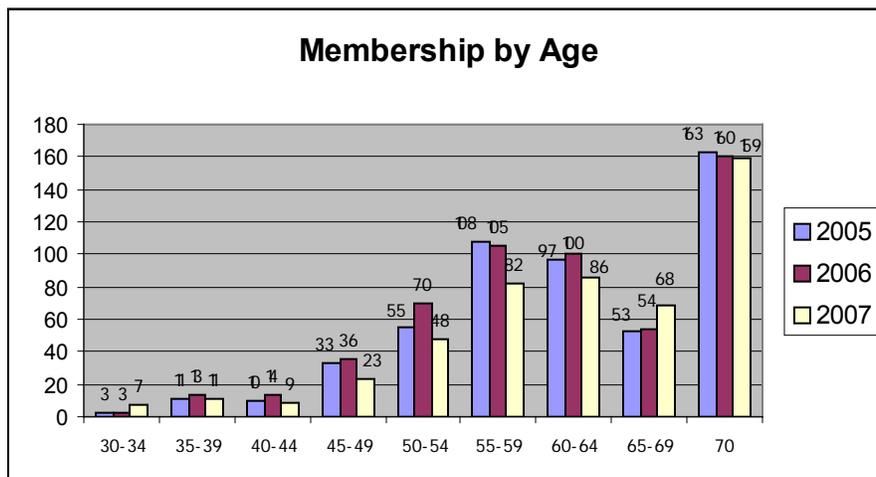
Please have a look at these demographics and consider joining us in our attempts to grow our Division. It is our hope that the increased emphasis on Graduate Student and Mentoring Event at APA 2008 will help us to make some progress on increasing the ranks of our Division Membership.

Figure 1.



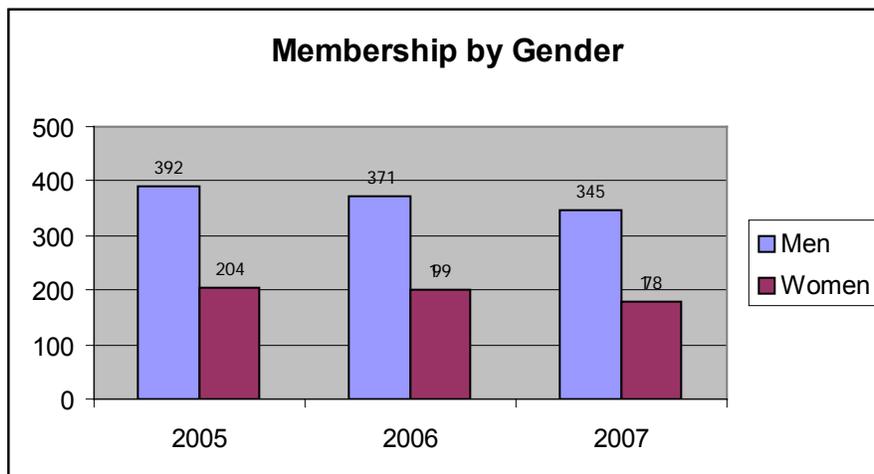
Clinical and counseling psychologists make up the majority of the division's membership.

Figure 2.



Our membership is skewed to the right by age. There is a glimpse of younger psychologists joining the division, yet the 30-44 age range needs to increase.

Figure 3.



Division 49 is gradually losing both men and women members.

Response to Dr. Ken Pope's Letter of Resignation from APA

Andy Horne, PhD, Member-at-Large, Division 49

February 19, 2008

Dear Dr. Horne,

I am writing in response to your request that I address issues raised in Ken Pope's letter of resignation from APA. Please let me say at the outset that I have great respect for Dr. Pope. I have been reading his writings on ethics for many years and will undoubtedly study them for many years to come. Dr. Pope has made enormous contributions to APA and to the field of psychology, and I myself have benefitted greatly from his perspective and vision.

In his letter, Dr. Pope raises two issues concerning the APA Ethics Code that form the basis for his resignation. One issue concerns Ethical Standard 1.02, which addresses conflicts between ethics and law and allows psychologists to follow the law if the conflict is irreconcilable and the psychologist has engaged in a process of attempting to resolve the conflict. Concerning the second issue, Dr. Pope writes that "in its ethics code, APA chose not to recognize any humane treatment requirements governing psychologists work with detainees as enforceable standards." Dr. Pope closes his letter by stating "For me, the two examples above represent defining issues for APA. Steps that APA has taken or avoided since 9-11 mark a sharp shift in values and directions."

I think it is very important to emphasize at the outset that there is no connection whatsoever between the language of Ethical Standard 1.02 and the events of September 11 or the Bush administration's war on terror. As Dr. Pope notes, the current version of the Ethics Code was adopted in August 2002. A review of the Ethics Code revision process, however, indicates that language of the current Standard 1.02 was drafted in the fall of 2000 and thereafter remained unchanged. Thus, the conclusion that there is any connection between the language of Standard 1.02 and September 11—for example, that the standard was written to allow military psychologists to follow unethical orders during post-9/11 interrogations—is mistaken.

Moreover, the Ethics Code revision task force placed a great emphasis on providing APA members and the public ample opportunity to comment on revision drafts and ensured that the current language in Standard 1.02 was available for member and public comment on at least three occasions. Most of the examples in the comments involved legal mandates to disclose records during legal or administrative proceedings; none involved examples from military settings. The final wording of the standard, which resulted from the commentary process and task force discussions, recognizes that many instances arise, especially in forensic contexts, when law and ethics may collide. The standard places the locus of ethical decision making in the individual psychologist, rather than having APA impose a directive that could place a psychologist in an untenable bind between a licensing board and an ethics committee.

Regarding the treatment of detainees, however, APA has explicitly rejected a post-9/11 justification for torture or abuse in an interrogation. In the detainee context, APA *has* imposed an absolute prohibition that "following orders" *cannot* override. The 2007 resolution states:

BE IT RESOLVED that the American Psychological Association affirms that there are no exceptional circumstances whatsoever, whether induced by a state of war or threat of war, internal political instability or any other public emergency, that may be invoked as a justification for torture or cruel, inhuman, or degrading treatment or punishment, including the invocation of laws, regulations, or orders;

Following orders can *never* justify or excuse torture under the APA Ethics Code.

I would also emphasize that civil disobedience is entirely consistent with Ethical Standard 1.02. A psychologist may absolutely refuse to obey laws or orders that he or she believes are unethical. Council's 2007 Resolution addresses civil disobedience specifically in the context of military interrogations:

BE IT RESOLVED that the American Psychological Association, in recognizing that torture and other cruel, inhuman or degrading treatment and punishment can result not only from the behavior of individuals, but also from the conditions of confinement, expresses grave concern over settings in which detainees are deprived of adequate protection of their human rights, *affirms the prerogative of psychologists to refuse to work in such settings, and will explore ways to support psychologists who refuse to work in such settings or who refuse to obey orders that constitute torture* (emphasis added)

In regard to his second issue, Dr. Pope writes "APA's decision to adopt an enforceable standard regarding "humane treatment" of animals but not to adopt an enforceable standard regarding "humane treatment" of detainees turns APA away from its ethical foundation, historic traditions, and basic values that should endure even in the midst of post-9-11 risks and realities." As an initial matter, it is important to realize that over the past three years, the APA Council of Representatives has spent substantially more time examining the rules that govern military interrogations and the treatment of detainees than it has spent addressing any other issue. I fully expect that Council's focus on this issue will continue. In addition, at the 2007 convention in San Francisco, APA sponsored *Ethics and Interrogations: Confronting the Challenge*, a program with nine, two-hour sessions and 44 speakers with subject matter expertise who held widely divergent views on what position APA should adopt.

I also must respectfully state that Dr. Pope's assertion about the lack of enforceability is incorrect. In 2005, the Ethics Committee determined that the statements in the *Task Force Report on Psychological Ethics and National Security* are appropriate interpretations and applications of the APA Ethics Code and are thus enforceable. The prohibition against torture and cruel, inhuman, or degrading treatment; the obligation to report any such acts; and the prohibition against mixing the roles of health care provider and consultant to an interrogation, among others, are enforceable applications of ethical standards.

I hope this letter is responsive to your concerns. These are extraordinarily challenging times for psychology, and I want to assure you that APA has fully embraced this issue as a cause for our continued and intense focus of discussion and action.

Sincerely,
 Stephen Behnke
 Director, APA Ethics Office

What Keeps a Leader of Five Groups Going?

Bonnie Jacobson, PhD

About 25 years ago I fell in love. No, it was not with a person; it was with group therapy. Funny—in the company of my husband and every other individual love relationship I have (my own children included)—invariably, we go through the infatuation stage and then settle down to working on our attachment. The desire to maintain our harmonious, warm, and empathic connections requires paying attention for our lifetimes.

Not so with group therapy; in fact, my passionate feelings towards this institution are in many ways still in the infatuation stage. Of course, I am realistic when it comes to my sense of accomplishment as far as my patients are concerned, that cure doesn't occur in a moment, in fact there are long-term patients in some of my groups who still have not confronted their presenting problem. Yet what they have uncovered and healed is so worthwhile that I am willing to wait as long as it takes until they are ready to face whatever for them is the hardest challenge. Yes, there are times that I feel annoyed or bored while running my groups. But I know that as soon as I put my feelings into words, with curiosity as to what is going on, something new will be revealed.

Not only have I been running groups for over 25 years but I have also been a member of a Lou Ormont group for almost that long. For the first 11 years, while I was training myself how to run groups, as well as how to become a more sensitive person, I was a patient in one of Lou's groups. After taking a break for several years I decided what a waste, as long as Lou was running training groups why not hang in with a master, who has himself, been in love with group therapy for over 60 years, or so it seems to those of us who work with him. Besides Lou, some of the members of my training group are also masters in the art of running groups.

Now for the secret of why I am still fascinated.

My reading of Lou's basic principle 101 of group therapy is that there is one inalienable rule for keeping a group vibrant and that is—

In every group session, unless something new is uncovered, the session is a flop.

Needless to say, I ascribe to this premise wholeheartedly. And that is where my dark feelings while running a group come in handy. I trust that if I am feeling itchy, or grumpy, or have discomfort in my belly, or a sudden headache that there is a good chance an elephant has appeared among us that no one is addressing. So at the opportune time I will ask if I am the only one who is feeling whatever the

emotion is. Invariably people will look around to see who is going to take up the gauntlet. This gives someone who has not made room for himself the chance to dive into the pool. Whatever is then revealed is usually connected to something else going on in the room.

I find that running a group is similar to the work we do in dream interpretation. For anytime a seemingly new topic arises, if I ask the member of the group if they had to find a link between what we are now talking about and what was brought up in the earlier part of the session, a connection emerges that is a fascinating a contribution from the group unconscious.

