

# THE GROUP PSYCHOLOGIST

July 2006  
Vol. 16 No. 2

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

## Convention Issue

### President's Column

*George M. Gazda, EdD*

The APA Convention in New Orleans is two and on-half months away, as I write this column for the Convention issue of *The Group Psychologist* newsletter. My year as President seems to have just begun. In fact, I am almost five months into it. As I reflect on the goals that I had for the Division, progress is being made on several goals. A preliminary complete revision of the Bylaws has been accomplished under the capable leadership of Dr. Jennifer Harp. However, a final revision will not be complete before the Mid-Winter Board meeting in January 2007.



*George M. Gazda, EdD*

Dr. Steve Sobelman and his Nominations and Elections Committee put together an excellent ballot of candidates for Division 49 offices. Dr. Andy Horne and his Editor's Search Committee have narrowed the search to two excellent candidates and a decision of their recommendations to be made to the Board of Directors is near. A choice is expected to be made before the New Orleans Convention.

The Research Committee under the Chair, Dr. Zipora Shechtman, is well along in developing a special issue of the journal with the tentative theme of "Groups in Education." Dr. Allan Elfant, ABPP has edited the first issue of *The Group Psychologist* newsletter for 2006. I encourage your careful reading of the newsletter for a more comprehensive picture of Division 49 activities as well as very helpful information on the special features articles. I have found the newsletter to be the best of any professional newsletter that I have read. Within the newsletter, Dr. Joseph Kobos, ABPP, as our Council Representative, reports on APA Council actions and current agendas of the APA.

The Membership Committee chaired by Dr. Josh Gross, ABPP is studying ways to attract new members to the division. It is too early to assess the success of his committee. However, I would like to repeat Dr. Sobelman's challenge of a year ago for each member to recruit a new member during 2006.

The Diversity Committee, under Dr. Eric Chen, is working on an action plan to implement APA's diversity recommendations. A progress report will be made to the Board at the New Orleans Convention. Progress reports will also be made by all standing committees and SIG's. In addition a preliminary draft of a Policy Manual for Division 49 will be presented to the Board in New Orleans. All Division 49 committees have been charged to develop a mission statement and an action plan for the committees.

Inasmuch as I have already used considerable newsletter space with Part II of the History of Division 49, I shall keep this column brief. Before I close, I would like to call your attention to the Division 49 programs in this newsletter including the **Friday Business Meeting, President's Address and at 3:00 p.m. the presentation of the Arthur Teicher Group Psychologist of the Year Award with the following address by the awardee(s).**

Please accept my personal invitation to attend Division 49's Social in the President's Suite in the New Orleans Marriott Hotel on Friday evening. A feature will be a special New Orleans menu. As usual, suite room numbers will not be known until the Convention begins. Look for posters in the hotel lobby and ask for the suite number at the Information Desk. I look forward to seeing you there!

Sincerely, George M. Gazda, EdD  
President, Division 49

P.S. All members of APA are encouraged to bring school supplies for students in the New Orleans Schools devastated by Hurricane Katrina.

**Be sure to join us at the  
Division 49 party at the APA  
Convention, Friday, August  
11, 6-9 pm, in President  
George Gazda's New Orleans  
Marriott Hotel Suite!**

**Division 49 APA Convention Program:  
pp. 12-14  
Hurricane Reflections and Articles:  
pp. 5-11**

## 2006 OFFICERS AND COMMITTEE CHAIRS

**BOARD MEMBERS****President**

George M. Gazda, EdD  
220 Ashbrook Drive  
Athens, GA 30605  
Phone: (706) 548-4647  
Email: lgazda960@bellsouth.net

**President-Elect**

Lynn S Rapin, PhD  
4022 Clifton Ridge Dr  
Cincinnati, OH 45220-1144  
Phone: (513) 861-5220  
Fax: (513) 861-5220  
Email: rapinls@email.uc.edu

**Past President**

Steven A. Sobelman, PhD  
Department of Psychology  
Loyola College of Maryland  
4501 N. Charles Street  
Baltimore, MD 21210  
Phone: (410) 617-2461  
Fax: (410) 675-3451  
Email: steve@cantoncove.com

**President Emeritus**

Arthur Teicher, PhD (Deceased)

**Secretary**

Janice L. DeLucia-Waack, PhD  
Counseling and Educational Psychology  
403 Baldy Hall  
SUNY at Buffalo  
Buffalo, NY 14620  
Phone: (716) 645-2484 x1054  
Fax: (716) 645-6616  
Email: jdelucia@buffalo.edu

**Treasurer**

John Dagley, PhD  
Counseling Psychology Program  
Auburn University  
2084 Haley Ctr  
Auburn, AL 36849  
Phone: 334-844-2978  
Email: daglej@auburn.edu

**Council Representative**

Joseph C. Kobos, PhD, ABPP  
Director, Counseling Service  
University of Texas Health Science Center  
MSC 77027703  
Floyd Curl Drive  
San Antonio, TX 78229-3900  
Phone: (201) 567-2648  
Fax: (201) 567-2689  
Email: kobos@uthscsa.edu

**Members-at-Large**

Sally Barlow PhD, ABPP  
Brigham Young University  
268 Taylor Building  
Provo, UT 84602  
Phone: 801-422-7748  
Fax: 801-422-0163  
Email: sally\_barlow@byu.edu

Allan B. Elfant, PhD, ABPP  
429 West Shadow Lane  
State College, PA 16803  
Phone: (814) 234-8011  
Email: abelfant@aol.com

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

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

Joshua M. Gross, PhD, ABPP  
The University Counseling Center  
Student Life Building, Suite 201  
The Florida State University  
Tallahassee, FL 32306-4175  
Phone: 850.644.8875  
Fax: 850.644.3150  
Email: jgross@admin.fsu.edu

Jennifer Harp, PhD  
314 S Burrowes St  
State Coll, PA 16801-4012  
Phone: (814) 234-3464 x5  
Email: jsh262@aol.com

Zipora Shechtman, PhD  
Faculty of Education  
Room 1501  
Haifa University  
Haifa, Israel 04-8249722  
Phone: (+972/4) 824-0862  
Fax: (+972/4) 824-0911  
Email: ziporas@construct.haifa.ac.il

**EDITORS****Journal Editor**

Dennis Kivlighan, PhD  
Department of Counseling and Personnel  
Services  
3214 Benjamin Building  
University of Maryland  
College Park, MD 20742  
Phone: (301) 405-2863  
Fax: (301) 405-9995  
Email: DennisK@wam.umd.edu

**Newsletter Editor**

Allan B. Elfant, PhD, ABPP  
(See under Members-at-Large)

**STANDING COMMITTEES****Awards**

George Gazda, EdD

**Education and Training**

Sally Barlow, PhD, ABPP

**Fellowship**

Gloria B. Gottsegen, PhD

**Finance**

John Dagley, PhD

**Membership**

Joshua Gross, PhD, ABPP

**Nominations and Elections**

George Gazda, EdD

**Program**

Jennifer Harp, PhD

**Research**

Zipora Shechtman, PhD

**AD HOC COMMITTEES****Action-Oriented Approaches**

David A. Kipper, PhD

**Bylaws Revision**

Jennifer Harp, PhD

**Cultural Diversity**

Eric Chen, PhD

**Development**

Joshua M. Gross, PhD, ABPP, CGP

**Diplomate and Credentials**

Allan Elfant, PhD, ABPP

**Ethical Guidelines**

Vacant

**Long Term Planning**

Vacant

**Students**

Joshua Semiatin

Billy Yarbrough

**SPECIAL INTEREST GROUPS****Counseling Center**

Joshua Gross, PhD, ABPP

**Development**

Joshua M. Gross, PhD, ABPP

**TASK FORCE****Task Force on Use of Groups for Prevention**

George Gazda, EdD

**LIAISONS****Association of Specialists in Group Work (ASGW)**

Lynn Rapin, PhD

**Council of Specialists (COS)**

Sally Barlow, PhD, ABPP

**Committee of Recognition of Specialists (CRSPP)**

Sally Barlow, PhD, ABPP

**Federal Advocacy**

Arthur Horne, PhD

**THE GROUP PSYCHOLOGIST**

is published by Division 49:

Group Psychology & Group Psychotherapy  
of the American Psychological Association

c/o the Editor

Allan B. Elfant, PhD, ABPP

429 West Shadow Lane

State College, PA 16803

Phone: (814) 234-8011

Email: abelfant@aol.com

**Submission Deadlines:**

March 1, June 1, October 1

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

**Contents**

|  |            |
|--|------------|
| President's Column.....  | 1          |
| 2006 Officers and Committee Chairs.....  | 2          |
| From Your Editor.....  | 3          |
| APA Council Report.....  | 4          |
| Post-Hurricane Reflections and Articles by:<br>Stone and Kleinberg, Nemeth, Barth,<br>Dagley, and Capanzano..... | 5          |
| 2006 Division 49 APA Convention Program .....  | 12         |
| History of Division 49, Part II.....   | 15         |
| <i>Psychodrama and CBT</i> .....   | 18         |
| Tavistock Group in a County Jail.....  | 19         |
| Sexual Identity Therapy Group .....  | 21         |
| Educational Groups for HIV/AIDS .....  | 23         |
| Building a Group Practice .....  | 24         |
| From Internship to the Classroom .....   | 26         |
| ABPP in Group Psychology.....  | 27         |
| Consultation Corner .....  | 29         |
| Member News.....   | 30         |
| Self-Nomination Form.....  | 31         |
| Division 49 Membership Application ....  | Back Cover |

## From Your Editor

Allan B. Elfant, PhD, ABPP

### Awareness and Psychic Emptiness in Group Psychotherapy

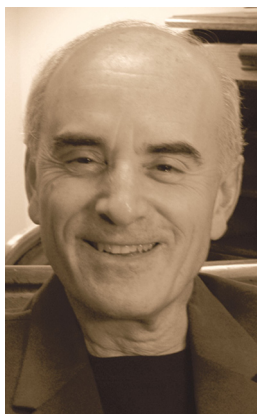
*In much wisdom is much grief, and he that increaseth knowledge, increaseth sorrow.*

—Ecclesiastes 1:18

In-depth, life altering psychotherapy aims to emancipate the self and expand the possibilities of fuller living. The means to this end includes increased consciousness and insight as well as a deeper understanding of the impediments to private and interpersonal connection. The psychotherapy pilgrim longs for the benefits of freedom and life enhancement, but along with these potential rewards comes the risk of unpredictable byproducts of self illumination. Intense therapeutic work may also bring unanticipated suffering.

\*\*\*\*\*

Harold is a squat, barrel-chested overweight family physician in his early 60's. He entered psychotherapy because of acute, depressive feelings following his discovery of his wife's infidelity. While he knew his marriage was troubled at times, he had viewed his wife as a saint who would always be by his side. Her betrayal of his faith in her punctured him to the core.



Allan B. Elfant, PhD, ABPP

The only genuine source of pride in Harold's life was his fathering of four daughters and a son, all of whom were grown, married, and with families of their own when I first met him. Harold's marriage of over four decades was described by him as both distant and conflictual. His reputation as an excellent physician and a dedicated healer to his patients was belied by his belief that at best he was a run of the mill technician and at worst a fraud.

Our first months together in individual psychotherapy enabled Harold to understand how his self-contempt and pervasive cynicism emerged from his developmental roots. He was the only child of self-focused, insecure, emotionally mercurial, and overly demanding mother and a work-addicted, publicly kind, and privately frozen father. He was showered with every form of material privilege by his affluent parents. His mother found fault with every one of his friends and his father seldom acknowledged his remarkable academic achievements. For them, his becoming a physician was a step down.

As a teenager, he was painfully shy with girls and married the first and only woman with whom he had been intimate. He was smitten the moment he laid eyes on the woman he would marry. Sadly, he never felt worthy of his multitalented, beautiful wife and never felt she truly loved him. He came to believe that he married his wife at such a young age as a means to escape his mother's stranglehold on him. He formed a quick, affectionate bond with me, was very skeptical about the psychotherapeutic possibilities for fundamental change, and although he felt I was fond of him, he doubted my caring commitment to him.

Harold agreed to enter a psychotherapy group with considerable intellectual curiosity. Much to his chagrin, his predilection with others for passive evaluation and affective removal earned him strong impatience and irritation, especially by the women members of the group. The men in the group felt pushed away and therefore stayed away. Harold was befuddled by the lack of female admiration, something he depended on from his daughters and counted on but discounted from his female patients, and he retreated in the face of the disapproval he experienced. He seemed unfazed by the male reactions. The group's annoyance turned to rancor and then avoidance, and Harold was deeply hurt. Harold had found and recreated his original family and his marriage, and as he emotionally connected to these reenactments in his group life, his marriage actually began to repair and improve. While he did remain socially isolated in his life, he did increasingly appreciate his value as a physician. With these changes, Harold increasingly came to express how vacant he felt inside himself and that he suffered enormously with his disconnection to the potential rich meanings in his life.

In his therapy group, group members learned firsthand of Harold's capacity for emotional kindness and generosity. He told the group that he was quite flattered by their experiences of him, but that somewhere vital he felt unmoved and inert. What had become clearer to me is that Harold's principal means of connecting to others in the group and in the world was in terms of how he viewed his role with them. Father, husband, teacher, and healer were his typical role locks. When a deeper exchange occurred between Harold and a group member or me, he would revert to one of these common as-if positions. He would be at a loss to speak from or experience his inner experience, except when he felt immune and impervious. In that space, he suffered greatly.

Harold's initial depression and all that surrounded it had peeled away to expose a place of emotional deadness. He would cry and simultaneously feel unstirred in his heart. He would laugh, cajole, and be angered, yet would be inert somewhere inside. The more he retrieved the realities of his childhood desert, the more he realized he remained encased in that emotionally arid place. With rare exception, this repetition and reliving was experienced as involuntary and irreversible.

These rare exceptions in group and individual therapy did multiply. His tendency to dismiss these events as transient anomalies softened. The group's press for him to reach into his own humanness was often received as loving and compassionate. Harold's hunger to love and be loved, and his longing for and dread of merger were increasingly expressed. Pain and angst accompanied these events, and Harold's pilgrimage continued.

*(Continued on page 4)*

## From Your Editor

(Continued from p. 3)

\*\*\*\*\*

As psychotherapists and group leaders we can sometimes overlook or become desensitized to the leap of faith we advocate in the pursuit of self-awareness and an expanded being in the world. As layers of pain and suffering may loosen and dissipate, core deadness and despair may emerge. Psychotherapy group life has a way of infiltrating and exposing the many edges of accumulated wounds and all that was constructed to mitigate pain. What then replaces these core structures? As group therapists, we need to be prepared to hold steady with all the consequences and impact of our powerful work and calling.

\*\*\*\*\*

I once again invite Division 49 members to comment on this or any other articles in the newsletter. You are encouraged to do so by writing your own newsletter pieces or letters to the editor, or by commenting on our Division members' listserv.

## APA Council Report

Joseph C. Kobos, PhD, ABPP

My last report reviewed the significant actions taken at the winter meeting of Council. Council meets again at the August APA meeting in New Orleans. Today I would like to discuss two elections that are in process and will effect the ongoing development of the Association.



Joseph C. Kobos, PhD, ABPP

Associations such as ours depend on the voluntary leadership of its members. APA, while it has a large staff of approximately 400 people, is dependent on its membership to provide policy and set the agenda for how to expend our resources. While many of us may come to view our large association as a distant and somewhat monolithic organization, in actuality APA follows the guidance of its members as expressed through the vote of council on the budget and all issues of policy. Since Council as a body of almost 200 individuals cannot review and act on the daily activities of APA, a Board of Directors is elected to serve as the Executive Committee. The Board of Directors (BoD) is composed of several positions which are elected by the members at large and several positions which are elected by Council. The BoD has monthly conference calls and additional meetings to address the ongoing business of the Association. Serving on the Board is a time consuming, intellectually demanding task which also requires the social skills of a diplomat, negotiator and human relations facilitator.

Council members will shortly receive a ballot to elect two members to the BoD. All 6 candidates are current members or have served on Council. The current slate is composed of the following people:

Ronald T. Brown (South Carolina); Armand Cerbone (Div 44); Jeffrey J. Haugaard (Div 37); Melba Vasquez (Div 42); Michael Wertheimer; and Robert H. Woody (Florida). Using the Ware electoral system, Council will elect 2 of these individuals to the BoD.

APA members are currently learning about the five candidates for President in a series of articles in the Monitor. The candidates are: Rosie Phillips Bingham; James H. Bray; Alan E. Kazdin; Nora S. Newcombe; and Stephen A. Ragusea. You will receive this ballot in the fall. Please read their statements in the Monitor as they appear.

APA and our Division are only as effective as our leaders. There are many opportunities for individuals to become involved. To learn more about APA and the Governance process go to the Governance Home Page on the APA web site. You can access it at [www.apa.org/governance/](http://www.apa.org/governance/) there is also a PDF file, Get Yourself Heard which describes the electoral and governance process.

Choose to be involved; become involved in a Division Committee or become a candidate for office. There are many opportunities to contribute your talents and also develop your leadership skills. Join the Division leadership at the Business meeting and/or cocktail party. Get to know us and find ways to get involved.

### Division 49 Website

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

### Change of Address?

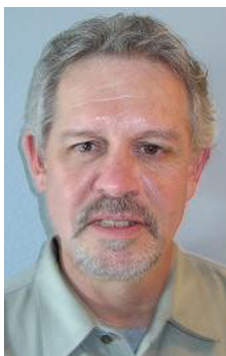
Do you have a change of address? Question about your membership status? Need a membership application sent to someone? Please call the Division Services Office of the American Psychological Association at 202-336-5583 or e-mail [division@apa.org](mailto:division@apa.org).

Help Us With Our Membership! Please encourage your colleagues to join Division 49. An application form is in every issue. Our new Membership Chair, Joshua Gross, PhD will be pleased to help. He can be reached at [JGross@admin.fsu.edu](mailto:JGross@admin.fsu.edu).

## Post-Hurricane Reflections and Articles

### Care for the Caregivers: A Workshop Model

*D. Thomas Stone, Jr., PhD and Jeffrey L. Kleinberg, PhD*



*D. Thomas Stone, Jr., PhD*

This brief article will address the way in which a team of group specialists structured an all-day workshop for mental health professionals who were first-responders in the aftermath of Hurricane Katrina. We will illustrate several key points: first, care-givers need a safe and empathic place to debrief after days of helping others deal with personal and community loss; second, the dynamics of the group in a workshop taking place in the eye of the storm relief paralleled the greater societal reactions to natural disaster; and third, resiliency and hope can be restored through group work. We feel this model has relevance

for intervening with para-professional and volunteer caregivers.

A team of group specialists was organized in response to an outcry from a state-wide professional society in Louisiana. The team leader was a group specialist in San Antonio, Texas who hand-picked the team based on his familiarity with their work. Six of the team members came from San Antonio and two members came from New York. The two members from New York were group therapists active in working with family members and first responders of the 9/11 disaster. Because of the distance between team members and the short amount of time to form the team and organize the workshop, much of the team-building process was done by e-mail.

Some critical items were decided upon through the e-mail process. One important decision was to work as co-facilitators to better contain the possibility of intense affect and the myriad of emotional responses. The team leader paired the co-facilitators early on in order to give them time to discuss how they each envisioned their work together. This was especially important for team members who had not previously worked together. The team agreed that its mission was to provide a safe and well-structured environment in which participants might feel free to express whatever they chose. As outsiders, we wanted to come to the participants with a spirit of flexibility and readiness to adapt to whatever we might encounter. This meant that we would allow participants to focus on professional concerns as well as personal concerns whether in the large group or the small group.

We intentionally planned to offer only enough didactic material to provide a springboard for participants to take the process where needed. The media was already overwhelming them with information and we did not want to parallel that process. Our didactic presentations were a total of two hours in length and consisted of the following topics: the psychology of trauma; group interventions for children, adolescents, and adults; and vicarious countertransference and compassion fatigue. We also decided to have the large group sit in a circle to facilitate open discussion and develop a cohesive sense that “we are all in this

together.” We set up the workshop flow so that there was movement back and forth between the large group and the small group with the idea the large group would stimulate thoughts, feelings, and perceptions that might be explored in more depth in the small groups. Likewise, we knew it was likely that the small group process would enhance the large group experience as we went along. These were the pieces we put in place prior to our arrival in Baton Rouge.

By the time the team members arrived in Baton Rouge the night before the workshop, the team members had a fairly clear sense of mission, purpose, and structure. The team members agreed to arrive around noon and have lunch together. This was crucial to forming a sense of cohesion and for some team members to meet for the first time. The next step was a visit to the workshop location and make team decisions on how to arrange the space to match our structure. We then met for the remainder of the afternoon to review in detail our structure and anticipated process for the workshop. This critical process gave the team an opportunity to learn more about each other’s way of thinking and processing. Individual team members provided ideas and raised concerns crucial to the preparation process and helped to establish each person’s role on the team.

There were divergent thoughts, feelings, and ideas that took the team to another level of development. This intense and rich dialogue helped us manage our anxieties and allowed a convergence of momentum, increased cohesion, purpose, and direction for the next day.

That same night the team had dinner with the local society’s board. In this casual setting, the team began to gain an awareness of exactly what we might encounter in the workshop. After the dinner there was a small group discussion with the board members to learn about their experiences and what they anticipated the needs of the participants might be. This process worked very well as board members opened up immediately about their professional and personal experiences. There was urgency to their voices as they spoke about the tragedies, suffering, and distress they had encountered. Their anger at governmental authorities spoke to their anticipated hope for help from us and also the fear that we would disappoint as well. The dinner helped the team to create a bond with local leadership who would help us in making necessary initial connections in the informal process that occurs in the registration area and large room before the workshop. These connections served to lay the basis for trust and safety.

The 40 participants the next day came to our workshop in Baton Rouge still reeling from their relief work, but also from significant personal loss that they had only begun to process. A combination of the overwhelming natural disaster, tragic and frightening experiences shared in common with clients, and little time to debrief while the relief work continued, had placed our colleagues in danger of compassion fatigue. It was obvious by mid-morning that many participants had put in too many hours before they realized that their resiliency was breaking down. At lunch, the team met and reviewed the work so far in the small and



*Jeffrey L. Kleinberg, PhD*

large groups. This meeting was invaluable to maintain team cohesion and make a few modifications. It also gave the team an opportunity to discuss how to manage the inevitable difficult participants and their impact on the group.

As the workshop process continued to unfold, some of the dynamics observed in the greater community were expressed in our workshop groups. The themes of losing hope, feeling isolated, and concluding that their governmental leaders betrayed their own people were prevalent. This parallel process allowed for the leaders to point to the parallels of their experience with us, and the members resonated with this clarification. The group became a microcosm and participants began to understand what had happened to them and their clients and began integrating this learning. Primary themes emerged of loss of trust; loss of familiar space in community and family; fear of more disaster (Hurricane Rita was only weeks away!); knowledge that New Orleans would never be the same; loss of all that was irretrievable; and fear that they were pushed to their limits and ready to collapse.

The workshop seemed to help participants move beyond the hopelessness embedded in post-Katrina. The team helped participants to identify themselves as citizens as well as clinicians and what their needs were as such. The large group began to discuss ways to advocate for themselves and their clients. A sense of hope became more visible by the end of the day. C.R. Snyder describes hope as having two components: agentic and pathways thinking. Hopeful people feel that they can influence the surrounding world (agentic thinking) and that they are able to identify strategies for achieving one's aims (pathways thinking). A hopeful group, as ours turned out to be, fosters the growth of these two hope components.

By the end of the workshop the participants were taking action. The local professional society took responsibility to organize leaderless support groups and a social action committee was formed to address political concerns. We realize that one day is not enough for helping relief workers to overcome compassion fatigue. In the final large group, however, numerous participants voiced not just appreciation for the day, but also stated a sense of renewal and a "re-fueling" to continue the work that lay before them. After the workshop the team held one last meeting to talk through the experience. This meeting gave us time to feel good about what participants and we had done and to begin our own termination process as a team. Our analysis of the work would wait for more distance and more energy to formulate our thoughts.

This article provides a general framework for group specialists to provide workshops to first responders and caregivers to disasters. This workshop was with mental health professionals and most of whom were group specialists. Some modifications would be advisable with para-professional or volunteer caregivers. Special attention should be given to the planning and team building of the facilitators. Our experience indicates that a workshop experience that is containing and safe as well as flexible and adaptable mirrors the necessary components of the response needed from larger systems to disaster. The workshop or intervention team needs to pay attention to parallel processes as they emerge around loss of trust, sense of safety, and disappointment in lack of planning and providing resources. By working with the participants in their experience and normalizing counter transference responses and compassion fatigue, hope and resiliency can be instilled in their continued work with those needing trauma recovery.

## Hurricane Anniversary Wellness Group Workshops

*Darlyne G. Nemeth, PhD*

*The Neuropsychology Center of Louisiana, LLC*

Four intervention workshops (6/24, 7/15, 7/22, and 7/29/2006) will be offered to help Louisiana citizens prepare for the strong emotional reactions that are expected as the one year anniversary of Hurricanes Katrina (8/29/05) and Rita (9/24/05) approach. Employing a wellness model of group intervention, Darlyne G. Nemeth, PhD, APA Division 49 Fellow, will conduct these workshops. Co-Sponsors will include the following professional organizations: The Louisiana Group Psychotherapy Society (LGPS) and The World Council for Psychotherapy (WCP).



*Darlyne G. Nemeth, PhD*

Continuing Education Credits for these events have been applied for from the Louisiana Psychological Association (LPA) and the National Association of Social Workers (NASW).

During a year 2000 symposium on millennial issues at the 108<sup>th</sup> Annual APA Convention in Washington, DC, in 2000, Mr. Charles Cameron, formerly with the Arlington Institute, pointed out that **"tragedy or crisis is never purely economic, political, or military. It is always preeminently psychological."** He emphasized the cultural importance of the human mind and heart in navigating the rapids of turbulence. Although hurricanes are a common experience in the gulf coast area, most New Orleanians had escaped the aftermath of such tragedies for well over a half century. The false belief that tragedy would not befall them was shattered on August 29, 2005 and September 24, 2005.