Last week Jayson, a man in one of the groups, began by announcing he didn't want to start, although he often does. He stated that I had asked him in individual therapy to come up with something his deceased and highly critical father would say about what he is proud of when it came to his son. Jayson was stumped. Dragging on for months, he had been experiencing a severe patch of anxiety and depression. I then turned to Sam and asked him of what his deceased father would be proud. Sam's dad died when he was 11 years old. Sam is now 39 years. Looking shocked for a moment, he then jumped into the fray by saying my dad would be proud of my tenacity and stick-to-itness. When Sam was a boy he did not live with either parent, rather with the Dad's parents and sisters. They were much more educated and the Dad thought he was giving Sam a gift. It was a gift of years of trauma in which Sam rebelled to the max, to the point of being a delinquent that spent time in jail. Now he is a successful employee of a media firm and the owner of a business in which he trains dogs in a form of group therapy with their owners.

This stimulated Jayson to acknowledge that his father would be very proud of his accomplishments also—but that was something he had always given his father. However, presently Jayson was getting no pleasure from them and was suffering irrational gloom over his current job insecurity. Irrational in that he was a much sought after copy writer who had more free lance jobs that he could manage and if not for the anxiety and depression currently coloring his world would have already started his own small advertising agency. He had worked for 14 years for the one of the most important agencies worldwide. His clients were the premier ones in this agency. But a new chief took over and wanted his men in and decided the old, expensive guard should go.

(Continued on page 14)

What Keeps a Group Therapist...

(Continued from p. 13)

Instead of this boot out being experienced as a blessing in disguise, Jayson saw it as one more reminder that he father's incessant criticism was correct—Jayson was incapable of everything including, “wrapping the butter properly.”

Then Mallory piped up and said she wanted to speak about something that was bothering her. Whenever she tried to be helpful to Sam he rebuffed her. She found him the most evolved person she ever knew and he gave her so much, but that his arguing with everything she tried to give to him made her feel like she felt at her kitchen table as a little girl. The youngest member of a very aggressive family, whenever she would try to complain that one of her twin older brothers were bothering her, someone would start to make fun of her. She usually left the table dissolved in tears and ran up to her room humiliated. Later her mother would come up and tell her to not be so ridiculous everyone was only kidding.

Now with Sam it felt the same.

Sam was shocked; it was certainly not his intention to humiliate Mallory. But this gave him the opportunity to reveal that whenever he brought up anything personal in the group he always left feeling dissatisfied. He became a professional giver in and out of the group and a frustrated taker.

This was the perfect time to help Sam see that the Lou Ormont basis rule number 2 was in operation.

Group triggers early pre-verbal feelings and experiences.

Sam was never happy with the gift of the A group of parents. He wanted the C group his own mother and father. His mother turned him over to his father's family when he was 15 months. Now he had

language and was able to complain to the group that he was dissatisfied with what he was getting. It was a magical moment for Sam.

But what did this insight that Sam received by Mallory's confrontation have to do with Jayson and his depression and anxiety?

Upon asking that question Jayson went into a deep thought. What came out next was the first time in his life that he was able to see his father as a human being. He revealed to the group that the Chicago Cubs had recruited his father to pitch for them and that he was in love with a nurse from Kentucky he had met during the war. Jayson's grandparents would have none of it. He had to marry a girl within his own religion, and he was not allowed to work on Saturdays as he was a member of an Orthodox Jewish family.

His father than spent the rest of his life mismatched with his job and his wife—Jayson's mother.

Jayson realized that his father's criticalness was a reflection of his depression and not meant to harm his son. And that unlike Sam's father who never gave him any direction Jayson's dad was continuously trying to help him to become excellent in what he did.

And Jayson's life completely matched his interest. He was married to the woman of his choice, lived in the loft of his dreams, and had a career that completely challenged and engaged him.

He left the group with fifty pounds off his back.

I also felt fulfilled, accomplished, and, as always, uplifted. Thus, I completed running another group that left me grateful for my good luck in finding such a fascinating and lucrative career.

Group Members and the Destructive Narcissistic Pattern

Nina W. Brown, PhD



Nina W. Brown, PhD

Difficulties in group can arise from many sources, and one possible source for difficulties may not be recognized for some time. The difficulties may be the responses the group makes when it is trying to contain one or more members who exhibit the behaviors and attitudes of a Destructive Narcissistic Pattern (DNP; Brown, 1998) ADNP is a cluster of behaviors and attitudes reflective of a diagnosed Narcissistic Personality Disorder (DSN-TR-IV), but the person has fewer of the defining behaviors and attitudes, and/or

these are less intense. Kernberg (1990) notes that even experienced therapists may not recognize a NPD at first, and since the DNP is akin to a NPD, it is logical to propose that these too are not identifiable early on. When group leaders run into difficulties, they can

attribute these to resistance or other group member defenses, and/or personal incompetence. Presented here are the general behaviors and attitudes that, when clustered, can signal a DNP, how these are manifested by one or more group members, the felt or observed impact on the group, clues for the leader's identification of the DNP, and possible interventions.

The Destructive Narcissistic Pattern

Behaviors and attitudes that can reflect undeveloped narcissism, or when clustered reflect a DNP are the following.

- Attention seeking
- Admiration seeking
- Arrogance, contemptuous
- Lack of empathy

- Intense desire to be considered as unique and special
- Entitlement attitude
- Shallow emotions
- Grandiosity
- An impoverished self
- Empty at the core of self
- Exploits others

Many of the following behaviors can appear in the group, and/or be the leader's perceptions of how the member is behaving and relating.

- Can become enraged when not gratified by the leader
- Competition with the leader for control of the group
- Becomes more needy or withdrawn
- Shows no real empathy
- Over or under values self, can switch easily from one state to the other
- Easily hurt, or impervious to input by others
- Has many failed relationships, unable to establish and maintain meaningful and enduring relationships
- Expects favors without reciprocity
- Finds life meaningless

Impact on the Group

Another source of information that can signal the presence of a group member with a DNP is the impact on the group as it tries to contain and manage the person, without having any realization of what is happening, or why they feel as they do. The group members are feeling the group to be dangerous and unsafe, but cannot identify what is producing these feelings. The group leader can observe the following group behaviors.

- Discussions in the group become more surface. Where once it appeared that the group was ready to do deeper and more significant work, it now tends to return to safer topics.
- There are many uncomfortable silences that members are unwilling or unable to explore.
- There is denial of conflict, avoidance of any hint of disagreement, and members can be overly agreeable.
- Members refuse to engage with each other in any meaningful way
- Some members can become defiant, resistant beyond what would be expected, and may even be obstructive.
- Instead of working on personal concerns, the members will engage in scapegoating and/or having identified patients to fix.

The leader's feelings and responses can be a powerful indication of the presence of one or more members with a DNP where the group is trying to manage and contain them without success, and

this is deleterious to the progress of the group and to the growth and development of individual group members. Usual feelings can be dissatisfaction with the progress of the group, felt tension in the group without understanding the source of the tension, unexplained emergence of rage, wishes or fantasies that the group would go away or be miraculously changed, and feelings of incompetence and inadequacy. It is also not unusual for these to be projected onto group members and to feel resentment at their refusal to get better.

Possible Interventions

Once identified, the challenge is then to intervene in a constructive way. The group leader has few options, and a massive challenge. The group leader may be in the position of having tried interventions in response to the group's behavior and these were ineffective. Thus, the leader may also be dealing with personal feelings, such as frustration, anger, and shame in addition to trying to find strategies to help the group, resolve the dilemmas or problems, preserve the group's integrity, and minimize the negative influences and impact of the behaviors and attitudes manifested by the person with a DNP. The task is difficult and complex. Group leaders can consider using the following suggestions.

- Accept the reality of an inability to change or to heal the member who has a DNP. This would probably require longer term individual therapy.
- Attend to the members' safety needs. The group has become silent, resistant, defiant, defensive, and so on in response to a perceived threat
- The leader may need to be more structured and directive to prevent potential narcissistic wounding of other group members
- Sadistic and aggressive behaviors must be blocked and managed as they are a source for narcissistic wounding
- Empathic failure repair becomes more critical and essential as a group leader task. Special attention should be given to staying alert to empathic failures, and intervene quickly to repair these.
- Do not empathize with the person identified as having a DNP as this opens you up to incorporating their hostile, negative and deprived projections. These can become projective identifications, leading to your having feelings of inadequacy, incompetence and other negative self-perceptions. Instead of being empathic, use active listening where their feelings are identified and reflected to them, but you are not entering their world and feeling what they are feeling.
- Consult with a supervisor or personal therapist about triggered negative feelings

References

- Brown, N. (1998). *The destructive narcissistic pattern*. Westport, CT: Praeger.
- Kernberg, O. (1990). *Borderline and narcissistic conditions*. New York: Aronson

Group Therapy for Substance Abuse: Rolling Versus Closed Admissions

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From a clinical perspective, there can be little doubt that treating substance-abusing patients in a traditional individual-based counseling format (i.e., a single patient treated “one-on-one” by one therapist) has a number of advantageous characteristics that would support its use. However, despite the strengths of individual-based treatment, the use of one therapist to treat one patient during a given clinical hour has largely given way to group therapy as the modal treatment modality in community-based substance abuse treatment (Stinchfield, Owen, & Winters, 1994) and is used in nearly all substance abuse treatment programs in the U.S. (Price et al., 1991).

The most commonly used approach to sustain and replenish groups in community programs is through the use of open enrollment, otherwise known as “rolling” admission. Simply stated, new members may enter an ongoing therapy group at various predetermined times (e.g., after every 3rd session) while other members leave the group (due to graduation or, more likely, drop-out or involuntary treatment termination). However, the effects of a rolling admission process, with its interactive impacts on both the group as a whole and on the individual members, create unique analytic challenges (i.e., group membership changes gradually over time) to investigators who wish to appropriately model the interrelated changes of therapy groups and their participants.

Despite substantial anecdotal evidence suggesting that open enrollment groups are used frequently in substance abuse treatment in community settings, no *data*, to our knowledge, exist to characterize the prevalence of the use of group-delivered substance abuse treatment, particularly under open enrollment protocols. Thus, the purpose of the present investigation was to conduct a survey of outpatient treatment programs in the Northeast U.S. to determine (a) if administrators and treatment providers utilized group treatment in treatment planning, (b) for those programs that utilize groups, what admission strategy is used (i.e., rolling versus closed), and (c) the reasons for use of each strategy.

Method

A random sample of alcohol and drug abuse treatment programs was selected from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs. All outpatient programs in the Northeast U.S. that were described in the SAMHSA directory as treating adults were eligible for selection. Of the programs identified in the search, 100 programs were randomly selected for the survey. Of these, 91 (91%) programs reported that they provided group therapy to alcohol- or drug-dependent patients. From these 91 programs, 57 (63%) agreed to complete the telephone survey. One representative from each program was interviewed. Survey participants were either program executive directors ($n =$

16, 28%), clinical program directors ($n = 39$, 68%), or staff physicians ($n = 3$, 5%).

Results

Of these 57 participating programs, 54 (95%) reported that they used some form of group therapy. Of these, 70% described group therapy as the primary milieu in which they delivered treatment. Regarding group admission strategy (i.e., closed or open), 48 interviewees (84%) reported that most of their groups had rolling admission.