Ms. Kristine King, who will enter a doctoral program in psychology this fall at the Virginia Tech University, summarized her experiences in the following poem:

### ***Hurricane Katrina***

*There once was a place I knew and loved  
Then a hurricane named Katrina came from above  
Our fortress crumbled under the pressure  
The suffering would be far too great to measure  
My life lay drowning in toxic water  
My world was crumbling, falling farther and farther  
Once the water subsided my life was not free  
It was robbed of the memories that created what I call me  
As I searched for the home I once resided  
Comfort and security were no longer provided*

*I entered the home I knew and loved  
Armed with face masks, rubber boots, and gloves  
The floor in pieces beneath my feet  
Overwhelmed by feelings of shock and defeat  
I stood there helpless frozen with disbelief*

*How do you cope with so much grief?  
Family pictures tainted with shades of gray  
There will never be a time quite like that day*

*As I left the home I knew and loved  
I cursed the sky, the heavens above  
Rainbows of mold was what remained  
Childhood memories tainted and stained  
The grass I walked on lay dead and dying  
I was weeping on the inside, silently crying  
The City of New Orleans no longer reigned  
As I searched for an answer Katrina was to blame*

*Now let's travel to the coast  
Our beautiful escape has turned to a city of shadows and ghosts  
There was nothing left of what used to be  
Damage and destruction as far as the eyes could see  
There once was a city towering high  
Now all that remained was ground and sky  
Yet, we still hold dear what matters most  
All is not lost of the beautiful coast  
All is not dead and buried  
Lest we only had ourselves to carry*

*My heart is still beating though battered and broken  
The truth is cloaked and will linger unspoken  
If memories remain in the safe haven of my mind  
I can stop searching for yesterday, there's nothing to find  
I will wrap the past in a neat little package  
To be opened only when I am longing for baggage  
The month of September holds onto my sorrow  
As I look to the future, toward only tomorrow*

Written by Kristine V. King

This poem exemplifies the feelings of loss and despair experienced by thousands of Louisiana and Mississippi residents. Unfortunately, even with the good will and help of so many, these feelings remain as strong as ever.

With the 2006 hurricane season upon us, a sense of fear is now overshadowing the recovery efforts. Thousands of Louisiana citizens reside in FEMA trailers. What was offered as shelter has now become a form of self-imposed prison. Both medical and mental health facilities are overwhelmed. The primary complaint voiced by volunteers has to do with the FEMA residents' unwillingness to leave the confines of their trailers. Unfortunately, **fear breeds isolation and isolation in turn breeds even more fear.**

Assisting people to once again function in groups will restore a sense of belonging. As it is very difficult, if not impossible, for people to think in the shadow of their feelings, experiential groups can offer a safe place for reattachment. Once reattached emotionally, the healing journey can then begin.

The purpose of this wellness model of group intervention is to assist in the reattachment process. In order to create a ripple effect, psychologists, psychotherapists, and Louisiana Spirit volunteers will be trained in June 2006 to use the following experiential model:

- A. Group as a whole—orientation, then divide into small groups.
- B. Self assessment pre-measures.
- C. The Healing Journey
  - Phase One: Revisiting developmental issues
  - Phase Two: Gaining a new perspective
  - Phase Three: Choosing to belong
  - Phase Four: Allowing forgiveness
- D. Identifying Family Affective Themes that interfere with healing.
- E. Working lunch to process the above. People will stay in their small groups.
- F. Developmental regression and exercises to promote healing.
  - Stage One: Attachment
  - Stage Two: Exploration
  - Stage Three: Identity
  - Stage Four: Competence
  - Stage Five: Concern
  - Stage Six: Intimacy
- G. Self assessment post-measures.
- H. Group as a whole—debriefing.

In July 2006 three public workshops will be conducted, during which the June participants will serve as group leaders. These workshops will be available to those affected by Hurricanes Katrina and Rita. Subsequently, mental health professionals and Louisiana Spirit volunteers will use these training experiences to assist them in practical onsite interventions. **The ultimate goal is to assist participants in finding within themselves the emotional strength to reattach and form a new community.**

The quantitative and qualitative results of this workshop experience will be presented in a follow-up article in the APA Division 49 Fall newsletter. They will also be featured at a 5:00 p.m. symposium on Friday, August 11, 2006 at the 114<sup>th</sup> Annual APA convention in New Orleans.

Individuals who have been most helpful in facilitating these workshops include Mr. Juan Calix with the Catholic Community Services Center, Mrs. Bettejean Cramer with the Chapel on the Campus at Louisiana State University, Dr. Tony Speier with the Louisiana Department of Health and Human Resources, Mr. Charlie Cook, Head of Louisiana Spirit volunteers, Ms. Amy Gammon, Ms. Kristin Marceaux, and Ms. Ami Lewis, Clinical Assistants to Dr. Nemeth at the Neuropsychology Center of Louisiana, LLC.

*(Continued on page 8)*

(Continued from p. 7)

#### References

- Millennialism, terrorism, and the healing journey.* (2005). New York, NY: Distributed by D.G. Nemeth, Vice President of the World Council for Psychotherapy, at the 58<sup>th</sup> Annual United Nations Department of Public Information and Non-Governmental Organizations Conference.
- Nemeth, D.G., Ray, K.P., & Schexnayder, M.M. (2003, March). *Helping your angry child.* Oakland: New Harbinger Publications.
- Outcome of millennium 2000: historical, technical, psychological, and research-based perspectives.* (2000). Washington, DC: Presented by D.G. Nemeth, Cameron C., C.C. Creveling, R.M. Dreger, & M. Schexnayder at the 108<sup>th</sup> Annual Convention of the American Psychological Association.

## Reflections on the Aftermath of Katrina

Patricia A. Barth, PhD

Labor Day of 2005 was spent in a new way for me. Katrina had just hit New Orleans and the Astrodome here in Houston had just received hundreds of evacuees. I really had had very little experience with trauma treatment. Being an active member of AGPA, I had heard the stories about September 11 and the experiences of those mental health professionals who ran all the groups. I had a copy of AGPA's Trauma Treatment module, but no firsthand experience. However, I felt I should respond in some way to the plea for psychologists to help out at the Dome. So I set out with my husband, a physician, on Saturday morning not knowing what to expect. One of my partners, a female psychiatrist who had worked at LSU in New Orleans, had worked at the Dome when the evacuees came in on Thursday night. She wondered with me if this was something that I could do, knowing that I tend to be very sensitive. I too wondered what the impact would be.

Walking into the Astrodome and seeing all those people was initially overwhelming. I had been asked to simply walk through the aisles and assess for any signs of acute mental illness or distress. The first family we came upon was one in which the little girl and her mother had been separated for 9 hours. They were together again and the little girl put her arms around my husband's leg and hugged him. I looked at him and he was crying! Well, there came my tears.... However, after that we really got ourselves together. He went to head up medical triage and I went with the social worker assigned to me to continue the mental health assessments. What really was needed was a kind word and information. "How are you doing? Do you need anything? Do you need any medications?"

I was incredibly impressed at the organization already in place at the Dome. It was unbelievable. There were "stations" for every possible need. There were hundreds of volunteers. At noon all volunteers were asked to leave (I think because of a reorganization—there were power struggles over who was going to be in charge). I went to find my husband. He had encountered a young man who had been separated from his wife and daughter. They were in Lafayette, LA. He was very stressed and frustrated because he had no money. He had found where they were through the internet services set up, but

couldn't get out to get to them. After trying to help him through the proper channels, we too were frustrated and ended up taking him to the Greyhound Bus Station, giving him money and sending him on his way.

The experience has stayed with me for quite some time. I think back about leaving him at the bus station, when he was really still in shock. I think about a mother and daughter who were being asked, by a man from Houston whom they did not know, to go stay at his house. I wish I had intervened there in a more effective way.

What I really did like about the whole thing was being able to interact with people as a person, not in the role of "therapist." I liked the humanness of the contact, getting a pregnant woman a pillow, helping an elderly woman find which hospital her husband was in, letting a man use my cell phone to arrange for someone to pick him up. I'm very glad that I went that day.

## My Post-Hurricane Experiences

John Dagley, PhD  
Treasurer, Division 49

"It was really frightening in the Superdome, but when I heard this little old lady say 'I don't know what's going on, I don't where I am, and I don't know who I am!' I knew I was going to be all right because I knew who I was," chuckled the 86 year-old with whom I had the honor to spend hours and days in a special Red Cross shelter in the foothills of the Appalachian mountains where she'd been transported after the Katrina-Rita hurricanes. I learned a lot about human resilience from Lena, a name I'll use to refer to a woman as rich in character as she was void of material riches after losing everything that mattered to her when her New Orleans house was flooded. I learned for example, how deep a connection one can have with one's home and all that's personally important. As her trauma-restricted short-term memory slowly returned she struggled with the pain of being forced to leave her three cats behind in the rescue, and the almost equally devastating pain of imagining what happened to all of her prized possessions (like the books from her childhood her Dad used to read her, the old coin collections her husband had carefully tended, the book that detailed her faithfulness in paying her insurance premiums, her pictures, and so forth).



John Dagley, PhD

Lena struggled with the worsening human conditions she'd endured in the temporary shelters like the Superdome, and with the heart-felt pain of not knowing whatever happened to her whole network of loving, caring neighbors, like the ones who kept yelling to her from the roof next door that they wouldn't leave her—and they didn't because they insisted on the rescuers taking her first. This is a woman for whom neighbors, some from several blocks away and some known only by their first names, had built around her a network of care since the time of her husband's death. She seemed

to gain some strength over the tragedy by sharing stories about each one, and about how she loved that neighborhood. Her stories painted a “connected” picture of urban life where one neighbor would do her shopping for her, one would make sure she got all of her bills paid, and all seemed to not only know her by name but regularly checked on her. Cats, neighbors, rituals, routines, familiar sights and sounds all vanished, to be replaced by the horrific physical and psychological experiences that one might expect an elderly lady with a broken hip may experience in a natural disaster. It’s little wonder that carefully established shelter routines including tasty meals, long talks with an interested listener, and scheduled group interactions with fellow evacuees/residents began to nurture a resurgence of character and warmth of spirit, and a renewed commitment to a return to normalcy and more.

Other individuals stand out in my experience in the remote shelter where I served as a mental health worker, and in a local shelter where I served as one of the Shelter Managers. For instance, I had the opportunity to listen to a middle-aged man talk about how much he missed his work, describing in detail his daily work routines, and the depth of his worry that the plant may have been severely damaged, possibly leaving him without work. He seemed almost terrified at the thought of what his life would be like without his job. What made this set of conversations so meaningful and understandable was a follow-up talk later in the next week. In checking his supply of prescription medications and to determine the degree of help he might need upon returning home to make sure he could access medical and pharmaceutical assistance, I asked him if he was on a regular medication regimen. He quickly listed so many drugs, including psychotropics, that I couldn’t write them down as fast as he was listing them, so I laughed and asked him to slow down a bit so that I could note them all. He smiled too, then said in all sincerity, “I need those; You’ve got to understand, I’m hard-core psychotic, and I couldn’t work without those.” In that moment, I was reminded of just how important the routine of work is in many folks’ lives.

It will be no surprise to readers of this newsletter that group leadership skills quickly become useful in disaster relief work. Efforts to build a sense of “community” yield significant rewards, or in their absence often produce chaos. Community in this case, takes an initial shape of a search for the basics. Effective disaster relief is built to a large extent on Maslow’s hierarchy of needs, in much the same order. An effective system for preparing and distributing the basics becomes the first order of preparedness and action. Food, water and shelter are first, followed quickly by the need to establish safety and security. Each of these tasks may seem simple, but in the midst of trauma each requires strong leadership. A community will stagnate if this early stage of “sustenance, safety and security” is not established effectively. Once order and routine are established and trusted, the community has a chance to move beyond mere survival.

Knowing the common stages of group development helped me to respond more constructively to the stage of post-traumatic stress that comes out as lack of appreciation, disillusionment, anger and entitlement. It’s difficult for some volunteers to handle this stage, but as in group development, it’s important to accept and deflect such expressions as natural and expected. Only then can you expect to be able to get to the point in your group where role assignments and assumptions do not necessarily follow rigid class lines, or gender

expectations, but actually emerge from the natural personalities and abilities of the individuals. I shall not soon forget how the least educated person in one of my groups became the most universally cherished and respected, primarily because he did such a great job of listening and caring for other group members. Similarly, in another the person with the most physical disabilities and limitations became the group’s “star,” the one most integrally connected in the group’s exchanges, and the one to whom all others seem to turn when they felt least understood by the group.

Regularly scheduled large and small group sessions are important contributors to the success of an emergency shelter. First sessions enable shelter managers to set basic safety and operational rules and procedures, and to begin the process of community building. Perhaps the most important contribution that group sessions provide the community is the delivery and exchange of accurate information. One of the most significant challenges of any shelter is the dissemination of inaccurate information or rumors. Television is not always a positive or accurate source of information or for community-building in a shelter. For example, it was easy for our residents to believe after a special television segment on Houston’s efforts to provide “New” housing for evacuees, that we should as well. In the early stages of a trauma, there’s a good chance that other sources may become more helpful, like the 24-hour volunteer service provided by our local Ham Radio operators who managed to track down lost relatives for several families in our shelter.

One of the most personally uplifting incidents in my volunteer experience occurred fairly early in the first post-storm week when we were still trying to get a couple hundred people settled into our shelter. Amidst the high level of activity several volunteers came rushing toward me to help an elderly woman who seemed to be having an anxiety attack. On my way down the hall I had a quick thought of how lucky I was that my training and experience had led me to the spot where I was running toward a “crisis” rather than away. Rather than share what I did or didn’t do, let me just mention the part of the story that was so moving for me. After helping her walk (a relatively tough task) to a quieter place and talking softly to her, she seemed to calm a bit, but was still physically and psychologically agitated, that is, until her granddaughter arrived. “Thank you so much for taking care of my grandma,” she said lovingly; “don’t worry about her, that’s just how she gets when she misses Grandpa.” The story goes on, of course, but the part that I recall so fondly was simply observing the incredible power of a loving exchange of non-physical and non-verbal messages between two family members in a crisis when one was “holding” the other in a safe place away from a precipice.

The challenges helpers face in attempting to deal with the magnitude and wide-ranging nature of the post-traumatic stress experienced by Gulf Coast victims are significant. As psychologists, we’re fortunate in times of crisis, in that, we have more than just “good intentions.” For me, the range of challenges were so wide-ranging, multifaceted, immediate and long-term, and deeply affective that I often felt stretched to my limit to find a way to help. Shelter residents included both genders, multiple races and ethnicities, family sizes ranging from individuals to couples to parent(s) with children, different socio-economic levels, and a wide range of abilities and disabilities. The age range at the special shelter was from 92 on the high end

to a baby less than a week old at the time of evacuation, with most decades between represented. Some families had managed to stay together (one extended family numbered 16) and others had been tragically separated from their children and other family members. Nonetheless, even though I felt stretched, I felt honored to have had a chance to help. What more can a psychologist want.

## Relevant Group Factors and Intervention Strategies in Hurricane Katrina Shelters

*Charlie Capanzano, PhD*  
*Director of Community Services, Cortland, NY*



*Charlie Capanzano, PhD*

The National Red Cross Mental Health Disaster Team provided me with a unique opportunity to plan for and provide group intervention services in several Red Cross and faith-based shelters in Louisiana.

The first two weeks following the hurricane were a time of tremendous human suffering of many thousands of Americans and a need for massive, comprehensive and immediate mobilization of human resources. As a clinical psychologist and a mental health administrator, I received a call from the Red

Cross the day before the hurricane hit. They correctly predicted a catastrophe, which would have an effect beyond what the American Red Cross has ever confronted.

Initially, I was assigned to a Reconnaissance Team which reported daily to Dr. Ernest Feigenbaum, a retired National Public Health Services Physician and Senior Administrator and to Wally Lamb, an Oakland, California building contractor, at the National Red Cross headquarters in Louisiana. I toured most of the parishes in the vicinity of New Orleans and we assessed the needs of shelters which had just opened. Consultations were given when requested at each shelter. I initially advocated for basic mental health personnel and space. Personnel eventually arrived but when the needs were the greatest however, all shelters had an insufficient availability of mental health personnel. Initially, all shelters were crowded and space for special needs such as group meetings were usually unavailable or limited.

During this stage, there were often requests to staff for group consultations regarding stress management, communication skills, program planning and referral. There were requests regarding conflict resolutions for groups of individuals.

During the next stage, I concentrated my efforts in developing and delivering services in seven shelters in Livingston parish. The disaster shelter has several barriers to psychological intervention. Residents of the shelters have primary needs for food, a place to sleep, and in many cases, medical care and safety. These needs take priority in management of the shelter. As many shelters became filled beyond capacity, the ability to provide these physical needs became a daunting task and a concern for all. However, the psychological needs were

also great for all shelter residents, workers and volunteers.

Group dynamics were affected by ever-shifting roles and membership identities. Shelter residents with pre-existing racial, class and neighborhood identities became residents in a new miniaturized community. Some sections were identified as special needs sections for the infirm. Some residents were identified by others as having pre-existing major problems such as autism, bipolar disorders, schizophrenia or Alzheimer's disease. Later, shelters became consolidated and individuals retained some initial membership status as they interacted.

Two group dynamics were pervasive. One major challenge was to accept or at least to tolerate others who previously, outside of the shelter, one may have viewed with indifference, fear or hostility. Sharing common experiences, feelings and goals helped to bridge the differences. The second group dynamic which affected the experience for all participants was the need to cope with constant change. Residents, staff, volunteers, resources and the physical shelter itself changed daily. The group experience could not rely on the cohesiveness and group identity which can be helpful in other groups. However, the models of successful coping with change were available to mentor other group participants.

The major barrier to group work was space limitations. There were several solutions: 1) Several shelters had outdoor grounds which could be used, (e.g. around a tree or in a relatively isolated side of a building), 2) corners of shelters could be utilized, 3) A 'neighborhood' group was sometimes held where individuals in cots and blankets, in a section defined themselves and reviewed topics with the group leader, 4) In a few instances, e.g. pride and talent night - the shelter as a whole became the group and the few individuals who were not interested left the shelter for the grounds.

Screening participants for group participation was done in a general way. Individuals who were disoriented, highly agitated, extremely emotive or psychotic were encouraged to have time with an empathic and resourceful volunteer when a group activity was to start.

In the group, individuals often adopted a variety of common roles or attitudes including: the hero, the voyeur, "poor me", "yes, but", the cynic, the nurturer, etc. The setting prohibited the enforcement of confidentiality. The safest approach in the largest groups was to encourage respect and discretion but to warn that confidentiality was encouraged but could not be guaranteed. Despite the limitations, individuals in the shelters had a great need for peer emotional support and information exchange, both of which could be ideally provided in a group format. Individuals took risks depending upon their trust level and their need for privacy.

Several types of groups are needed and can be easily utilized in a shelter: 1) General discussion and current events groups were helpful to give information, alleviate fears, relieve and give positive emotional support, 2) Groups with a goal-setting and decision-making orientation can sometimes be combined with current events groups, 3) Stress management groups were often requested by staff and volunteers. The sharing of adaptive coping styles by shelter participants was very helpful. 4) Grieving loss was obviously a universal need and groups were a natural vehicle to address these

needs. 5) Anger management groups were often held with targeted individuals. Staff, residents or mixed groups were usually held with little advanced notice as situations developed cognitive, short-term and solution-based frameworks were utilized in groups. 6) Project planning groups were held. A talent show was planned in one shelter. This emphasized positive strengths of the residents who collectively had amazing talents in singing, poetry, dance, sketch comedy, baton twirling and other areas. There were opportunities for teenagers to share with elderly gospel singers in inspiring hopeful messages. There was also a great opportunity for shelter residents to show their appreciation for the efforts of others.

In large, shelters with over 1,000 residents there were needs for a variety of specialized groups for parents, teenagers, children, and those with medical needs recently discharged from hospitals to shelters. Sizes of groups varied. On several occasions, I was requested to give information or to lead a discussion to the shelter as a whole regarding major events (e.g. integration with another shelter, postvention, after armed gang members in a bus were turned away). Small groups were possible around a shade tree. Medium sized area groups were also held.

Most group performed several functions including both information sharing and skills building. The management of conflict and safety considerations were always priorities. Increasing the ability to cope and demonstrate resilient behaviors in the face of loss and uncertainty remained a priority for all mental health professionals.

Group activities which facilitated the use of positive role models were helpful. Members learned how others had successfully addressed issues and challenges which they face. Groups also assisted members in learning how to find and use information to solve problems. The practice or learning of adaptive social skills including appropriate assertiveness, starting and maintaining conversations, and making and maintaining friendship were focuses of one group.

Decision-making skills were reviewed in vivo as new information was presented to and shared by group members. The group supported participants' ability to focus on information gathering, data analysis, selection of priorities, brainstorming potential options and anticipating potential consequences.

## Newsletter Deadlines

**March 1**  
**June 1**  
**October 1**

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

## From the TGP Editor:

Our Journal Editor, Dennis Kivlighan, is adding a Group Case Studies Section to our Journal, *Group Dynamics: Theory, Research, and Practice*. These case studies can be clinical or non-clinical (organizational, sports, naturally occurring groups). I would especially encourage group psychotherapists to contribute to this section as our Journal would be enhanced by more clinical articles. E-mail Dennis at [dennisk@umd.edu](mailto:dennisk@umd.edu), or feel free to contact me at [abelfant@aol.com](mailto:abelfant@aol.com) for any ideas or suggestions you might have.

Letters to the Editor are strongly desired. If there are any newsletter pieces you wish to comment on or debate or add to, please do so. This is your newsletter, let's make it lively for our group. And, contributing a 750-word to 1500-word piece would be most welcome. If you wish to run an idea by your editor I am reachable at [abelfant@aol.com](mailto:abelfant@aol.com).

## 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 non-academic), 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 Steve Sobelman at [steve@cantoncove.com](mailto:steve@cantoncove.com).

## 2006 Division 49 APA Convention Program

The final program for the APA Division 49 New Orleans Convention is listed below. This program reflects the efforts of the many who submitted proposals and the hard work of the 2006 Program Committee.

Many thanks to the Committee which includes: Jennifer Harp, PhD (Program Chair); Jeanmarie Keim, PhD (Program Co-Chair); Janice DeLucia-Waack, PhD; Allan Elfant, PhD, ABPP; and Joshua Gross, PhD, ABPP. Their commitment to a quality program is greatly appreciated.

Please note that the Division 49 Board Meeting will be held Friday, August 11 from 8:30 AM to 12:00 PM in the Division 49 Hospitality Suite, New Orleans Marriott Hotel (check for specific room location at the Convention; it will be posted at Division Services and various other locations).

### Thursday, August 10

9:00 AM–9:50 AM

**Group Development—Facilitating Stages of Change in Domestic Violence Groups** (Discussion)

Morial Convention Center, Meeting Room 334

Chair: **Michael Waldo, PhD**, New Mexico State University

Participant:

**Jonathan P. Schwartz, PhD**, University of Houston

*Integrating Stages of Change and Group Development Theory*

10:00 AM–11:50 AM

**Psychoeducational Group Approaches for Reducing Aggression and Delinquency in Adolescents** (Symposium)

Morial Convention Center, Meeting Room 351

Chair: **Pamela Orpinas, PhD**, University of Georgia

Participants:

**Arthur M. Horne, PhD**, University of Georgia; Co-authors:

**Jennifer L. Stoddard, MS**, University of Georgia; **Christopher**

**D. Bell, MS**, University of Georgia

*Parents Groups for Bully Prevention: The Parents Bully Busters Program*

**Georgia Calhoun, PhD**, University of Georgia; Co-author:

**Brian Glaser, PhD**, University of Georgia

*GIRLS Project*

**Brian Glaser, PhD**, University of Georgia; Co-author: **Georgia**

**Calhoun, PhD**, University of Georgia

*JCAP Team*

**William Quinn, PhD**, Clemson University

*Family Solutions Program*

**Maria del Pilar Grazioso, MA**, Universidad del Valle de Guate-

mala, Guatemala City, Guatemala; Co-authors: **Claudio Garcia de la Cadena, MS**, Universidad del Valle de Guatemala; **Evelyn Espinoza, MA**, Universidad del Valle de Guatemala  
*School Violence in Guatemala: Psychoeducational Group Intervention Research 2003–2006*

Discussant: **George Gazda, EdD**, University of Georgia

12:00 PM–12:50 PM

**Taking a Closer Look at Group Supervision—Ethics, Training, Research** (Symposium)

Morial Convention Center, Meeting Room 347

Co-chairs: **Maria T. Riva, PhD**, University of Denver; **Jennifer E. Cornish, PhD**, University of Denver

Participants:

**Maria T. Riva, PhD**, University of Denver

*Group Supervision: Current Practices and Results of a National Survey*

**Jennifer E. Cornish, PhD**, University of Denver

*Group Supervision of Supervisors*

**Jacqueline Moreno, MA**, University of Denver

*Multicultural Considerations in the Facilitation of Group Supervision*

Discussant: **Rodney K. Goodyear, PhD**, University of Southern California

1:00 PM–1:50 PM

**Intersection of Cultural Diversity and Group Therapy—Challenges and Opportunities** (Conversation Hour)

Morial Convention Center, Meeting Room 336

Chair: **Eric C. Chen, PhD**, Fordham University

Participants:

**Angela E. Kang, BA**, Fordham University; **Adam D. Joncich,**

**BS**, Fordham University; **Eric C. Chen, PhD**, Fordham University

2:00 PM–2:50 PM

**Overcoming Challenges in Measuring Group Process and Leadership** (Symposium)

Morial Convention Center, Meeting Room 349

Co-chairs: **Gary M. Burlingame, PhD**, Brigham Young University; **Robert L. Gleave, PhD**, Brigham Young University

Participants:

**Julie Ann Krogel, BS**, Brigham Young University

*Group Questionnaire: A New Measure of the Group Relationship*

**Christopher Chapman, BS**, Brigham Young University

Group Leader Assessment: The GPIRS at the Brigham Young University Counseling and Career Center

**Jeffery Elder, BS**, Brigham Young University  
*Group Therapist Participation in Group Therapy Research: A Qualitative Examination*

3:00 PM–3:50 PM

*Theory, Research, and Practice of Child Group Psychotherapy*  
 (Workshop)