Discussion

To our knowledge, this is the first prospective evaluation of substance abuse treatment group admission strategies. As other investigators have noted, controlled clinical trials have a limited impact on clinical practice because they fail to test treatments that practitioners are willing (or able) to administer in mental health or substance abuse treatment (Barlow, Levitt, & Bufka, 1999; Wilson, 1998). Moreover, the presence of significant analytic problems has contributed to the lack of empirical research in this area (Morgan-Lopez & Fals-Stewart, 2006; Weiss, Jaffe, de Menil, & Cogley, 2004), though solutions are only beginning to emerge (Morgan-Lopez & Fals-Stewart, 2007, in press-a, in press-b). As a result, in an attempt to avoid this issue, many investigators have chosen to: (a) ignore the dependencies created by rolling treatment groups; (b) design studies that do not deliver group treatments; or (c) design studies that involve only ‘closed’ groups (i.e., groups are formed and retain the same members until they are completed). While each of these approaches avoids certain problems inherent in the use of rolling groups, they result in severe limitations in terms of ecological validity; simply stated, they make analysis easier, which is the primary reason people have used them. The latter is particularly problematic; many providers in community-based treatment programs often characterize efficacy trials as inconsequential because they study the effects of treatments they do not use. Given that group therapy with open enrollment is the primary treatment offered in most substance abuse outpatient treatment programs, this issue warrants further investigation in order to bridge the gap between treatment research and treatment-in-practice.

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Springsteen and Psychology: What's the Connection?

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A man is pulled to the darkness that exists somewhere out on the fringes of town, a woman sits in the desolation and disillusionment of her front porch, an adolescent keens about lost love and betrayal in the backstreets of town, a child searches for his dead mother out in the western scrubland—we have all been there, or someplace similar, and have sat with clients individually or in our groups who are there right now. That is the territory Bruce Springsteen's work inhabits a territory at once real and metaphorical. To know his music is to know something of great meaning and consequence about ourselves, our clients, and psychotherapy, and the journeys through life that human beings travel.

When asked to write a summary of our paper about the intersect of the work of Bruce Springsteen and contemporary psychology, “*Spirit In The Night*” to “*Mary's Place*”: *Loss, Death, and the Transformative Power of Relationships* (Mangione & Keady, 2007), we felt that we could talk *around* and *about* the paper better than we could summarize it. We are fortunate to have this opportunity to discuss why we wrote the paper and what it means to us.

In the paper we connect several strands in Springsteen's work, from his very early days until a year or so ago, to a psychological framework constructed of relational theories, existential psychology, and interpersonal group therapy. We see Springsteen's work as having a unique perspective to offer psychology in psychology's search to understand and help people better, and we see psychology as offering a structure to think about Springsteen's music. One does not “explain” the other; rather they complement each other.

It is Springsteen's focus on relationships—particularly deep, abiding ones—and the ways in which such relationships form the backbone of our selves and our lives that captured our attention. He addresses life in all its challenges, with the sorrows, suffering, and losses that one encounters—loss of family, friends, and lovers, but also loss of

meaning, dignity, faith, identity, dreams, health, trust, personhood. He may write about the wife of a fireman whose husband was killed on September 11th; or a soldier struggling with right, wrong, and God; a man who is imprisoned by anger and rage; or a woman who has had her dreams wrested from her. Springsteen is there, empathically connected, with each of them in the darkness of the night. But he doesn't stay mired in the despair and emptiness; instead he offers a way through it, to some type of meaning, transformation or salvation. That way usually involves profound connections with other people, often within a group of some sort. Much of the drama of his songs takes place within a dynamic group! His work, when viewed as a body, is suffused with hope and the dream of something better, the promise land as he often mentions. His well-known and oft-repeated image of the car and the road, the physical journey and the metaphorical journey, are critical here—life is a process, and the road is open, although we don't know where it will lead.

Springsteen addresses so much of what we, as psychologists and healers, address in our work with clients, patients, students, and supervisees, as well as in our own lives. If there were ever a relational, existential psychologist turned rock star, it is Bruce Springsteen, and we wanted to bring the two worlds of psychology and music together. Sometimes in the co-authors' fields, psychology and nursing, with all the emphasis on insurance dictates, outcomes, and a positivistic epistemology, it feels as if the basics of relationship, meaning, and connectedness can get lost. Turning to the arts is one response to reclaiming those parts of our humanity.

The artistic rendering of psychological, human processes may be critical to psychology and to the culture, because the serious artist can shed light on important issues for a society and individuals within that society. We see certain artists as having a sensitivity about life

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and people, and particularly about the sadder, more tragic, and painful aspects of life. Sometimes an artist can see what is happening in a culture, the tragic flaws of a people, and we think Springsteen has done that. On both cultural and individual levels, many of the important relationships and groups in our lives have been denigrated or eroded, and we can lose ourselves in that process. Springsteen's work reminds us of the primacy of such relationships and the process of making meaning of our lives and experiences.

Deep connections with others last even past death, as exemplified by the two songs in our title, and offer a way of framing death within a relational and spiritual context. This seems like a profoundly important idea for those of us in psychology, a discipline that sometimes eschews more spiritually oriented experiences and concepts. Springsteen follows the long honored folk tradition of the "train to heaven" image. The great train to the beyond is on the move, and we are all welcome, saints and sinners, for we go together, we go as a group.

And of course there is another reason why we wrote this article. We are fans, longstanding and abiding fans, and we have come away from each of many concerts (large group events in themselves!) moved, exhausted, exhilarated, changed, enlightened, and filled with layer upon layer, image upon image, of our lives, our losses, our joys, our communities, and our connections. We wrote this paper to give voice to all of that and to share the meaning-making that has helped us to create who we are and to sustain our relationships. For a more holistic understanding, we invite you into the world of Springsteen's music.

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Using Groups to Solve School-Based Mental Health Problems

Elaine Clanton-Harpine, PhD

On Friday, August 15th from 9:00 to 9:50, Division 49 will sponsor an interactive panel discussion at the APA Convention in Boston to explore how psychologists can become more involved in school-based mental health. This panel discussion will feature six of the top experts in group psychology who work in school-based settings: Janice L. De Lucia-Waack, PhD; George Gazda, EdD; Susana Helm, PhD; Arthur M. Horne, PhD; Maureen E. Kenny, PhD; and Michael Waldo, PhD.

School-based health centers became widespread in the early 70s as a means of trying to make healthcare accessible to all children and adolescents. In order to reduce behavior-related health problems, mental health treatment became one of the primary concerns of school health centers. In the early 90's, preventive interventions were added, and today prevention has become the principal objective in school-based mental health (Greenberg, Domitrovich, & Bumbarger, 2000).

The program emphasis in school-based mental health may include prevention-focused group interventions, group therapy for diagnosable mental health disorders, counseling and social skills training, psychoeducational groups, and organizational development and change. Our panelists represent each of these diverse program areas. The panel invites you to bring questions and problems and join them in an open forum discussion.

Our theme: A positive school experience can become a protective agent against at-risk factors. A negative, failing experience

can become a life-long sentence of failure, violence, and crime. Learning is directly linked to the young child's self-concept and mental well-being. There is a direct correlation among academic failure, dropping out of school, bullying behavior, poor employment, violence, and crime (Catalano, Mazza, Harachi, Abbott, Haggerty, & Fleming, 2003; Snowden, 2005; Twenge & Campbell, 2002). Group interventions dominate as an effective preventative technique in school-based mental health (Adelman & Taylor, 2006; Clanton Harpine, 2008). Research shows that communities that stress school-based mental health prevention programs have higher academic achievement, a lower drop-out rate, reduced absenteeism and truancy, and fewer behavior problems, including rejection, teasing, bullying, and fighting (Buhs, Ladd, & Herald, 2006; Greenberg et al., 2003). Prevention-focused activities create a healthy well-being and a climate of change. Group interventions are the major technique used in preventive mental health programs. Groups have also been described as being the most logical prevention-oriented intervention, as they offer the best ease of transference from the prevention program to real life (Kulic, Horne, and Dagley, 2004).

The success of a preventative group intervention is measured by the degree of change that results. This change must not take place only during the group intervention, but continue over time. For a school-based group intervention, this change must transfer back to the classroom (Duckworth, Peterson, Matthews, & Kelly, 2007).



Elaine Clanton-Harpine, PhD

We hope you will join us in Boston. We also invite you to join our School-Based Mental Health Group Intervention Committee. In Division 49, we have been working over the past year researching and investigating school-based needs. We welcome questions, problems, and new committee members. If you work in a school-based setting, we invite you to join us. We held our first conference in March. We also respond to questions sent to the Prevention Corner column. Graduate students are always encouraged to join our committee; attend the conference, and join a research team.

Our second School-Based Mental Health Conference will be held October 9th and 10th. In this hands-on conference, we fully utilize group process, working in both large and small group sessions. There is a Call for Papers for the conference, and if you work in a school-based setting, we hope you will consider submitting your research for consideration at the conference. For more registration information, contact clantonharpine@hotmail.com.

Dr. Elaine Clanton Harpine teaches at the University of South Carolina Aiken. She is continuing her research on group-centered interventions with at-risk children and is the author of Group Interventions in Schools: Promoting Mental Health for At-Risk Children and Youth. She may be reached at clantonharpine@hotmail.com.

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Innovations in the Group Home Design: Applying “Group-as-a-Whole” to a Fairweather Lodge

Diana Semmelhack, PsyD; Clive Hazell, PhD; and William Hoffman, PhD

Group homes were developed by mental health workers in the 1960s and 1970s as part of the deinstitutionalization movement. This movement involved the closing of public hospitals and the transfer of services for the mentally ill into the surrounding community, where they could be provided in “the least restrictive environment” (Bachrach, 1980). Group homes are typically small residential facilities located within a community. They are intended to simulate family life.

Unfortunately, the deinstitutionalization process fell short. According to the National Alliance on Mental Illness (M. L. Lowry, personal communication, February 15, 2008), of those individuals with a severe mental disorder only 40% receive needed treatment services on any given day. This results in homelessness, imprisonment, and violence. Forty-two of the fifty states have less than half the minimum number of beds needed to house the mentally ill. Many severely mentally ill individuals are forced to reside in long-term care facilities or nursing homes (highly restrictive environments), designed to provide care for people unable to care for themselves (National Center for Health Care Statistics, 1999). The population of mentally ill individuals residing in these facilities is growing. Many of these individuals are under the age of 65 and have few other housing options. The lack of housing and treatment for the mentally ill, in our view, is a national crisis.

In response to this crisis, we suggest that our application of the group-as-a-whole model to community living may (1) show a way to improve the effectiveness of the group home design, and (2) thereby support the creating of new group homes. We examine our approach as it affects two group home factors: group cohesiveness and the self-efficacy of group members.