Morial Convention Center, Meeting Room 335

Chair: **Zipora Shechtman, PhD**, Haifa University, Haifa, Israel

## Friday, August 11

9:00 AM–9:50 AM

*Group Therapy in Schools—Developing Therapeutic Interventions with At-Risk Children* (Workshop)

Morial Convention Center, Meeting Room 280

Chair: **Elaine Clanton Harpine, PhD**, University of South Carolina—Aiken

1:00 PM–1:50 PM

Presidential Address

*The Crisis in American Public Education: What Group Psychology Has to Offer*

New Orleans Marriott Hotel, Balcony J

Participant: **George Gazda, EdD, Division 49 President**, University of Georgia

2:00 PM–2:50 PM

Business Meeting (Division 49)

*(All Division 49 Members Welcome)*

New Orleans Marriott Hotel, Balcony J

3:00 PM–3:50 PM

Arthur Teicher Group Psychologist of the Year Award  
 (Invited Address)

New Orleans Marriott Hotel, Balcony J

Recipients: **Gary M. Burlingame, PhD**, Brigham Young University, Provo, UT; **Addie Fuhrman, PhD**, Brigham Young University, Provo, UT

Chair: **George Gazda, EdD, Division 49 President**, University of Georgia

Participant: **Steve A. Sobelman, PhD**, Loyola College in Maryland

4:00 PM–4:50 PM

Poster Session

Morial Convention Center, Halls E & F

Participants:

**Colleen E. Clemency, MEd**, Arizona State University  
*Multiple Family Prevention Group Model Adolescent Disordered Eating*

Co-author: Andrea Dixon Rayle, PhD, MA, Arizona State University

**Diana J. Semmelhack, PsyD**, Midwestern University  
*Applicability of the Tavistock Model for Severely Mentally Ill Populations: Exploring the Influence of Affiliation*

Co-authors: Amanda Jogmen, PhD, Midwestern University; Clive G. Hazell, PhD, DeVry University

**Stephen A. Colmant, PhD**, Oklahoma State University  
*Sweat Therapy: Effects on Group Therapeutic Factors and Feeling States*

Co-authors: Carrie L. Winterowd, PhD, Oklahoma State University; Evan A. Eason, BA, Oklahoma State University; Chris Cashel, EdD, Oklahoma State University; Sue C. Jacobs, PhD, Oklahoma State University

**Catherine Mogil, PsyD**, Children's Hospital Los Angeles, Los Angeles, CA

*Violence Risk-Reduction for Children in Shelter-Based Treatment*

Co-author: Jennifer L. Ayres, PhD, Children's Hospital Los Angeles

**Joseph R. Miles, MEd**, University of Maryland  
*Examination of Themes in Group Dynamics: Theory, Research, and Practice*

Co-author: Dennis M. Kivlighan, PhD, University of Maryland

**Charles T. Capanzano, PhD**, Cortland County Mental Health Department, Cortland, NY

*Relevant Group Factors and Intervention Strategies in Hurricane Katrina Shelters*

**Adam D. Joncich, BS**, Fordham University

*Mapping the Group: Visualizing Self—Other Concepts in Group Therapy*

Co-author: Eric C. Chen, PhD, Fordham University

**Christopher D. Bell, MS**, University of Georgia

*Evaluation of the Effectiveness of Cognitive Restructuring in Small-Group Counseling of Career Decidedness in an Undergraduate Population*

Co-author: Arthur M. Horne, PhD, University of Georgia

**Joseph Chiechi, MA, LCSW**, Long Island University, Brooklyn Campus

*Enhancing Quality of Life: A Positive Psychology Forensic Group Intervention*

Co-authors: Melissa Bochicchio, MA, University of Hartford; Marc Hillbrand, PhD, Yale University

5:00 PM–5:50 PM

Group Intervention in the Aftermath of Hurricanes Katrina and Rita (Workshop)

Morial Convention Center, Meeting Room 339

Chair: **Darlyne G. Nemeth, PhD**, Neuropsychology Center of Louisiana, Baton Rouge, LA

Participants: **Daniene Neal, MS**, Neuropsychology Center of Louisiana, Baton Rouge, Louisiana; **Amy Gammon, BA**, Neuropsychology Center of Louisiana, Baton Rouge, LA

6:00 PM–9:00 PM

*Division 49 Social/Party (Please join us—All are welcome!)*

New Orleans Marriott Hotel, Division 49 Hospitality Suite  
 (Specific room location will be posted at Division Services and various other locations at the Convention).

## Saturday, August 12

### 9:00 AM–10:50 AM

Black Psychologists, Black Clients, and Black Issues in Group Psychotherapy (Symposium)

Morial Convention Center, Meeting Room 348

Co-Chairs: **Darryl L. Townes, PhD**, Georgia State University; **Alaycia D. Reid, PhD**, Georgia State University

Participants:

**Darryl L. Townes, PhD**, Georgia State University; **Alaycia D. Reid, PhD**, Georgia State University; **Michelle K. Lyn, PhD**, Georgia State University; **Matthew L. Smith, PhD**, Georgia State University

### 11:00 AM–11:50 AM

Becoming a Passionate Group Psychotherapist—An Interactive Workshop (Workshop)

Morial Convention Center, Meeting Room 256

Co-Chairs: **Allan B. Elfant, PhD**, Independent Practice, State College, PA; **Michael P. Andronico, PhD**, Independent Practice, Somerset, NJ

### 12:00 PM–12:50 PM

Training Competent and Ethical Group Leaders—Critical Issues (Symposium)

Morial Convention Center, Meeting Room 255

Co-Chairs: **Lynn S. Rapin, PhD**, Independent Practice, Cincinnati, OH; **Maria T. Riva, PhD**, University of Denver

Participants: **Maria T. Riva, PhD**, University of Denver;

*Training Group Leaders to Observe and Facilitate the Group Process*

**Lynn S. Rapin, PhD**, Independent Practice, Cincinnati, OH  
*Refining Best Practices in Group Psychotherapy*

**Myoung Ah Lee, MA**, University of Denver  
*Culturally Responsive Group Therapy for Korean American Adolescents*

**Sally H. Barlow, PhD**, Brigham Young University  
*Has Empiricism Kept Up with Clinical Wisdom?*

Discussant: **Robert K. Conyne, PhD**, University of Cincinnati

### 1:00 PM–1:50 PM

Women's Psychotherapy Groups: Essential Space Apart (Workshop)

Morial Convention Center, Meeting Room 282

Chair: **Jennifer S. Harp, PhD**, Independent Practice, State College, PA

## Sunday, August 13

### 9:00 AM–9:50 AM

Surveying Group Counseling Programs in the University Counseling Center Setting (Discussion)

Morial Convention Center, Meeting Room 274

Co-Chairs: **Joshua M. Gross, PhD**, Florida State University; **Nikki J. Pritchett, PhD**, Florida State University

### 10:00 AM–10:50 AM

Evolution of the Tavistock Model in the Treatment of Severely Mentally Ill Populations (Workshop)

Morial Convention Center, Meeting Room 350

Co-Chairs: **Diana J. Semmelhack, PsyD**, Midwestern University; **Amanda Jogmen, PhD**, Midwestern University

Participants:

**Clive G. Hazell, PhD**, DeVry University

*Theoretical Underpinnings of the Tavistock Model;*

**Diana J. Semmelhack, PsyD**, Midwestern University  
*Rationale for the Use of the Model with Severely Mentally Ill Populations and a Description of the Formation of a Group*

**Amanda Jogmen, PhD**, Midwestern University  
*Description of the Research Component*

### 11:00 AM–11:50 AM

Teaching Group Leadership Skills for Groups with Children and Adolescents (Workshop)

Morial Convention Center, Meeting Room 351

Chair: **Janice DeLucia-Waack, PhD**, State University of New York at Buffalo

Participant: **Deborah A. Gerrity, PhD**, State University of New York at Buffalo  
*Effective Groups with Children and Adolescents*

### 12:00 PM–1:50 PM

Integrating Spiritual Issues in Group Psychotherapy—An Experiential Approach (Workshop)

Morial Convention Center, Meeting Room 269

Chair: **Kathleen Y. Ritter, PhD**, California State University—Bakersfield

## Part II of the History of Division 49

George M. Gazda, EdD

Part I of the History of Division 49 concluded with the establishment of provisional status of the division within APA. As with Part I of the history of Division 49, most of the information for the period 1991–1998 comes from Andronico's (1999) chapter: A History of Division 49 (Group Psychology and Group Psychotherapy). From 1998–2006, I have contacted the past presidents and the APA Library to update the history. In some instances the data provided were unavailable in the tables of Officers, Boards of Directors, and Outstanding Psychologist of the Year, which follow.

Once the provisional status of Division 49 was obtained, the organizational structure to meet the requirements of permanent divisional status needed to be developed. The first group of officers and board members were appointed. Subsequent officers and board members would be elected by the entire membership.

With the establishment of provisional status for Division 49, the "Group Sections" in the other divisions were dissolved by popular vote except for the Group Section in Division 39 (Psychoanalysis).

Dues that had been collected in Section I of Division 29 were contributed to Division 49 to help with start-up expenses. The first formal meeting of the officers and board members was held one month following granting of provisional status. Since most officers and board members would be attending the American Group Psychotherapy Association (AGPA) Convention, the meeting was held during the convention. Committees were formed and chairs were assigned to head these committees.

Following the first board meeting, committee chairs began to recruit members, set up mission statements and set the direction for the new division. Gloria Gottsegen and David Hescheles compiled the division's bylaws. George Gazda chaired the publications committee that started the Division 49 newsletter first titled *The Bulletin of the Division of Group Psychology and Group Psychotherapy* with Louis Schlesinger as its original editor. Schlesinger was followed by David Kipper whose first issue was titled *Perspectives* and later issues were titled *The Group Psychologist* which became the permanent title of the newsletter. Gazda and two of his doctoral student assistants studied the need for a division journal and presented their research to the



George M. Gazda, EdD

**TABLE 1**  
**Officers of Division 49**

| Year | President         | President-Elect   | Past President    | Secretary          | Treasurer         |
|------|-------------------|-------------------|-------------------|--------------------|-------------------|
| 1991 | Arthur Teicher    | Joseph Kobos      | None              | David Hescheles    | M. Andronico      |
| 1992 | Arthur Teicher    | Joseph Kobos      | None              | David Hescheles    | M. Andronico      |
| 1993 | Joseph Kobos      | Morris Goodman    | Arthur Teicher    | Allan Elfant       | M. Andronico      |
| 1994 | Morris Goodman    | Michael Andronico | Joseph Kobos      | Allan Elfant       | David Hescheles   |
| 1995 | Michael Andronico | John Borriello    | Morris Goodman    | Allan Elfant       | David Hescheles   |
| 1996 | John Borriello    | Allan Elfant      | Michael Andronico | Rae Perls          | David Hescheles   |
| 1997 | Allan Elfant      | David Kipper      | John Borriello    | Rae Perls          | Rex Stockton      |
| 1998 | David Kipper      | Richard Moreland  | Allan Elfant      | Rae Perls          | Rex Stockton      |
| 1999 | Richard Moreland  | Rex Stockton      | David Kipper      | J. Schoenholz-Read | Rex Stockton      |
| 2000 | Rex Stockton      | Richard Weigel    | Richard Moreland  | J. Schoenholz-Read | Arthur Horne      |
| 2001 | Richard Weigel    | David Drum        | Rex Stockton      | J. Schoenholz-Read | Robert Kaltenbach |
| 2002 | David Drum        | Sally Barlow      | Richard Weigel    | Robert Conyne      | Robert Kaltenbach |
| 2003 | Sally Barlow      | Arthur Horne      | David Drum        | Robert Conyne      | Susan Gantt       |
| 2004 | Arthur Horne      | Steve Sobelman    | Sally Barlow      | Robert Conyne      | Susan Gantt       |
| 2005 | Steve Sobelman    | George Gazda      | Arthur Horne      | J. Delucia-Waack   | Susan Gantt       |
| 2006 | George Gazda      | Lynn Rapin        | Steve Sobelman    | J. Delucia-Waack   | John Dagley       |

APA Publications Committee (Stewart, A.E., Steward, E.A., & Gazda, G.M. (1997). The APA Publications Committee approved the need for a Division 49 journal and over the next few years a contract would be signed by APA to publish it. Gazda chaired the committee search for the first editor and the committee selected Donelson Forsyth in 1995.

Richard Weigel chaired the first Fellows Committee and immediately began processing candidate for Fellow status in the division. Most of the first candidates were already Fellows in other APA divisions.

Joseph Kobos coordinated Division 49's first convention programming held in San Francisco in 1991. The division was allowed to supplement programs in group psychology and group psychotherapy that were already accepted through other divisions. The keynote address for Division 49 was given by Scott Rutan a former president of AGPA. His topic was "Group Therapy in Today's Society." The 1991 APA convention was regarded as a success for Division 49. The group programs were well attended and enthusiastically received and the social hour was well attended.

Another early important project was to apply to the American Board of Examiners for Professional Psychologists (ABEPP) for a Diplomate in group psychology. Morris Goodman and Joseph

Kobos led this committee and Bert Schwartz compiled a data base to help complete the application form. A separate entity from Division 49 was established to meet division Diplomate requirements. Diplomate status was approved by ABEPP in 1995 and the content and form of the exam was completed in 1997. During this extended application process Goodman and Kobos kept the board and membership informed of the progress.

The first full year of Division 49 was 1992. Joseph Kobos followed Arthur Teicher as president and Morris Goodman was president-elect. Bruce Bernstein and Leon Hoffman were elected as new Member-at-Large board members. (As an economy measure the board of directors had been reduced from nine to six members.) Allan Elfant was elected as the second secretary. For the second consecutive time the Board of Directors held their Mid-Winter Board meeting at the site of the annual convention of the AGPA. Several programs were co-sponsored by AGPA and Division 49. AGPA also provided Division 49 with a complimentary meeting room and hosted dinners with AGPA officers and Division 49 officers to discuss forming a liaison between the two organizations. CEO Marsha Block was very cooperative and generous with Division 49. In fact, there was a close affiliation between AGPA and Division 49 leadership especially during the first several years of Division 49's development. The first five presidents of Division 49, as well as most of its Board of Directors, were fellows of AGPA.

**TABLE 2**  
**Members-at-Large on the Board of Directors of Division 49**

| <b>Year</b> | <b>Members</b>  |
|-------------|---|
| 1991        | John Borriello, George Gazda, Morris Goodman, Gloria Gottsegen, Ruth Hochberg, Susanne Jensen, Harriet Kaley, Jose Redondo, Bert Schwartz |
| 1992        | John Borriello, George Gazda, Morris Goodman, Gloria Gottsegen, Ruth Hochberg, Susanne Jensen, Harriet Kaley, Jose Redondo, Bert Schwartz |
| 1993        | Bruce Bernstein, John Borriello, George Gazda, Morris Goodman, Gloria Gottsegen, Ruth Hochberg, Leon Hoffman, Jose Redondo                |
| 1994        | Bruce Bernstein, June Blum, John Borriello, Gloria Gottsegen, Leon Hoffman, Marian Yeager   |
| 1995        | June Blum, Daryl Feldman, Gloria Gottsegen, Richard Moreland, Arthur Teicher, Marian Yeager   |
| 1996        | June Blum, Daryl Feldman, Gloria Gottsegen, Richard Moreland, Arthur Teicher, Marian Yeager   |
| 1997        | Daryl Feldman, Addie Fuhriman, Gloria Gottsegen, Richard Moreland, Judith Schoenholtz-Read, Arthur Teicher                                |
| 1998        | Michael Andronico, Addie Fuhriman, Arthur Horne, Ruby Jones, Eric Sundstrom, Arthur Teicher   |
| 1999        | Michael Andronico, Sally Barlow, Allan Elfant, Addie Fuhriman, Gloria Gottsegen, John Robinson, Eric Sundstrom                            |
| 2000        | Michael Andronico, Sally Barlow, Ariadne Beck, Ruby Jones, John Robinson, Eric Sundstrom, Susan Wheelan                                   |
| 2001        | Sally Barlow, Ariadne Beck, Donelson Forsyth, Gloria Gottsegen, John Robinson, Judith Tellerman, Susan Wheelan                            |
| 2002        | Ariadne Beck, Allan Elfant, Donelson Forsyth, Leon Hoffman, Judith Tellerman, Susan Wheelan, Mae Lee Billet-Ziskin                        |
| 2003        | Allan Elfant, Donelson Forsyth, Gloria Gottsegen, Leon Hoffman, Joseph Kobos, Judith Tellerman, Mae Lee Billet-Ziskin                     |
| 2004        | Allan Elfant, Joseph Kobos, Gloria Gottsegen, Leon Hoffman, Jennifer Harp, Lynn Rapin, Mae Lee Billet-Ziskin                              |
| 2005        | Allan Elfant, Eric Chen, Gloria Gottsegen, Jennifer Harp, Joseph Kobos, Lynn Rapin, Zipora Shechman                                       |
| 2006        | Allan Elfant, Sally Barlow, Gloria Gottsegen, Joshua Gross, Jennifer Harp, Joseph Kobos, Zipora Shechman                                  |

During the formation of Division 49, two other professional groups contributed to the leadership and membership pool of Division 49. The Association for Specialists in Group Work (ASGW) of the American Counseling Association and Division 17 of APA (Counseling Psychology) had many of their leaders assist in the formation of Division 49.

The Membership Committee was chaired by Candice Nattland to be followed by Kenneth Roberson and co-chaired by Silvio Silvestri. The program committee was co-chaired with Darryl Feldman from New York coordinating meetings on the East coast and John Rochios from San Francisco coordinating meetings on the West coast. Rex Stockton became the first chair of the Research Committee and Gloria Gottsegen served as Council Representative in a coalition with Division 46 (Media Psychology).

The first year of full convention programming for Division 49 was during the APA Centennial Convention in Washington, D.C. in 1992. Feldman and Rochios planned the program which included an award to be given each year to the outstanding group psycholo-

gist (named the Arthur Teicher Award in honor of the founder and first president). The recipient of the award was to give a speech concerning his or her area of expertise. Henriette Glatzer was given the 1992 award and she titled her speech: "50 years of Analytic Group Psychotherapy."

Other precedents that were established for the annual convention was to announce and introduce newly appointed fellows, present a \$200 prize and plaque for the best dissertation on groups, and present the past-president with a plaque.

During 1992 the division was approved as an APA sponsor for continuing education which enabled the Division to sponsor post-doctoral institutes usually held just before the APA convention. John Borriello conducted the application process.

*This history of Division 49 will be continued and references will be provided at the conclusion of the historical narrative. ~Ed.*

**TABLE 3\***  
**Outstanding Psychologist of the Year**

| <b>Year</b> | <b>Recipient</b>                 | <b>Topic</b>  |
|-------------|----------------------------------|---|
| 1991        | Scott Rutan                      | Group Therapy in Today's Society  |
| 1992        | Henriette Glatzer                | 50 Years of Analytic Group Psychotherapy  |
| 1993        | Robert Dies                      | Implications of Group Psychotherapy, Research for Clinical Practice   |
| 1994        | Saul Scheidlinger                | Nine Decades of Group Psychotherapy   |
| 1995        | Herbert Kelman                   | Group Processes in the Resolution of International Conflicts: Experiences from the Israeli-Palestinian Case |
| 1996        | Don Forsyth                      | Function of Group   |
| 1997        | Yvonne Agazarian                 | System-Centered Therapy for Groups: Demonstration and Discussion  |
| 1998        | Louis Ormont                     | Group as an Agent of Change   |
| 1999        | Anne Alonzo                      | (Title Unavailable)   |
| 2000        | George Gazda                     | Life Skills Training Model: A Comprehensive Group Intervention  |
| 2001        | Joseph McGrath                   | (Title Unavailable)   |
| 2002        | No Award Given                   |   |
| 2003        | No Award Given                   |   |
| 2004        | Rex Stockton                     | Group Work: Past, Present, and Future   |
| 2005        | Albert Ellis                     | Rational Emotive Behavioral Group Therapy   |
| 2006        | Gary Burlingame & Addie Fuhriman | A Reason for Hope   |

\*Named The Arthur Teicher Group Psychologist of the Year Award in 1992.

# Enriching Psychodrama Through the Use of Cognitive Behavioral Therapy Techniques



Thomas Treadwell EdD

Thomas Treadwell, EdD; V. K. Kumar, PhD; and Joseph Wright, PhD

This brief article combines psychodrama and cognitive behavioral therapy techniques in applied group settings. They illustrate the application of some CBT techniques found helpful in the three phases of psychodrama with college students and patients diagnosed with mood, substance abuse, anxiety, and personality disorders. Although both CBT and psychodrama models stress the discovery

process through Socratic questioning, the use of certain structured CBT techniques (e.g., the Dysfunctional Thought Record) provides additional ways of stimulating the development of self-reflection and problem-solving skills.

Although traditional psychodrama is conceptualized in terms of three main techniques—warm up, action, and sharing—there is no dearth of techniques that may be applied in those three phases (see Treadwell, Stein, and Kumar, 1988, 1990). The versatility of psychodrama stems from the variety of techniques that have been borrowed or adapted from various individual and group psychotherapy modalities. With the increasing popularity of cognitive behavioral therapy (CBT) techniques, especially those developed by Beck and his colleagues (see Beck J, 1995; Beck, A. T., Rush, Shaw, & Emery, 1979) in the treatment of anxiety and depression in individual psychotherapy, there is an increasing interest in applying techniques unique to the cognitive behavioral model to group modalities, including psychodrama. The blending of the two models yields a complementary eclectic approach to multiple problem-solving strategies.

In applying the various CBT techniques within the context of psychodrama, it is important to devote the first one or two sessions (at least 3 hrs each) to educating the participants about the CBT model and the psychodrama model to create a safe and secure environment in which individuals can share their concerns freely with group members over the next several weeks.

At the outset, the therapist introduces the group members to the significance of completing the Beck Depression Inventory-II, the Beck Anxiety Inventory, and the Beck Hopelessness Scale on a weekly basis. Diagnostic instruments, which they are completed before the start of each session, are stored in their personal folders to serve as an ongoing gauge of their progress in the group

By using Young's (Young & Klasko, 1994; Young, 1999) schema questionnaire, therapists can obtain additional data on dysfunctional schemas/core beliefs. The Social Network Inventory, similar to a genogram, (Treadwell, Stein, & Leach 1993) is utilized to map and



Joseph Wright, PhD

quantify participants' relationships with family members, people, groups, and organizations.

From our experience, the preferred size of a group appears to be between 5 and 10 members, the sessions last 2 to 3 hr, and the duration of treatment is approximately 15 weeks. Patients need to be screened before matriculation into the group. Based on our observations, we recommend that (a) individuals with self-centered and aggressive disorders display strong resistance in group work, especially when assuming auxiliary roles. They tend to lack spontaneity and rigid in their portrayals of significant others; that is, they either insulate or attempt to dominate others in the group; (b) it is better to exclude individuals with narcissistic, obsessive compulsive, and antisocial personality disorders because individual therapy is more suitable for them; and (c) individuals with cluster A personality disorders and impulse control disorders, such as intermittent explosive disorders, have difficulty functioning in a group composed of individuals with different diagnoses.



V. K. Kumar, PhD

## Some Helpful CBT Techniques

*Dysfunctional Thought Record (DTR Beck) or Automatic Thought Record (ATR Greenberger & Padeskey, 1995)*

The classic psychodrama techniques of role reversal, doubling, self-presentation, interview in role reversal, mirroring, future projection, surplus reality, empty chair, and other action techniques (Moreno, 1934; Blatner 1996; Kellerman, 1992) can be applied directly to situations indicated in the DTRs. During the initial didactic sessions, we found that it is extremely helpful to teach the group members how to complete a Dysfunctional Thought Record (DTR). It is important to introduce the DTR as a self-reflection strategy for recognition of automatic thoughts that occur within and outside the therapy sessions and for improving problem-solving and mood-regulation skills.

### *Automatic Thoughts (ATs)*

Automatic thoughts usually contain one or more *cognitive distortions*. The auxiliaries and the therapist may help the protagonist discover the possible cognitive distortions in the protagonist's stated AT. For example, for an identified all-or-nothing cognitive distortion, the therapist develops a scenario to explore it in an action format to get an in-depth, concrete explanation of the protagonist's thought processes. Additional auxiliary egos or the self-presentation technique to represent the many conflicting selves may facilitate working through a cognitive distortion.

### *Downward Arrow Technique*

The downward arrow technique consists of challenging the protagonist by repeatedly asking the question: If that were true, why would it be so

upsetting? The technique can be used during any stage of psychodrama to explore the core beliefs underlying an AT.

### Case Conceptualization

The case conceptualization technique is applied as an ongoing therapeutic tool. After three or four sessions, the therapist explains the main ideas behind the technique to the group members and asks them to complete the case conceptualization forms on an ongoing basis as the group progresses. A member discusses his or hers completed form with the group on an assigned day.

Case conceptualization may help the group member reflect on their various rules, conditional assumptions, beliefs, and means of coping. It is also a good way of introducing the cognitive triad to group members who characterize their situations to reflect themes of loss, emptiness, and failure. Beck (1995) referred to such bias as the negative triad, viewing oneself (“I am worthless”), one’s world (“Nothing is fair”), and one’s future (“My life will never improve”) in a negative manner.

From our experience with CBT techniques, we believe that they can be used effectively within the context of psychodrama. Students and clinical populations respond well to the CBT techniques and find them helpful in becoming aware of their habitual dysfunctional thought patterns and beliefs systems that play an important role in mood regulation. Therapists can also use techniques, not illustrated in this article, such as an advantages/disadvantages matrix and the preparation of coping cards during role playing or as homework. Therapists can expect some resistance from group members, especially with regard to their not completing DTRs on time or their unwillingness to share their DTRs with the group. We found, however, that group members quickly begin to see the usefulness of the various structured CBT techniques.

One of the most important elements of CBT is that it is data based—group members keep track of their dysfunctional thoughts, depression scores, anxiety scores, and helplessness scores from week to week. They are able to see changes that result from group therapy that makes

the therapeutic process a tractable one. The use of CBT techniques allied to psychodrama helps provide a balance between an exploration of emotionally laden situations and a more concrete, data-based, problem-solving process.