A typical group home stresses maintenance and provides 24-hour supervision. There are few treatment options other than medication management. There is limited focus on developing group cohesion or self-efficacy through team building, vocational training or psychotherapy. Typical group homes offer residents few opportunities for exploring their need for positive relationships or the impact of isolation and depersonalization (due to mental illness) on their psychological well-being (Edelson, 1970).

Fairly recently, two U.S. organizations devoted to advocacy and housing for the mentally ill population (we shall leave them nameless) collaborated to bring about a Fairweather Lodge (the first of its kind in its state). The Fairweather Lodge group home model was developed by Dr. George Fairweather in 1963 in response to the deinstitutionalization movement. His is a psychosocial rehabilitation model, combining congregate living with collaborative employment. The model focuses on rehabilitation and the promotion of autonomy for lodge members (Fairweather, 1964, 1980). A “lodge” is an affordable dwelling whose members share running the home,

including domestic chores and the purchase and preparation of food. Unlike in most traditional group homes, lodge residents make their own house rules and manage their own activities. Moreover, they collaboratively design and run a small business. Such businesses may provide cleaning services, printing, furniture building, etc. The lodge model emphasizes part-time employment and lodge member interconnectedness. Unlike in traditional group homes where staff members provide 24 hour on site control over the day to day operations of the facility, lodge staff duties are limited to mentoring, advising, mediating and helping in emergencies. Lodge staff includes one lodge coordinator and one vocational trainer who remain on site during weekday hours only. A lodge thus costs much less to run than a typical group home. Research supports the effectiveness of the lodge model (Fakhoury et al., 2002).

This study explores the impact of a modified Fairweather Lodge model on the development of group cohesion and self-efficacy for 17 severely mentally ill clients in group homes. Our modification applies the group-as-a-whole perspective to a Fairweather Lodge. This perspective, rooted in the Tavistock tradition, focuses on the group-as-a-whole’s contribution to the group and to individuals’ actions. Limited research has explored the group-as-a-whole model’s promotion of a sense of cohesion or self-efficacy with severely mentally ill populations housed in community based settings (Hazell, 2005; Semmelhack, Hazell & Hoffman, 2008). Most work on the group-as-a-whole methodology includes qualitative descriptions of group process, and not empirical studies conducted with control groups. According to Kapur, Ramage & Walker (1986), since the 1960’s writers have deemphasized analytic group work (like Tavistock) with institutionalized populations. Writers have considered the analysis of transference issues and in-depth emotional material largely inappropriate and impractical. We have found outcomes to the contrary. Our group-as-a-whole research with severely mentally ill individuals residing in inpatient settings showed a significant decrease in anxiety and a trend toward decreased depression after thirty weeks of group-as-a-whole work, and a significant increase in cohesiveness after ten weeks (Semmelhack, Hazell, & Hoffman, 2008; Semmelhack, Hazell, Hoffman & Ende, 2008).

In the modified lodge model, staff interpretations of group behaviors take into account processes (anxiety, depression, etc.) operating outside the current awareness of the whole group, processes that might impede the task of rehabilitation. Staff interpretation teaches group members to become more sensitive to underlying group dynamics and one’s own role within them. A group-as-a-whole therapeutic perspective is fostered through (1) bi-weekly psychotherapy sessions and (2) a social psychological perspective maintained by staff that any given individual’s behavior is influenced by the whole group and not solely individual psychodynamics. The model involves some integration of psychodynamic theory. The exact nature of this theory is not prescribed, but one quite frequently finds elements of

traditional and object-relations theory in Tavistock consultations (Hazell, 2005).

We will briefly describe here some of the main features of the setting and participants of our study. The experimental group was located in a "Fairweather Lodge." The experimental and control groups were matched in terms of age, race, gender, insight into one's mental illness, intelligence, diagnosis, trauma history, commitment to work as a group and desire to integrate into the community. Control group members were engaged in traditional group home treatment, including participation in community meetings and medication management. With 24-hour staffing, residents' independent functioning appeared to be de-emphasized.

We measured cohesiveness using a modified version of the Group Attitude Scale (Evans & Jarvis, 1986). Group cohesiveness predicts successful outcomes in group therapy. The development of cohesiveness appears to have a curative effect (Yalom, 2005). Marmarosh et al. (2005) concur, finding that cohesiveness is a primary group factor, directly related to curative group factors such as 'collective self-esteem' (the self-esteem one gains by being a member of a group) and 'hope for the self' (similar to optimism). Our questionnaire consisted of a 20-item self-report study. The items on the instrument relate to several aspects of cohesiveness, including attractiveness, belongingness, task identity, popularity, and well being. They thus address the broadness of the concept of cohesiveness.

We measured self-efficacy using a modified version of the General Self-Efficacy Scale (GSE (Jerusalem & Schwarzer, 1992). The scale measured a general sense of perceived self-efficacy with the aim of predicting an individual's ability to effectively adapt to the stresses of daily living. The construct reflects one's belief that one can perform difficult tasks, or cope with adversity. The questionnaire consists of a ten item self-report study. The items on the instrument relate to several aspects of self-efficacy including one's belief in one's capacity to deal with problem solving, unexpected events, etc.

The results showed dramatic changes in cohesiveness and self-efficacy. Self-efficacy increased 45 % in the experimental group from baseline to 16 weeks. The group-as-a-whole setting produced a 35 % increase in cohesiveness from baseline to 16-weeks of treatment. In contrast, the control group showed no significant change in cohesiveness or self-efficacy over the 16 week period as determined by repeated measures analysis of variance.

Several potential weaknesses may have influenced our outcome including reactivity given the repeated measure design of this study and small sample size. Client mood may also have been influenced

by other events in clients' lives. Few options exist for the growing population of severely mentally ill clients in the United States. Those options available (typically traditional group homes) offer few treatments other than medication management. The mentally ill population suffers from intense depersonalization and isolation, which contributes to the experience of alienation and a limited sense of self-efficacy. The Fairweather Lodge model using a group-as-a-whole approach appears to have facilitated a safe context for increasing group cohesiveness and sense of self-efficacy. More research is needed to further support the effectiveness of this model.

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Valuable Group Therapy Measurement Tools

Liz Baker; Gary M. Burlingame, PhD; Jonathan Cox;
and Robert Gleave, PhD, Brigham Young University

At the upcoming APA Convention, information on valuable group therapy measurement tools will be presented which are designed to help group leaders select membership in their groups. Group therapy has long been recognized as an effective treatment modality in comparison to individual therapy and no therapy at all (Burlingame, MacKenzie, & Strauss, 2004; McRoberts, Burlingame, & Hoag, 1998; Fuhri-man & Burlingame, 1994; Toseland & Siporin, 1986; Tillitski, 1990).

In addition to effectiveness studies pointing to group therapy as a treatment of choice, the managed care environment, and the push to treat as many clients as possible with as few resources as possible, has led many clinicians to desire further training in therapeutic issues and techniques unique to the group modality. Many people have lamented the lack of training clinicians receive in running groups. This is not a new problem, and has been noted by the American Group Psychotherapy Association (AGPA). In 1982, AGPA created a task force to address this problem. The result is a document issued by AGPA entitled *The CORE-R*. This document succinctly summarizes many of the most relevant and critical issues clinicians should consider in preparing for and running groups of all kinds. The *CORE-R* also includes many references, useful handouts, and free or inexpensive measures that clinicians can use to prepare individuals more appropriately for group and run a group more effectively, and the document includes chapters on starting a group, assessing group-level processes, and tracking member outcomes. One of the aims of this task force was to select instruments that are supported in the literature and measure variables viewed as critical to understanding therapy groups. Selected measures are well-established and psychometrically sound, or show particular promise and are at an advanced stage of development. Thus, training clinicians in evidence-based group practices is the goal of this document.

Because of this goal, research on each of these instruments is ongoing. At the upcoming APA convention in Boston we will be presenting the results of current research studies of two of the promising measures included in the *CORE-R*. This research is an effort to increase clinicians' ability to manage group composition, thus enhancing the process and outcome experienced in groups. The projects test a measure titled the Group Selection Questionnaire (GSQ), a 19-item self-report measure, and compare its psychometric properties to that of the Group Therapy Questionnaire (GTQ-S; MacNair-Semands, 2000), another *CORE-R* measure. Previous studies with the GSQ have repeatedly demonstrated its ability to predict prior to beginning group, which members would experience positive and negative processes, attrition, and outcomes in the groups. By predicting group therapy outcomes, this questionnaire may aid clinicians in composing their groups in an effort to maximize benefits from treatment for all members. One of the present studies attempted to validate these promising results in a wider sample of counseling center students around the country.

The second study compares two selection measures, the Group Selection Questionnaire (GSQ; Davies and Burlingame, 2002; Cox et al.,

2004), a five minute self report instrument, and the Group Therapy Questionnaire (GTQ-S; MacNair-Semands, 2000), a 20–25 minute self report measure. Clients in a college counseling center were administered both of the questionnaires at intake and then followed throughout their course of treatment. Convergent and discriminant validity were assessed through a correlational analysis of subscale scores. The measures were also compared in their abilities to predict group and individual therapy outcome, as measured by the Outcome Questionnaire (OQ; Lambert et al., 1983).

Our hope is that these studies and the attending APA presentation will increase the knowledge and understanding of clinicians as they seek to create effective group climates, and increase the awareness in the therapeutic community of helpful tools such as the *CORE-R*, the GSQ, and the GTQ.

We look forward to seeing you in Boston.

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Listserv

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

Parenting Approaches for Challenging Kids (PACK)

Mary Cook, MD, and Jason Williams, PsyD

One of the most common referrals to child mental health professionals is for disruptive behaviors, with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) commonly seen. Parents of children with emotional and behavioral problems often feel inadequate and overwhelmed, as though they have somehow failed as parents. They feel guilty and ashamed, often having received feedback from teachers, extended family members and possibly healthcare providers that



Mary Cook, MD

they are, in fact, to blame for any problems experienced by their offspring. They might even feel desperate and often present to specialty clinics, eager for feedback and skills training, such that they may come to feel empowered to competently manage their own children and achieve some sense of mastery, as parents. Interventions seen to be helpful and commonly sought by parents include parent training and psychosocial skills building for children. At The Children's Hospital in Denver, Colorado, we have developed Parenting Approaches for

Challenging Kids, or PACK, a 10 module, evidence-based group psychotherapy program for families with children presenting with disruptive behaviors.

The PACK program was initially developed as part of an Intensive Outpatient Psychiatry (IOP) Program, designed to serve a hard to serve population. Specifically, it was established in response to a need for intervention for patients stepping down from a full-time, psychiatric day treatment program, who were not ready for routine outpatient care. Additionally, a significant number of patients who were referred from the community had failed other routine, outpatient interventions, necessitating a higher level of care, but not qualifying for full-time day treatment. The materials were also adopted for use in weekly groups for families with children with disruptive behaviors, who only required or qualified for less intensive treatment than IOP.

The program consists of 3 sessions weekly, including two, 90-minute workshops during which parents and their children were offered parent and psychosocial skills, training, respectively. Parents and children met separately, but concurrently. The workshops were facilitated by child psychiatrists, psychologists, clinical social workers and psychiatric nurses. A third weekly session included a 90-minute, Multi-Family Group (MFG). Entire families, including siblings and other family members, came together in the MFG to practice skills introduced in the two psychosocial skills building workshops that occurred earlier that week. Creative Arts Therapists facilitated the MFG, along with either a child psychiatrist or psychologist. The program materials are organized into 10 discrete modules, covering such topics as empathy, collaborative problem-solving, praise and behavior contracts, to name a few. Rolling admission was used to ensure maintenance of a steady census, optimize cost effectiveness and access to care, as well as utilization of staff resources.

In order to understand the effectiveness of the PACK program we collected outcome data from the families as they entered the program. Parents and children participating in the PACK completed the Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Scales) weekly to assess problem severity, hopefulness, level of functioning, and satisfaction with services. The Ohio Scales have demonstrated internal consistency (alphas range from .72 to .95) and test-retest reliability (range from .67 to .88). The scales were chosen because they were brief and easy to interpret. In addition, they were cost effective and good psychometric properties.

Approximately 200 families have participated in PACK IOP, since its inception in January 2006. The age range of participants was 8 to 18 with a mean age of 12.8. Sixty-five percent of the sample were male with 49% having a primary diagnosis of Mood Disorder, 31% Disruptive Behavior, 11% Anxiety Disorder, and 8% other diagnoses. Total number of visits ranged from 3 to 105 with a mean of 19.95 and a median of 16.

Composite scores for each of the subscales were computed in order to quantify change over the course of treatment. Analysis of parent composite subscales, problem severity, hopefulness, and satisfaction were significant when individual PACK visits were compared over time ($p < .0002$, $p < .007$, and $p < .0008$ respectively). When looking at parent ratings of those who had 15 or less PACK visits, problem severity, hopefulness, and satisfaction ($p < .0001$, $p < .0001$, and $p < .002$) remained significant with the functionality subscale score showing a trend ($p < .06$).

Additionally, analysis of the child ratings reflected significant improvement in the problem severity subscale ($p < .005$), when baseline were compared to endpoint scores. However, an interesting finding was that as the total number of visits increased, the child-rated satisfaction subscales significantly decreased ($p < .0003$). When scores for patients with 15 or less visits were analyzed, the child-rated satisfaction scores did not decrease. These findings, as well as the positive outcomes demonstrated after 15 sessions, suggest that the optimal course of treatment for PACK was 15 or fewer sessions. This has practical implications and aligns well with the typical 15 outpatient sessions initially authorized by most behavioral health insurances.

During this year's APA annual convention, we will be presenting The PACK IOP program. We will provide the audience with a new approach to dealing with a common clinical presentation. The symposium will consist of three presentations. The first will describe the interdisciplinary group intervention and will highlight the underlying model of intervention. The second presentation will describe the outcome data demonstrating the program effectiveness. And

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Jason Williams, PsyD

PACK

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the final presentation will be an interactive demonstration, during which three modules of the group will be highlighted, using audience participation. Three modules from the parenting workshops will be presented in an interactive and didactic format. The first module will provide an overview of the program's conceptual framework and review parenting goals, factors underlying disruptive behavior, the negative coercive cycle and the role of elevated arousal. The second module will focus on parental empathy and the third on parent-child communication. The presentation of the first module will follow a method of Socratic teaching. During the presentation of the second

and third modules, the workshop participants will be invited to take a multiple choice test, participate in a didactic discussion, as well as perform role plays intended to illustrate and experientially teach the skills introduced. These methods of teaching will replicate those employed in the actual group psychotherapy program. The participants will review their multiple choice tests together and identify instances of "empathy busters" and "communication busters." All attendees will be offered opportunities to participate in every aspect of the workshop. We welcome all Division 40 members to join us in this enlightening and interactive presentation.

Central Relationship Themes in Group Psychotherapy: A Social Relations Model Analysis of Transference

Rayna D. Markin, PhD
Villanova University

She showed up late to group again, stating that no one would notice if she wasn't there. We all noticed. He came to every group session but never revealed anything personal, stating that others would put down whatever he had to say anyway. The group told him that they could relate to his fear. She said that eventually the other members would have enough of her and leave. When one member left the group, the other members pointed out that they were still there. These are some of my experiences, while leading therapy groups, that led me to wonder, *what or who do group members see when they look at each other?* Does she see her neglectful father or emotionally unavailable mother? Does he see his stronger, smarter, and more popular older brother? As a trainee, my group therapy patients taught me that pain, if nothing else, is persistent. Even when it "belongs" in our past, some pain is very much present in the ways that we perceive and relate to one another. Following my group therapy training experiences, the goal of my dissertation was to empirically study the extent to which transference influences the relational themes between group members.

Sullivan (1953) wrote that a major goal of psychotherapy is to help clients develop interpersonal relationships that are both gratifying and distortion free. Similarly, a primary task of many group therapies is to help members develop relationships that are based on reality rather than on fantasy and fiction (Yalom, 1995). Transference is one source of unrealistic perceptions in relationships and has been defined as, "the client's experience of the therapist that is shaped by the client's own psychological structures and past and involves displacement, onto the therapist, of feelings, attitudes, and behaviors belonging rightfully in earlier relationships" (Gelso & Hayes, 1998, p. 51). Group therapy experts have proposed that transference is an important component of not only the member-leader relationship, but also of members' experiences of one another (Corey & Corey, 2002; Yalom, 1995).



Rayna D. Markin, PhD

The Core Conflictual Relationship Theme (CCRT; Luborsky, 1977) has been used as a measure of transference and is defined as the core relationship pattern, script, or schema that each person follows when engaging in relationships (Luborsky & Crits-Christoph, 1990). It is comprised of three categories: a client's wish or need (W), how a client perceives others to respond to this wish or need (RO), and how the client then responds to his or her perception of the other person's response (RS) (Luborsky et al., 1990). Researchers have found compelling evidence for the parallel between the CCRT and Freud's (1912/1966) theory of transference (Luborsky & Barber, 1994; Luborsky et al., 1990; Luborsky & Crits-Christoph, 1998; Luborsky, Mellon, et al., 1985). One's characteristic wishes, responses of others, and responses of self are sometimes referred to as central relationship themes (CRTs; Barber, Foltz, & Weinryb, 1998).

Studying transference in groups, however, turned out to be a more daunting task than I first expected. Since transference, by definition, is a distortion, researchers are left with the task of creating a system to judge which client perceptions are real and which are not (Mallinckrodt, 1996; Mallinckrodt & Chen, 2004). Gelso, Hill, and Kivlighan (1991) also point to difficulties in observing a construct that involves client unconscious processes, internal states, and defensive distortions, all of which do not easily lend transference assessment to self-report measures or outside raters. Additionally, measuring any interpersonal perception variable in groups comes with its own set of hurdles. In this case, using conventional statistics would most likely violate the assumption of independence rule; for example, Bill's perception of Cathy will probably influence Cathy's perception of Bill. To circumvent some of these difficulties, Mallinckrodt et al. 2004 explored a method of transference assessment based on group member ratings, using the Social Relations Model (SRM; Kenny, 1988). The SRM accounts for dependency in groups and the different levels of analysis that naturally exist in a group.

In a SRM study, perceiver, target, relationship, group effects and error define the various levels and sources of variance at play. For example, in a hypothetical group, suppose Bill (the perceiver) indicates that Cathy (the target) is extremely controlling of him. This may be because Bill feels controlled by everyone (*perceiver effect*), or perhaps because everyone feels controlled by Cathy (*target effect*). Alternatively, Bill might feel more controlled by Cathy than by most people and more than most people feel controlled by Cathy (*relationship effect*). Perhaps Bill and Cathy's group is going through a developmental stage wherein members compete for control of the group, resulting in a group norm to be controlling. Lastly, perhaps Cathy is having a bad day and taking it out on Bill (*error*).

The primary goal of this study was to expand upon Mallinckrodt et al.'s work, using the SRM to assess transference in "real-life," long-term, general therapy groups. We explored the possibility of using the SRM perceiver and/or relationship variances as a proxy for transference in member-member relationships. We also suggest that a lack of *consensus*, or minimal target variance, may be indicative of the distortion element of transference. A secondary goal of this paper was to explore transference as a mechanism, or process, through which the social microcosm of the group is created. In other words, members may express the same central relational theme(s) with others within the group as with a romantic partner outside of the group.

The participants in this study were 55 group members drawn from 11 weekly therapy groups ($ns = 3, 3, 4, 4, 5, 5, 5, 6, 6, 7$, and 7). These groups were long-term groups, running for an average of 4.2 years. Mean participation time greatly varied ($M = 3.9$ years, $SD = 5.63$ years, range = 1 to 20 years) at the time of data collection. The length of time a member was in a group did not significantly relate to any of the perceiver or target effects. Groups were offered in private practices. Eighteen of the group members were men and 37 were female (M age = 34 years, $SD = 15$). The sample was primarily Caucasian. Group members in our sample indicated that they were currently in mostly long-term romantic relationships ($M = 7.2$ years, $SD = 8.3$).

The Central Relationship Questionnaire (CRQ; Barber, Foltz, and Weinyrb, 1998) was used to assess group member CRTs with a romantic partner. It is a self-report instrument based on the CCRT method. Factor analyses identified seven wish factors, 7 responses of others factors, and 8 responses of self factors.¹ To measure group member CRTs with each other, the CRQ was modified into what is called a round robin design in the SRM, where every group member rates every other group member on some variable. In our study, every participating group member rated every other member on 19 Central Relationship Questionnaire wish, response of other, and response of self factors.

Kenny's (1993) computer program WINSOREMO was used for all data analyses. Please see Table 1 for a summary of the results. As hypothesized, overall, perceiver variance was significant, accounting for, on average, 50% of the total variance. Also as hypothesized, minimal target variance was found, accounting for, on average, 7% of the total variance. Unfortunately, we could not separate relationship variance from error for statistical reasons. Relationship

plus error variance accounted for 42% of the variance. Lastly, we hypothesized that group members would report the same CRT(s) with a romantic partner as with other group members. Contrary to expectation, none of these correlations were significant.

The results suggest that CRTs are largely explained by individual differences related to the perceiver and by the unique relationship (plus error). In this study, significant perceiver variance suggests that CRTs are largely influenced by the eye of the beholder. We argue that perceiver variance in CRTs reflects the degree to which transference is the lens through which the beholder perceives. Transference is considered to be a process wherein new people are assimilated into pre-existing relationship templates, causing different people to look similarly to the perceiver. In the SRM, this is captured by perceiver variance.