### References

- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.
- Blatner, A. (1996). *Acting-In*. (3rd. ed.), New York: Springer.
- Greenberger, H. & Padaskey, C. (1995). *Mind over mood: A cognitive therapy treatment manual for clients*. New York: The Guilford Press
- Kellerman, P. (1992). *Focus on psychodrama: The therapeutic aspects of psychodrama*. Philadelphia: Jessica Kingsley.
- Moreno, J. L. (1934). *Who shall survive?: A new approach to the problem of human interrelations*. Washington, DC: Nervous & Mental Disease.
- Treadwell, T., Stein, S., & Leach, E. (1993). The social networks inventory: A diagnostic instrument measuring interpersonal relationships. *Journal of Small Group Research*, 24(2), 155–178.
- Treadwell, T., Kumar, V. K. Stein, S. (1990). A review of psychodramatic action and closure techniques for adolescents and adults. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, 43(3), 102–115.
- Young, J. E., & Klosko, J. S. (1994). *Reinventing your life*. New York: Plume.
- Young, J. E. (1999). *Cognitive therapy for personality disorders: A schema-focused approach* (revised edition). Sarasota, FL: Professional Resource.

*Thomas Treadwell and V. K. Kumar are professors of psychology at West Chester University and are clinical associates at the Center for Cognitive Therapy at the School of Medicine at the University of Pennsylvania. Their mailing address is Department of Psychology, West Chester University, West Chester, PA 19383.*

*Joseph H. Wright is a clinical psychologist at the Center for Cognitive Therapy, University of Pennsylvania’s School of Medicine at 3535 Market Street, 2<sup>nd</sup> Floor, Philadelphia, PA 19104.*

## The Successful Implementation of a Tavistock Process Group in a County Jail



Diana Semmelhack, PsyD, CGP

*Diana Semmelhack, PsyD, CGP  
Midwestern University, Downers  
Grove, IL*

*Clive Hazell, PhD  
Devry University, Chicago, IL*

A Tavistock process group was successfully implemented in a county jail located in a large urban center. A cohesive work group evolved, contrary to the expectation held by theorists that the Tavistock model would not work with a severely mentally ill detainee population. Another key learning from this experience was the encounter with the “black hole” phenomenon described by Grostein (1994) that was manifested at the intrapsychic, interpersonal, and institutional levels.

A county jail is primarily a holding facility for individuals who are detained while they await trial. Many detainees are mentally ill. Among detainees, survival appears to be linked to the portrayal of the self as strong and powerful. The manifestation of a false self greatly hinders the detainee’s capacity to connect with others. The Tavistock group provided detainees with the opportunity to increase their understanding of themselves and to form authentic relationships with others.

A fundamental precept of group relations maintains that work is not possible unless some boundaries are established and maintained. These boundaries protect members from anxieties that could potentially destroy the group. In the case of this group, boundaries were established with respect to task, time and role.

Group boundaries were discussed in the Opening Event. During this orientation phase, a form was read aloud describing the group’s purpose as increasing knowledge and examining attitudes and values

involved in interpersonal and group interactions. In terms of time and role boundaries, sessions were held in the same room for one hour time periods two times per week for ten weeks. The group included two female consultants who facilitated the accomplishment of the previously mentioned goals through the interpretation of here and now experiences. There was one male observer whose role involved observing the group process. The member role involved participating in the group to gain insight into oneself and one's relationship with others. Finally, an external consultant participated indirectly by consulting weekly with the consultant team on issues arising in the group.

The pool of male detainees considered for membership included individuals living in the Residential Treatment Unit (RTU). The RTU unit is comprised of individuals with Axis I (DSM IV, 1994) diagnoses requiring the administration of psychotropic medications including paranoid schizophrenia, major depression and bipolar disorder. Mental Health Workers referred twelve severely mentally ill detainees for the group and nine agreed to participate. Members were awaiting trial on a variety of charges including murder and armed robbery. The group was heterogeneous in terms of age and race. Members were of at least average intelligence.

The demographics of the population and the nature of the setting contributed to a number of assumptions that were acknowledged as being widespread in the institution by the consultants including the beliefs that the group members were too impulse-ridden, psychologically disturbed, antisocial and cognitively concrete to participate in the group. However, individual clinical work done by the consultant team with detainees suggested that some of the men could benefit from the group.

The components of the group design that facilitated the formation of the effective work group included the Opening Event, Here-and-Now Events, the Discussion Event, and the Application Event. As stated earlier, the Opening Event involved orienting group members to the task and the roles in the group and included the presentation of didactic material. Here and Now Events constituted the major work of the group in which members experienced the group and themselves, and learned through direct participation in the group. The Discussion Event was held midway through the experience and focused on making sense out of members' experiences in the group. Finally, the group ended with the Application Event which focused on applying experiences in the group to roles members had in other groups to which they belonged.

The initial phase of group development was characterized by uncertainty and tension. During this phase, members looked to fit into the group. The theme of wanting to "fit in" appeared to be a manifestation of feelings of loneliness and isolation. Comments by the group membership were directed towards the consultant team with the hope of getting answers about how to "fit in". Concurrently, the detainees' comments suggested the group's conflict with respect to intimacy. On the one hand, members wanted a caring relationship with the female consultants, but on the other hand, it was safer (less fear of rejection) to disparage the consultant team.

Over time, the membership's desire to fit in and trust, and the con-

sultants' failure to directly provide the members with the formula for doing so appeared to evoke fantasies of an absent mother. Disappointment in the consultant team's ability to meet the affective needs of the group by providing them with "answers and advice" appeared to contribute to the recognition of a sense of emptiness in the group that manifested in the metaphor of a "black hole". The term "black hole" was not used by the members but was palpable by the consultants as they observed the group respond to their announced absences.

Membership defended against consultations that named the pain associated with the "black hole" by demeaning the consultant team ("I get more therapy from the guys on the dorm") or by focusing on addition ("The best therapy is couple of rocks [cocaine]"). The group longed to have the void filled by the consultant's advice, which could numb them (like cocaine) from feelings triggered by the void. By feeling the despair, members would risk experiencing a recapitulation of painful affect associated with the failure of their earlier holding environments with their mothers.

The group's ambivalence about dealing with affect and the hostility communicated towards the consultants contributed to countertransference reactions in the consultant team. For example, fantasies of being abandoned by the membership threatened the consultants' capacities to interpret for the group. With the assistance of the external consultant, the consultant team was able to process these feelings/fantasies and to move forward with the group process. For example, with the external consultant's assistance, the consultants were able to acknowledge feelings of loss and despair triggered in response to the sudden departure, in the form of a "walk-out," of all but one group member during a session. These feelings suggested that projective identification was operating and provided more evidence for the presence of painful affect in the response to the "black hole". The group, through its action was making the consultants feel what they could not verbalize.

The Discussion Event provided an opportunity to process some of the anxiety present in the group through a reinforcement of didactic material and an open discussion of the group's process. Prior to this event, the group appeared to be operating in a dependency culture and was experiencing intense rage in response to not having its needs met. The didactic emphasis of this event appeared to provide the group with the cognitive tools necessary to contain anxiety enough to address the task.

The shift towards a working group (around the 17<sup>th</sup> session) was characterized by an increased sense of belonging to the group and a willingness to address painful affect. Members acknowledged a renewed commitment to the group. One member said, "I am committed to this group...you guys are my friends." Members also acknowledged the importance of the consultant team: "We need your expertise." Gradually, the group's capacity to trust and address feelings increased. One member stated, "...true communications is about naming real feelings." The work group's task involved addressing the feelings of despair generated by the void. True intimacy could only be obtained by acknowledging the intense experience of abandonment present in the group.

In the third to last session, members appeared to directly address the task of the group. A single member spoke for the group when he stated, "I am ready to do the work...I am tired of not being myself...I have been alone...fucking people...It is so sad...Now I have someone who cares...I cherish this person." It appeared that he had acknowledged the "black hole" and the pain associated with it for the group. A consultation suggesting that the member had been speaking for the group was confirmed by a member who said, "Lots of us feel that way."

In subsequent sessions members expressed an increased capacity for intimacy and authenticity through their interactions. Concurrently, members' increased capacity to acknowledge their feelings suggested that psychological growth had occurred.

## Running a Sexual Identity Therapy Group

Mark A. Yarhouse, PsyD and Heather L. Brooke, MA

Individuals who present with questions or concerns surrounding their sexual identity often find it difficult to find others, with whom they can safely explore, discuss and process their experiences. Sexual identity refers to words used to describe to oneself and to others something about one's sexual preferences. Common words used to communicate sexual identity include *straight*, *gay*, *lesbian*, *bi*, and *queer*. What we have found helpful is to offer what we refer to as a sexual identity therapy group—a safe place for people to come together to navigate sexual identity concerns. In this article we mention some of the professional considerations, preparations, and dynamics in running a sexual identity therapy group.

The rationale for the sexual identity therapy group includes providing services to diverse and often underserved populations. In this case diversity is seen in sexual orientation and in some cases also religion and ethnicity (American Psychological Association, 2002).

There are certainly unique considerations when setting up and running a sexual identity therapy group. In our area, which serves a diverse but often rather conservative religious client population, we found ourselves approaching religious organizations that have often been unsupportive of persons who experience same-sex attraction. But we included these organizations in our initial mailings, and psychologists who are interested in running a sexual identity therapy group may find it helpful to send flyers announcing the group to mental health professionals as well as to local places of worship and related religious institutions. The flyers we send out communicated that the purpose of the group was to provide a safe place to sort out how to live in light of one's beliefs and values.

As with most groups it may be helpful when setting up a sexual identity therapy group to conduct a screening interview, either live or by phone. For us, the screening interview typically lasted 30–40

minutes and included a description of the group, its purposes, as well as questions for the client about their personal goals if they were to participate in this type of group. Since this was a therapy group for navigating sexual identity concerns, we clarified during the screening interview that this was not a group to change sexual orientation.

### Reference

Grotstein, J. (1994). Endopsychic structure and the cartography of the internal world: Six endopsychic characters in search of an author. In J. Grotstein & D. Rinsley (Eds.), *Fairbairn and the origins of object relations theory*. New York: Guilford.

minutes and included a description of the group, its purposes, as well as questions for the client about their personal goals if they were to participate in this type of group. Since this was a therapy group for navigating sexual identity concerns, we clarified during the screening interview that this was not a group to change sexual orientation.

In keeping with various APA guidelines for addressing sexual orientation in clinical practice, we included an informed consent form that explicitly stated the APA's position that homosexuality is no longer considered a mental illness (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000). The consent form also addressed other areas of potential interest which include: a) what might be causing a client to have concerns about their sexual identity (e.g., sociocultural variables), b) a general overview of research on the etiology of same-sex attraction/orientation, c) available professional therapies and religion-based support groups, and d) possible benefits and risks of participating in group therapy.



Mark A. Yarhouse, PsyD and Heather L. Brooke, MA

The sexual identity therapy groups we have run have been open to both men and women. We recognize that some group members might prefer or be accustomed to a gender exclusive group; however, the literature that seems to support this approach tends to be for specific concerns (e.g., sexual abuse) that might be more sensitively addressed in a gender exclusive format. Since this group was not limited to such a specific concern, we felt

that a mixed group could be beneficial, especially if we conducted the group as a mixed gender co-therapy team.

The group format itself can vary. For example, one group we ran was closed and time-limited. This meant once we had enough people to run the group, we asked people to commit to attending for 12 weeks. At this point group would end and the group members and facilitators would reevaluate the format. Another group was ongoing and open for others to join throughout its execution. This group ran for over 25 weeks. In the open group format, we asked those who

joined later to agree to come for a minimum of 4 sessions to facilitate therapeutic safety for group members who had made previous investment in the therapy process.

Group may be run with a mixture of both process- and content-oriented formats. Overall, most of our group sessions were process-oriented. Participants began group with check-in and could ask for group time to discuss events from the past week. If we had materials to share, we would provide a didactic session that last approximately 20–30 minutes (with the entire group lasting 90 minutes). The didactic time followed check-in but happened prior to the longer group process time.

The first session of group provides an opportunity to reiterate standard expectations that have been communicated during the initial screening interview. This is also a good opportunity to establish additional group expectations. One example was speaking about one's own experiences rather than –giving direct advice to other group members.

In the groups run thus far, participants all identified themselves as having a religious affiliation. This contributed to at least three major considerations that have impacted our work. The first consideration was that of incorporating religiously-congruent interventions in group therapy (e.g., prayer). We met as co-leaders to discuss various religiously-congruent interventions and were open to their use in ways that are consistent with the literature in this area (e.g., Richards & Bergin, 1999). It should be noted, however, that these kinds of interventions can be powerful and should be used with awareness of how they affect group members individually and the group collectively.

That group members were religiously-affiliated also led to an understanding that their religious beliefs and values contributed in meaningful ways to their “attributional search” for sexual identity (Exline, 2004; Wong & Weiner, 1981). What we mean by this is that group members were trying to sort out how to think about themselves in light of their experiences of sexual attraction, and they wanted a place to sort out their attributions and make meaning out of their experiences. We began to see ourselves as joining them in their search, often listening to their experiences and present challenges.