There is a debate in the field as to whether transference is influenced by internal characteristics to the perceiver, or, alternatively, if it is a function of both the client's internal framework and the unique contributions of both persons (Stolorow & Lachmann, 1984). The former is more consistent with a classical perspective of transference and the latter with an intersubjective vantage point. The significant perceiver variances found in this study suggest that transference is, to a large extent, influenced by one's unique relationship template or framework. At the same time, transference may also be influenced by the unique relationship; however, we could not isolate the relationship variance so could not begin to answer this question. The significant perceiver variances are consistent with past studies that have found that group members perceive the same target (i.e., group member, group as a whole, and/or group leaders) differently from one another as a function of some internal factor or individual difference variable (Kivlighan et al., 1992/1994; Mallinckrodt et al., 2004).

The mostly insignificant target variances (indicating a lack of consensus or agreement) found in the current study tentatively serves as an indicator of the distortion element of transference. Mallinckrodt (1996) writes that the most daunting task of transference measurement is developing objective and empirical procedures for assessing which client perceptions are distorted and, on the other hand, which are real. One index of "reality" is agreement between raters. In a round robin assessment, group members serve as raters of every other group member. While agreement does not necessarily mean that the ratings are valid, or "right," it does indicate that the ratings are not purely idiosyncratic constructions of a particular member/rater (Kenny & La Voie, 1984).

Interventions in group therapy often focus on what are presumed to be generalized maladaptive relationship patterns that members reenact with one another in the "here and now." The logic behind such interventions is that if group members replicate and then learn from their maladaptive relationship patterns within the group, then they may begin to change these harmful patterns in relationships outside of the group (Yalom, 1995). The results lend some support for such interventions, as the significant and substantial perceiver variances suggest that group members perceive and interact with each other largely based on internal factors.

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Central Relationship Themes...

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Lastly, the nonsignificant correlations between member-member CRTs and member-romantic partner CRTs are surprising given that such a parallel is central to the social microcosm theory. Perhaps this was due to differences in the rated objects, i.e., romantic partner vs. multiple group members. The notion that different objects, or persons, “pull” for different transference themes from the same person is consistent with the intersubjective perspective of transference.

What I learned from this study, what I hope the reader will take away, is that transference is, ironically, very real in group therapies. Transference influences what members need from other members, how they perceive and respond to them, and, it may or may not look identical in outside therapy relationships. While the primary strength of this study was the use of the SRM, the primary limitation was a lack of outside criterion measures. Future studies should correlate perceiver and relationship variances in CRTs with other measures of transference and target variance in CRTs with other measures of accuracy.

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Table 1

Relative Variance Partitioning, for Group Members' Ws, ROs, and RSs with other Group Members

Dyadic (W, RO, or RO)	M	Perceiver	Target	Estimated Perceiver-Target Ratio	Relationship-Error
Support (W)	4.07	.27*	.16*	3:2	.56
Independence (W)	2.66	.64*	.00	—	.36
Conflict (W)	1.50	.46*	.00	—	.54
Trust (W)	4.33	.45*	.06*	5:1	.49
Recognition (W)	3.92	.29*	.11*	3:1	.59
Not to be Abandoned (W)	3.53	.64*	.06*	6:1	.30
Hurt me (RO)	1.45	.38	.19	2:1	.43
Love Me (RO)	3.11	.59*	.05	6:1	.36
Out of Control (RO)	1.36	.58*	.09	6:1	.34
Is Independent (RO)	3.16	.55*	.14*	6:1	.31
Controls Me (RO)	1.35	.17	.02	10:1	.81
Is Anxious (RO)	2.31	.37*	.12*	4:1	.51
Feel Valued (RS)	3.95	.63*	.06*	6:1	.31
Care for Other (RS)	4.11	.52*	.07	5:1	.41
Feel Anxious (RS)	2.23	.49*	.07*	5:1	.44
Feel Disliked (RS)	1.47	.46*	.15	5:2	.39
Avoid Conflict (RS)	2.68	.74*	.00	—	.26
Am Independent (RS)	3.41	.70*	.01	—	.29
Am Domineering (RS)	1.36	.65*	.11	7:1	.24
M	2.7	.50	.07	—	.42

Note. The values in the Relationship-Error column represent the variance accounted for by the relationship effects combined with the error variance. Results are based on group size of 6.55. N=11 groups. *p < .05.

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The wish factors included: to be supported, to be independent, to be recognized, to be in conflict, to be trusted, to be sexual, and not to be abandoned. The responses of others factors included: hurts me, loves me, is independent, controls me, is out of control, is anxious, and is sexual. The responses of self factors included: feel valued, care for others, feel anxious, feel disliked, avoid conflict, am independent, am sexual, am domineering.

Book Review

Group Psychotherapy With Children and Adolescents: Theory, Research, and Practice

Author: Zipora Shechtman, PhD

Published by Lawrence Erlbaum Associates, Mahwah, New Jersey, 2007

Reviewer: Arthur M. Horne, PhD

First, a disclaimer: I have followed the work of Zipora Shechtman for almost two decades and have been an eager and enthusiastic fan of work for the entire time. Dr. Shechtman is one of the world's leading scholars on group interventions and research with children and adolescents, and her work has consistently demonstrated excellence in research design and evaluation as well as cutting edge methods for intervention and program development. In short, she has a rich background for exceptionally good therapy research and intervention.

Dr. Shechtman brings her rich background to the enormous task of providing readers with an easily understood text that could serve as an introductory book on group counseling and therapy, and that summarizes the wide ranging research and scholarly knowledge related to behaviorally and emotionally dysfunctional children and adolescents, and delivers the entire package in a way that is optimistic and encouraging. In short, this is an excellent book.

Group Counseling and Psychotherapy With Children and Adolescents: Theory, Research, and Practice begins with a rationale for using group approaches with children and adolescents, and in the process provides the reader with an extensive literature review that leads to understanding of theories of group work and identifies the therapeutic factors of groups as applied to children and adolescents. The substantial research base supporting group interventions is carefully evaluated and examined and leads to the summarization

that group work is often—most often—the intervention of choice for children and adolescents experiencing emotional and behavioral problems. A number of scholars in group work have argued against the use of group approaches for children with oppositional or conduct problems, but Shechtman carefully examines the literature and demonstrates that the difficulties experienced with group approaches is more reflective of the skills and abilities of the interventionists than it is a problem with the group approach. Indeed, when therapists implement their interventions with the level of skill and expertise that Shechtman describes in the practice section, Part Two, then it is clear that the intervention of choice for both efficiency and effectiveness should be group work.

The primary group intervention model currently in vogue in therapy is a cognitive behavioral approach. Shechtman examines the theoretical aspects of effective group treatment and identifies, instead, a more encompassing and complete therapeutic model, one that she refers to as a “transtheoretical model” that is comprised of three complementary components of therapeutic intervention: an expressive-supportive modality, an integrative model of change, and an action component that incorporates the supportive and change processes for therapeutic change. The explanation of the proposed model, as well as respected scholarship demonstrating the theoretical and empirical underpinnings of the approach is engaging and fulfilling.

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Book Review

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The second part of the book provides readers with seven individual chapters on the clinical issues involved in providing group therapy to children and adolescents, including chapters on leadership styles, methods of conducting group activities, details on establishing and forming a group, methods for conducting the various stages of groups from beginning to termination. Each chapter includes an excellent literature review documenting the value of the specific clinical skills involved, describes the various steps and activities necessary for each stage of treatment, and then provides examples and vignettes that help the reader understand the process in greater detail.

Part Three of the book addresses accountability and processes for conducting groups with specific groups of children. In this section Shechtman describes in detail appropriate group interventions and activities for children with learning disabilities, children of divorce, lonely children, and children and adolescents experiencing aggression and violence problems. The chapters serve as a “leader’s manual” for each of the categories of child behavior problem and guides the reader through the process in a supportive, encouraging, and professional manner.

Shechtman’s work has occurred in several countries with children from a variety of nationalities and ethnic backgrounds. She understands the impact of culture and diversity on behavior and how different cultural standards may define behaviors very differently. She guides the reader into a culturally sensitive and appreciative manner such that the reader becomes adept at understanding the essential demand of formulating treatment to be consistent with and responsive to ethnic and cultural mores that could result in less than effective treatment.

Shechtman concludes her books with recommendations for all practitioners and academics to become more diligent in their work to make certain they are applying their work with fidelity, are appropriate in their selections of intervention processes, and are culturally sensitive in their work. She also expects all group practitioners to

be sensitive to the importance of evaluating the work that is being done—it is only through careful consideration and evaluation of our work that the process can become more refined and dynamic; it is a responsibility of all group workers to evaluate their work and strive for improving the process.

The book concludes with several appendices that are excellent. The first illustrates methods of applying group processes with exceptional population, and Shechtman guides the reader through the intricacies of effective group therapy given the special needs and considerations of the children and adolescents being treated. The second appendix gives specific activities that have been demonstrated to be exceptionally helpful with children and adolescents, and Shechtman describes them in sufficient detail that the reader will be able to easily apply them in group treatments. The third appendix details research and evaluation methods that academics, practitioners, and students may use to carefully evaluate the impact of the interventions being implemented.

Shechtman’s book is an excellent text and provides readers with a book that is very needed in the field of group psychology and group psychotherapy. There has never been an adequate text that addresses the problems that exist for group work for children and adolescents, and Dr. Shechtman is uniquely qualified to bring to the group literature an excellent book. Dr. Shechtman has extensive experience conducting group therapy research with children and adolescents; she has demonstrated extensive knowledge of the field and of the processes for delivering the work. Few people have had the depth of understanding of theory and the extensive experience of clinical applications with children and adolescents that Dr. Shechtman has experienced. I have personally read her research for two decades and have always been impressed with the quality of her work; her papers are standard reading in my graduate level group classes. This book is an excellent “pulling together” of her extensive work in a single text that will be of enormous benefit to students, academics, and practitioners.

Join GroupBuz!

Division 49 maintains two different email lists for communication with members. One (Div49@lists.apa.org) is a fully moderated list; all posting must be approved by a moderator, so this list is used primarily for announcements. If you are member of Division 49, you should already be subscribed to the announcement list.

GroupBuz (GroupBuz@lists.apa.org) is the other list; it is for informal discussions and conversations. That list accepts posts and

replies from any members and posts them immediately, so people can exchange information easily. It is intended to be a place where people can get information about from research, references, internship sites, share ideas and information, and get feedback. To join this list, please visit the APA listserv management page, <http://lists.apa.org/>, or email Don Forsyth at dforsyth@richmond.edu.

Remember to heed APA’s rules about email discussions when using these services (e.g., no endorsement of political candidates, etc.).

Student Section

Lofty Goals

Leann J. Terry (Doctoral Candidate)



Leann J. Terry

As the above title implies, the Student Committee of Division 49 dreams big! On April 19th, members of the student committee gathered in Cincinnati for a meeting. Following discussion with the whole committee electronically, the result was a document outlining a mission statement and subsequent goals and opportunities for the student affiliates of Division 49. The document provides ambitious, but specific, goals for how to achieve each of the key terms in the mission statement.

The mission statement currently reads as:

Being a student affiliate of Division 49 can provide entrance and participation within a diverse and positive organizational culture that provides opportunities for networking, mentoring, organizational participation and service. These activities foster the advancement of group work through personal and professional identity development in the areas of practice, research and writing, and teaching in group psychology and group psychotherapy.

Visually, the mission statement is depicted in the figure below.

The document outlined opportunities for networking—for example, student to student interactions (e.g., Facebook, APA hospitality suite interactions), student to professional (e.g. conference attendance or presentation, social events), and student to organizations (e.g., collaborating with the Association for Specialists in Group Work or the American Group Psychotherapy Association). Opportunities for organizational participation include contributing to *The Group Psychologist*, being a regional representative, or attending Division 49 board meetings. Ideas

for mentoring include participating in an emerging leader's workshop or creating a research mentoring program for students to pair up with reviewers for *Group Dynamics* to learn the art of writing reviews.

There are also numerous ways students could be helped to enhance their research and writing, such as an online listing of assessments and instruments used in group research or highlighting research teams focusing on group psychology or group psychotherapy. Ideas for enhancing students' practice included hands-on interactions with groups in the community at each APA convention or informal discussion of clinical issues on GroupBuz. Finally, a few of the ideas for enriching teaching included online publishing of tips for using groups in the classroom or making available for download lectures on how group work principles can help psychologists address societal problems.

The document is a work in progress and will be modified with subsequent committee work and feedback. However, it is still too lengthy to do it justice in this short column, so for a copy of the full document, please email me (ljerry@indiana.edu). The committee would welcome feedback on this document.

Overall, the document provides many ways for students to be enriched through their participation in the division. The student committee is working to implement a multi-year plan to achieve these goals. The first priority of the committee is to focus on basic elements of networking, organizational participation, and mentoring. In that vein, I would like to strongly encourage students who will be at this year's convention in Boston to attend the many events sponsored by Division 49. There is a wealth of knowledge and wisdom being shared at these events from which students can benefit greatly.

I would especially like to highlight the symposium on Friday afternoon "Preparing for Internship: What You Need to Know About Group Psychology" from 2:00–3:50 p.m., followed by "Mentoring—A Meeting Place for Group Psychologists" from 4:00–5:50 p.m. Finally, I would love to chat with students at the division social hour on Saturday from 6:00–9:00 p.m. I'm looking forward to meeting fellow students at APA! Hope to see you there!

Signing off for now...LJT

Leann J. Terry is in her 6th year in the counseling psychology program at Indiana University (IU). She will be starting internship at Penn State's Counseling and Psychological Services in August 2008. At IU she works with Dr. Rex Stockton. Their work together included the creation of a new program, International Counseling, Advocacy, Research, and Education (I-CARE) as a way to address the needs created by the HIV/AIDS epidemic in sub-Saharan Africa. Leann's other academic interests include therapists' characteristics and the influences on group counseling processes, sample size planning for accurate parameter estimates, and group interactions in therapeutic recreation.



Prevention Corner

Elaine Clanton Harpine, PhD



Elaine Clanton-Harpine, PhD

Group interventions, prevention, and school-based mental health are frequently used terms in school settings. Yet, as we learned on the opening day of our recent *Group Interventions in School-Based Mental Health Conference*, co-sponsored by Division 49 and the University of South Carolina Aiken, experts disagree as to what these terms mean. Therefore, this will be part one of a two-part answer to a question that was asked at the conference. This column focuses on defining terminology. Part two will offer four examples of how groups can foster school-based mental health.

EDITORIAL QUESTION POSED:

Dear Prevention Corner:

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

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

*Signed,
Excited to be Learning about Groups*

RESPONSE:

Dear Excited to be Learning about Groups,

As school-based mental health becomes a more commonly used term, more and more people are asking, just as you did: Exactly what is school-based mental health?

The term school-based mental health can encompass a range of services. There are three primary foci: (1) organizational—working to change the organizational structure of schools and the community surrounding the school, (2) comprehensive—combining physical health and mental health, and (3) direct child services—including both treatment and prevention. The term school-based mental health is also being used to refer to after-school programs and community-based programs offered to school children.

Organizational: For some, the primary emphasis in school-based mental health is on changing the school environment, the community surrounding the school, and the overall structure through which children are educated. An organizational focus may work mostly

through committees, community groups, or through a school-wide emphasis.

Comprehensive: Some schools, especially inner-city and rural schools, are developing complete health centers that include a full-time nurse, possibly even a visiting doctor, a psychologist, one or two counselors, or even a social worker. No, most programs are not so complete, but the trend is growing. Most school programs consist of one or two counselors and maybe a (shared) school psychologist. Don't despair. Even a single school counselor, working alone, can develop a very effective group program.

Direct Child Services: School-based mental health groups working directly with children may use a psychoeducational, counseling, problem solving, or prevention-based group format. Before deciding which group format would be best, you must identify the needs of your students. School-based mental health groups may include concerns over divorce, drugs and alcohol, trauma, or even eating disorders. School-based mental health groups may also stress prevention. As a matter of fact, one of the fastest growing areas in school-based mental health is prevention programming. One of the most common prevention groups is bullying and school violence. School-based mental health groups are also very concerned with preventing academic failure. One area receiving particular attention in school-based mental health is the link between academic failure and school violence. Research supports the belief that if we can reduce academic failure early in a child's school career, then we may reduce bullying, violence, and drug and alcohol abuse. The key element in school-based mental health groups is transference back to the classroom. School-based mental health groups support and help facilitate classroom learning.

Sometimes getting started with groups can seem confusing because each group is very different. And unfortunately as you mentioned, many graduate programs do not include instruction in group process, and there are also graduate programs that include a single course in groups and consider that sufficient. One of the reasons that we offer conferences through the group division is so that we might provide additional hands-on training in groups.

Our next conference will be this fall, October 9 and 10 at the University of South Carolina Aiken. I hope you will be able to join us again. We invite you to bring a problem or concern from your school. We will work in small groups to help you develop a group format that you can take home and implement in your school. To register for the conference, contact me at clantonharpine@hotmail.com.

In our next column, part two of our response will feature four group examples illustrating how groups and can be used in the schools to solve school-based mental health problems. Thanks for asking such a great question.

Elaine Clanton Harpine, PhD
University of South Carolina Aiken

Consultation Corner

Scott Conkright, PsyD

The Group Psychologist is currently in a phase of transition. I am taking over the editorship of this column from Jennifer Harp, who will be putting her energies elsewhere. Allan Elfant is stepping from being editor of this newsletter. So first and foremost, a heartfelt thanks to you to both of you for your thoughtful and creative editorship and best wishes to you on whatever journeys you may end up on.

Transitions usually entail both losses and gains, and it is with this in mind that I bring to you a scenario that is frequently difficult for groups: a member leaving.

Whether in our personal lives or in the clinical lives of our groups, endings are rarely smooth. An array of forgotten losses can be reactivated and old needs and buried hurts brought to the surface. There is no easy way to negotiate impending losses, as they are inherently about conflict—our wish to keep with us those important people whose lives must go on in different directions, by their own intentions or by death or illness, or to keep those valued possessions or attributes which inevitably change or disappear, such as one's looks or one's health. Conversations, both with our selves, as well as with others, are difficult to sustain in regard to such matters. They simply hurt too much.

A paradoxical task confronts the group leader: to make the group safe enough for these painful dialogs to occur while also encouraging group members to enter into territory that feels threatening and insecure. This requires paying close attention to the emotional nuance of the group as a whole, noting expected areas of resistance, and providing the "just right" push to so that members can enter, however timidly, into domains that feel frightening and, thus, avoided. The hope in doing this, of course, is that the group will work through real and imagined losses of both the here-and-now as well as the then-and-there, and transform these into grieved, but tolerable narratives. A heartbreaking story that you can cry about is preferable to the story that one imagines so horrible as to be unreadable. Much of the therapist work is convincing patients that these stories are, in fact, worth "reading."

Loss can also be, of course, a source of growth and healthy challenge. It is often a critical transition point, even if not acknowledgeable in the moment. The revisiting of old losses often takes place in ways outside of our awareness and the group can be a powerful means of playing out, and of making real, unconscious affects and relational patterns.

One of the long-term men's groups that I have been running for several years has, over the years, taken on the feeling of almost being a "drop in" group. Despite my attention to group selection, as well as getting frequent supervision regarding the dynamics of this particular group, members tended to come and go with much higher frequency in this group than my other ones. There are four

members who have remained as steady members, but the other four openings, again for reasons not entirely known, tend to stay for only four to six months. The high drop-out rate is openly discussed, and a fair amount of meaningful and productive work has been done by group members around these losses, especially as they activate memories and feelings related to the emotional instability of their early childhoods.



Scott Conkright, PsyD

Though certainly an issue to look at, my concern here not so much the frequent short-term-ness of some of the group members, but to focus on a set of particular events which I think illustrates the difficulty of acknowledging loss, but that also brings into focus a particular kind of boundary issues that I have read little about in the literature.

For several months the group met consistently and with nearly full attendance each week, and from this a productive cohesiveness followed which allowed the group to take more risks and to share more openly about their troubled lives, especially regarding their failed intimate relationships. The sessions felt particularly warm, connected, and productive, which was long desired by all of us after so many months of group instability and disconnection. This changed when one of the group members began talking about his having to leave the group due to financial problems. To the feelings of warmth and connection a sense of worry, if not panic, was added. A spell had been broken.

There was every reason to believe that Jack (the name I am giving him) was telling the truth. Both his business and personal assets were in bankruptcy, and his home had just been seized by the bank. A once prosperous and enterprising businessman, Jack was now working at a low hourly wage for a former competitor. His distress and his shame were clearly visible. The group was very saddened for him as well as concerned. The prospect of his having to leave group, especially at a time when he very much needed it, deeply troubled several group members, and a couple of others felt that it was particularly unjust.

One group member, who I will call Bill, suggested that since it was clear that I wouldn't let Jack stay in the group for free, that perhaps the group members could take turns paying for Jack's fee. There was initial enthusiasm about this until I encouraged further explorations of both the possible consequences and potential meanings of this gesture. Ultimately, the group decided that it was not feasible. The next week Jack gave his notice and after another three weeks he left the group.

What I am asking of the two respondents is that they comment on what they consider to be the important factors in this scenario (and admittedly much has been left out due to space constraints) and what they believe would be guiding principals in handling it.

(Continued on page 32)

Consultation Corner

(Continued from p. 31)

First Respondent: Bob Schulte, MSW



Bob Schulte, MSW

I have a great affection for men's groups, having begun my career leading domestic violence therapy groups for U.S. Air Force. I came to appreciate the idiosyncratic style of men's efforts to navigate emotional waters, especially vulnerability and loss. I am grateful to colleagues like Dr. Conkright who have the skill, courage and grit to include a men's group in their practices. I feel privileged to have a window into this group's life.

For me the salient factors in this compelling group story begin with the backdrop of an open ended therapy group where the leader, structurally speaking, is always the last to go, a current of ambivalent feelings of longing for and rivalry towards the leader and the topography of uncharted vulnerability in each man's history. I see in the foreground a subjective sense of impotent personal failure and betrayal in not being able to help Jack remain in the group-complicated grief. A guiding principle that I would use to understand and respond to this situation is that of the anti-group, a concept introduced by Nitsun (1996) to comprehend latent and manifest destructive dynamics of groups and to counterbalance the view of inevitable developmental success in therapy groups.

My associative mind first led me to recall the television mini-series *Shogun*, based on the novel by James Clavell, in which 17th century English navigator John Blackthorne becomes both a "player and pawn" in a struggle between two powerful warlords vying for the title of *Shogun* (leader). Stranded when his vessel is wrecked on the coastal

shores of feudal Japan, Blackthorne valiantly seeks to make quick repair and return to sea. Delays ensue, and after a failed assassination attempt Blackstone opines to his Japanese lover, "Sad isn't it? Not being able to trust anyone." She replies, "It is not sad, Anjin-san. It is just one of life's most important rules."

As I pondered the meaning of this elaborated association, I came to wonder, 'what are the organizing principles regarding trust and mistrust in this group'? Is there a functional dialectical relationship or are they opposing forces? Can mistrust be trusted? Fast forwarding, I thought, "what lay ahead for Dr. Conkright-our Captain Blackthorne for the moment-his men and their group vessel as they contend with possible damage done to the basic trust that has seemingly buoyed them in recent months?" Some Lacanian-inspired dialogue from a word play I imagined, titled "Player and Pawn," might provide some clues:

Jack: I'm drowning in a sea of debt. Help!!

Bill: We'll save you!

Leader: No. Jack, I'm sorry. Off the boat!

Bill: Jack, off? No!

Leader: Bill, Jack has too many bills.

Bill: No, he doesn't have enough bills!

Stage direction: The men pool their bills for Jack.

Leader: Your bills won't help.

Bill: Your bills will?

Leader: Hmm. Well .

Group: (Silence)

Leader: (to all) What's the silence about, do you think?

Bill: (Hesitatingly) They're ah-pissed.

Leader: Therapist?

Bill: No! They're ah-pissed!!

Leader: No therapist? What are you trying to say, Bill?

Bill: (Men wander off) Oh, Great. (to Leader)

They're a-pissed!!

Leader: Oh great therapist? Are you mocking me?

Bill: Jack off! They're ah-pissed!

Leader: Jack off, therapist?

Bill: (Cries out). This is so jacked up. Maybe we do have too many B/bills. I'm out of here.

To me the loss of Jack to the group feels traumatic. More than just a "heart-breaking" loss that will generate tears in the telling, this felt like a trauma that may be more difficult because of dissociative processes. I wonder about the anger and rage that members may "harbor" towards the leader and each other for their respective roles in Jack's departure. What mutinous or AWOL impulses have been activated? What role do misunderstandings have in generating anti- group dynamics and stifling the creative responses that might neutralize them? As in "Player and Pawn," the slightest shift in emphasis can make quite a difference in how one understand another's anger and pain.

As I reflected on this group's described evolution to 'drop in' status, I found myself associating to a riptide as a metaphor for the anti-group forces that may have come into destructive play well before this crisis. Riptide is actually a misnomer. More accurately, it's a rip current-water forced sideways as a stress reaction to incoming waves that prematurely break-or 'drop in'-a gap or significant depression in the ocean floor. This forces the back churning water out to the sides, finding eventual relief only by returning back to the beckoning sea. This "anti-current" creates unusually calm, deceptively safe appearing waters near the boundary of the shore. In this men's group, where is the 'gap' that may be forcing new members "out to the sides" (marginalized) and back out the door? In successfully navigating a rip current situation, a swimmer paddles parallel to the shore until the end is reached and thereby gaining a naturally occurring access to shore, often aided by a savvy lifeguard who verbally instructs while resisting the urge to plunge in to rescue, following along until disaster is eventually averted.

Translating this particular strategy to the group enterprise might mean helping the men recognize parallel processes, following along empathically with interpretive commentary and empathic verbal reassurance that they'll make it through this episode and again make the connections with one another that signal emotional vitality and safety. The reestablishment of some dialectical tension between trust and mistrust might allow this group to prevail. Nitsun would remind us that group survival and therapeutic success are not a certainty. A long-term group's odyssey can come to an end by the cumulative effects of subjectively experienced traumatic loss.

While we have the theories, techniques and skill for handling the material, the outcomes are not guaranteed. And yet, the acknowledgment of destructive forces and their impact continues to be one of our most powerful therapeutic tools.

I came to feel close to this leader and group through the process of empathy and reflection. I hope for this group a continued journey towards discovery and growth.

Reference

Nitsun, M. (1996). *The anti-group: Destructive forces in the group and their creative potential*. London: Routledge.

Mr. Schulte is the Immediate Past President of the Mid-Atlantic Group Psychotherapy Society and currently serves on the Board of Directors of the American Group Psychotherapy Association. He is a faculty member of the Washington School of Psychiatry Group Psychotherapy Training Program, adjunct faculty of the School of Social Services at Catholic University and Clinical Instructor at George Washington University School of Psychiatry. He is Artistic Director of Red Well Theatre, a troupe of therapist-turned-actors that presents stage plays to illustrate principles of dynamic group therapy. Mr. Schulte maintains a private practice in Alexandria, Virginia.

Second Respondent: Edward Z. Rosensweig, PhD

No one could act in a manner different than they did. Fate is the maidservant of character.

—Pat Conroy, *Beach Music*



Edward Z. Rosensweig, PhD

Groups like individuals have a distinct character and each one, while following a certain more or less predictable developmental path, has a uniqueness born of the members themselves, the explicit structure, and the 'maturity' of the group. As with the individual, relative periods of stability and equilibrium are interrupted by a developmental crisis which at first disorganizes the group before calm and stability are restored and the work continues in its characteristic manner. Jack's leaving the group was just such a developmental crisis. There are cer-

tainly many levels on which to view and describe a group and its process—the current events with which the group is dealing, the playing out of unconscious intrapersonal and interpersonal issues, the symbolic portrayal of deep, universal human themes. The de-

velopmental lens through which I see this group and its dilemma is but one among many viable ones.

This group of men has reached a stage of maturity having maintained a core group of members and has contained for a time a number of others who came, presumably gained something for themselves, and gave in return to the group during their sojourn there, and then left. This pattern contributed to the personality of the group and its current developmental stage. The recent plateau allowed the group to deepen and to experience the increased intimacy which such stability makes possible. Inevitably, change must come and Jack's leaving became the focal point. Archetypically and stereotypically, men choose action in the face of psychological activation. Attempts to solve the problem (such as taking turns paying for Jack's fee) ultimately led to resignation that he would be leaving and his loss would have to be felt and grieved before moving on. The period of stability before his announcement of leaving probably stimulated the underlying belief that this idyllic configuration would persist and there would be no further loss. A spell had indeed been broken. Fear about the loss of Jack and the ultimate loss or annihilation of the 'safe group' had been activated.

The work of the group was to say their farewells effectively and make this final stage of group for Jack a completion for this stage of his journey. It seems that that did happen. Yet there is more to this scenario. Jack's dilemma certainly touched each member in a deep way—namely, the ultimate insecurity of life and potential change of circumstances which can throw one's life into upheaval. Jack's legacy for the group includes his distress and shame and showing himself at his most vulnerable. He also raised some significant group issues as well: the need for the leader to maintain the working boundaries of the group (the frame holding role) as well as the fantasy of how 'special' one can be (will the leader or the group pay for his continuation). Much of the continuing work seems to be around these issues and provides a means of grieving the loss of a valued member and deepening their exploration as a group. Keeping the fundamental framework allows the group to experience the loss and persevere and perhaps confront in an enhanced way the issue of shame and distress.

Edward Z. Rosensweig has maintained a private practice of clinical work with children, adolescents, and adults in Atlanta for over 34 years. He conducts individual, couples/family, and group therapy as well as clinical supervision. He pursues a number of interests beyond the consulting room—drawing and painting, culinary skills, and general enjoyment of whatever life has to offer.

Member News

Irene Deitch, PhD, was selected and honored on November 15, 2007, by the *Staten Island Advance* (Staten Island's Newspaper) as Staten Island Woman of Achievement. On December 6, 2007, Dr. Irene Deitch produced and hosted on her cable TV station, *Making Connections*, the Professional Education Committee of the Eastern Division of the American Cancer Society. The topic discussed: "Surviving Cancer."

Scott Simon Fehr, PhD, has published a new book, *101 Interventions in Group Therapy*, Haworth Press.

Lorraine Mangione, PhD, has published an article in the *Psychology of Aesthetics, Creativity, and the Arts* (a new APA journal out of Division 10) that references group phenomena and groups with relation to Bruce Springsteen's music. The official citation: Mangione, L., & Keady, S. (2007). "Spirit In The Night" to "Mary's Place": Loss, death, and the transformative power of relationships. *Psychology of Aesthetics, Creativity, and the Arts*, 1(4), 179–190.

John Robinson, EdD, ABPP, was appointed as a member of the APA Fellows Committee by the newly created APA Membership Board. John is the former chair of the APA Membership Committee (now the APA Membership Board).

GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY (49)

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Nominations and Applications Sought for the Editorship of *The Group Psychologist*

The Publications Committee of Division 49 of the American Psychological Association, Group Psychology and Group Psychotherapy, solicits nominations and applications for the position of Editor of the Division's newsletter, *The Group Psychologist*.

The Editor's term will begin in the Fall of 2008 with editorial responsibility for the Spring 2009 issue of the Newsletter, with a submission deadline of February 1. We welcome applications and nominations from both groups and from individuals who are members of the Division.

Editorial Responsibilities

The Group Psychologist is published 3 times a year, and the production activities are handled by the publisher, the APA. The primary responsibilities of the editorial team are assembling the materials, in electronic form, to send to APA for preparation for publication. Specific duties are as follows:

- arranging for the publication of reports for the division (such as meeting minutes, the President's column, other officer's reports, etc.);
- issuing calls for papers and soliciting articles for any specific topics;
- preparing the editor's column;
- coordinating the work of associate editors, such as the editor of the two consultation sections, a possible book review section, etc.;
- editing and proofreading articles, book reviews, and other materials accepted for publication in the Newsletter, including requesting photos of accepted authors;
- meeting deadlines (Feb 1, June 1, and October 1 each year);
- serving as a member of the publication committee of the Division; and
- other standard editorial duties and correspondence

Qualifications

Membership in Division 49; editorial experience preferred

Nomination and Application

Self-nominations are welcomed! If self-nominating please send the following information to Don Forsyth (dforsyth@richmond.edu):

1. Cover email/letter describing background, prior experiences, and qualifications
2. Vita
3. Names of and contact information of 1-3 references regarding editorial and organizational strengths

If nominating someone, please send full contact information, including email and mailing addresses, for all individuals nominated to Don Forsyth (dforsyth@richmond.edu), who will follow-up.

Deadline for receipt of nominations: July 15, 2008.

Deadline for receipt of applications: August 10, 2008.

THE GROUP PSYCHOLOGIST

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