To facilitate “attributional search” for sexual identity (Wong & Weiner, 1981), we tended to use language to describe experiences of sexual attraction rather than presume an identity as such. Clients were free, of course, to identify themselves in any way they wished, and many struggled with the best way to present themselves to others. This struggle provided the opportunity to discuss the difference between one's “public” and “private” identity (“public” sexual identity referring to how others think of them and “private” sexual identity referring to how they label themselves). We also discussed aspects of a person's experience that can sometimes inform sexual identity. For example, group members discussed how they made sense of their experiences of same-sex attraction, their biological sex, gender identity (how masculine or feminine they felt in light of sociocultural messages and expectations), sexual behavior, and beliefs and values regarding human sexuality (Yarhouse, 2001)

The third consideration was that, because we were running groups

with religious individuals, we also spent time processing potential religious conflict and strain. There are a number of ways to do this, of course. One way we chose was to have a session in which we asked group members to complete projective drawings about God and themselves in relation to God, after which we processed together the thoughts and feelings associated with the drawings. We witnessed illustrations of feeling disconnected from God, as though God were inaccessible to them. Other drawings seemed to portray God as vigilant – keeping an eye on the group member. Still other drawings appeared to represent the theme of redemption, in which the illustration identified God as supporting group members in their present search for identity and meaning (Wong, & Weiner, 1981; see Yarhouse & Tan, in press).

As we mentioned above, in many respects running a sexual identity therapy group is akin to joining group members on an attributional search for sexual identity. This search may involve discussions about religion and spirituality. What we found was that group leaders essentially join group members on their personal journey to offer and provide a safe and therapeutic environment with hopes to facilitate a deeper and more meaningful experience along the way, understanding that the focus is not the endpoint so much as the process.

*Mark A. Yarhouse, PsyD is Associate Professor of Psychology at Regent University where he directs the Institute for the Study of Sexual Identity.*

*Heather L. Brooke, MA, is a fourth-year student in the doctoral program in clinical psychology at Regent University.*

#### References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060–1073.
- Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, 55, 1440–1451.
- Exline, J. J. (2004). Anger with God: Empirical and clinical issues. Paper presented at the colloquia series at Regent University, Virginia Beach, Virginia, December 3, 2004.
- Richards, P. S., & Bergin, A. (1999). *A spiritual strategy*. Washington, DC: American Psychological Association.
- Wong, P. T., & Weiner, B. (1981). When people ask “why” questions, and the heuristics of attributional search. *Journal of Personality and Social Psychology*, 40, 650–663.
- Yarhouse, M. A. (2001). Sexual identity synthesis: The influence of valuative frameworks on identity synthesis. *Psychotherapy*, 38(3), 331–341.
- Yarhouse, M. A., & Tan, E. S. N. (in press). Addressing religious conflicts in adolescents who experience sexual identity confusion. *Professional Psychology: Research and Practice*.

# Developing Educational Groups for Children and Parents Living with HIV/AIDS



*Mina D. Nguyen, PsyD*

*Mina D. Nguyen, PsyD  
Children's Hospital of Los Angeles*

The Children's AIDS Center at Children's Hospital Los Angeles has the largest pediatric HIV/AIDS population of any program in the Western United States. The Center currently serves approximately 110 families. Over 95 percent of the children in the Center were born with HIV/AIDS. The Center has a diverse population consisting of 51 percent

Latino, 25 percent Caucasian, 22 percent African-American, and 2 percent Asian/Other. Additionally, 85 percent of the families live below the Federal Poverty Level. Given that most of the children were born with HIV/AIDS indicates that one or both parents are also living with this illness.

HIV/AIDS infected and affected families share many similar concerns with other families and children facing chronic illness. However, one significant uniqueness of these families is the alienation and secrecy that is associated with the illness. Families with HIV/AIDS often experience alienation and discrimination due to the stigma associated with the illness (Wiener, Theut, Steinberg, Riekert, & Pizzo, 1994). Social isolation, rejection, and ostracism is repeatedly identified as accompanying the AIDS diagnosis (Mayers & Spiegel, 1992). For instance, parents may often not want to disclose their child's diagnosis for various reasons such as: to protect child from discrimination, to avoid emotional distress, or for fear of having to subsequently disclose their own diagnosis. Because of the secrecy and stigma that's often associated with pediatric AIDS, families are further impeded in their ability to openly and sufficiently experience and express their feelings and seek social support in coping with their challenges. Lack of a supportive network of friends and family or a place to share about fears and to grieve is characterized of AIDS patients (Mayers & Spiegel, 1992). A support group can meet all these needs and provides acceptance and support of one another's strengths and struggles, mutual education, and mastery of new ways of problem solving (Mayers & Spiegel, 1992).

The children in the group build support and peer relationships with one another. Because the children are unable to disclose their HIV/AIDS status to their schoolmates (social isolation), these children have a safe and non-judgmental environment to talk about these issues. The children in the group are encouraged to seek support from one another and problem-solve difficult situations that may arise at school. The clinicians educate the children about HIV/AIDS. Children have just as many concerning questions as their caregivers. Often these children cannot ask their caregivers because the caregivers may not know the answers themselves; furthermore, communication about HIV/AIDS may not be permissible in the family (i.e., "secrecy in the family"). Many of the group members reported that their own siblings did not know about their diagnosis and it was important that their siblings did not find out. In a survey performed by the clinicians in a trial group, the children reported excessive worry about their

future, negative self-esteem, sadness, general malaise, thoughts of suicide, and withdrawal from friends and family.

The eight-week children's curriculum consists of: 1) This is Me (i.e. getting to know each other and sharing one common illness), 2) My Family (i.e. various types of families and loss), 3) Coping with Illness (i.e. specifics about HIV/AIDS and speaking freely about illness), 4) Hospital and Clinic Visits (i.e. medication adherence and asking physician specific questions), 5) Friendship and School Issues (i.e. keeping secrets and self-esteem), 6) Team Building (i.e. building trust and learning to communicate effectively), 7) Termination and Year Books (i.e. summary of learned coping skills, and 8) Graduation (i.e. parents and children recognized for participation and presentation of certificates).

HIV impacts the entire family (Hendrick, 1999). Research has found that HIV is an illness that can affect the structural soundness of a family (Wiener, Moss, Davidson, Fair, 1992). Due to the complexities that this illness presents, a concurrent parent's support group was also offered. Family members and friends of HIV+ individuals are said to be "affected" by HIV. Some of those who are affected are also infected with HIV. Parents and guardians of HIV/AIDS infected children face a range of psychological stressors, potential adjustment difficulties, and coping challenges. A study conducted by researchers at the Hospital for Sick Children in Toronto described the challenges of parents of HIV+ children where one or both parents are infected. The interviews elicited 5 major concerns: 1) Future needs of the children, 2) Living with uncertainty and coping with stress, 3) Dealing with complex health and family relationship issues (i.e., balancing needs of healthy and sick family members), 4) Dilemmas of disclosure and fear of discrimination, and 5) Social and community experience (i.e., poverty). Parents and guardians of HIV infected children experience clinically significant elevations of depression and anxiety and experience additional reactions including shock, losses, fears, denial, grief, and anger. These feelings may be compounded for parents who are also infected as they must care for their children while simultaneously coping with their own physical symptoms, complex regimens and emotional reactions to their own and/or child's diagnosis (Rotheram, 1997). Infected parents may also experience greater grief because they must accept the idea of surviving their child and of living without the child and they must make provisions for childcare (Wiener, Theut, Steinberg, Riekert, & Pizzo, 1994). These feelings may also be compounded for grandparents who may be coping with losing their own child to AIDS while taking care of an HIV infected grandchild. Non-infected guardians (i.e., grandparents or adopted parents) may struggle with survivorship: they may experience more anticipatory grief because they must accept the idea of surviving their child and of living without the child (Wiener, et al., 1994).

The collateral group is also needed in order to build a support system for the parents. Studies have demonstrated that those who perceive strong social support experience lower levels of distress. A support system can help counter stigma and fear associated with HIV. A sup-

port group can help parents develop better ways of coping with their child's diagnosis. The group will create a safe and non judgmental environment for families and will be an opportunity for parents to counter the discrimination & alienation that they often experience. The group will also support parents who may be experiencing guilt and shame associated with infecting their child.

The collateral parent group will also empower families. Because of the discrimination families may face as well as the uncertainty about their own health and the health of their children, parents feel like they have no control over their life or their children's life. They often struggle with determining what their rights and responsibilities are and how to advocate for their children. Therefore, the group will be an opportunity to empower families in their role as parents, educators, and role models.

The parents' curriculum consists of: 1) Communication with Children (i.e., barriers to adaptive communication and skills training), 2) Emotions: (i.e., awareness of symptoms, emotions undermining self-care, parental emotions limiting children's exploration of feelings, setting goals), 3) Stress and Coping (i.e., coping with controllable versus uncontrollable situations), 4) Support System (i.e., barriers to and identification of a supportive network), 5) Disclosure of Diagnosis (i.e., positive versus negative experiences, anticipating reactions), 6) Shared Advocacy (i.e., rights and responsibilities, assertive communication, confidence and self-efficacy as parents), 7) Meeting with Physician/Medication Adherence (i.e., knowledge reduces fear and anxiety, barriers to adherence), 8) Graduation.

The children's group was administered outcome measures prior to group participation and following termination. The outcome

measures utilized to assess the children's emotional, behavioral, and overall functioning were: 1) Trauma Symptom Checklist for Children which evaluated posttraumatic stress and psychological distress. 2) Child Depression Inventory which provided an indication of depression and 3) Behavior Assessment System for Children which identified the child's externalizing and internalizing problems and adaptive skills.

The model utilized the following instruments to measure the parents emotional functioning: 1) Beck Depression Inventory screens for depression, and 2) Symptom Check List which assesses adult psychopathology.

These pre and post measures provided data regarding the effectiveness of the proposed intervention model in improving the quality of life of the group members. Although different agencies have provided support groups for children and parents with HIV, no attempts have been taken to quantify the outcome of these groups. The data will allow the standardization of the structured group model and curriculum so that other pediatric AIDS facilities and community mental health clinics throughout the country may utilize the model in assisting children and families affected by HIV and AIDS.

#### References

- Wiener, L., Theut, S., Steinberg, S. M., Riekert, K. A., & Pizzo, P. A. (1994). The HIV-infected child: Parental responses and psychosocial implications. *American Journal of Orthopsychiatry*, 64(3).
- Wiener, L., Moss, h., Davidson, R., & Fair, C. (1992). Pediatrics: The emerging psychosocial challenges of the AIDS epidemic. *Child and Adolescent Social Work Journal*, 9, 381-407.

## Building a Group Practice in Today's World: The Group Pyramid

Michael A. Andronico, PhD, ABPP  
Former President, Division 49



Michael A. Andronico, PhD, ABPP

Building a clinical practice in today's world is fraught with obstacles. Insurance companies no longer reimburse psychologists at the high rates that most had become accustomed to prior to HMO's. Managed care has taken over with substantially reduced rates of compensation, limited opportunities to join provider panels, etc. To add to these problems, there has been a large proliferation of other mental health specialties willing to work for a much lower wage than psychologists were once used to.

What is the "poor" clinician to do?!? The Practice Directorate of APA has made several good suggestions to help psychologists deal with these issues. This article can help the Group Psychologist to utilize their special skills in group dynamics to build or improve their clinical practice.

### Choosing a Specialty

Many experienced psychologists have difficulty limiting their thinking to a single specialty and beginners have difficulty being too narrow in their selection of a specialty. It might be helpful to start broadly and gradually narrow down. For example, if one conceptualizes their practice as a "marriage and family" practice, it would be helpful to start with "marital problems". Although this may initially appear to exclude family problems, once the specialty gets more defined, the other aspects can easily be followed, as will be explained later. As one narrows "marital problems" further, we can then be more specific and begin with "marital issues with young parents" or "marital issues with blended (hate that word) families".

If one's interests are in women's issues, one could use the same approach and specialize in "Women in the Workplace" and begin by even more specializing this to "Single Women in the Workplace" or "Married Women in the Workplace" or "Women with children in the Workplace". Later, one can expand this to other women and workplace issues and even other women's issues. Once an initial specialty is arrived, the next step is "Group 101" or "Specialty 101".

### **“Specialty 101” or “Group 101”**

This stage is the base of the pyramid of the group practice. (Andronico, 2001) It is the most challenging and stimulates the most creativity. There are many ways to do this with the basic idea being to establish a large foundation to support the upper structure of the pyramid. One way to begin is to offer an introduction to your specialty. Here it is helpful to have a specific focus. This can be as brief as a one-hour lecture and discussion, or a two or three-hour workshop at a local library, religious institution, or school on your topic. The principle is to attract people who are interested in this subject. Some of them will initially not be interested in ongoing work for whatever their reasons. Some may be. With the lectures, one aims for a large attendance, for a longer, more intimate format such as a workshop, numbers are best limited to ten to fifteen, perhaps twenty if the workshop can accommodate a larger number. In the lecture, leave time for questions so that the participants can get more involved. Near the end, hopefully someone will say that this was important to them and you can respond with “for those of you who might be interested in pursuing this further, I am having a ten session group that will begin on \_\_\_\_\_”.

In the workshop format, the same type of response may be helpful near the end. In this way participants in either setting can form the basis for the foundation of this pyramid, the ten session group. If one manages to give a few lectures and/or workshops, then one may be able to start two, three or more ten week groups which then leads to “Specialty 201” or “Group 201”.

### **“Specialty 201” or “Group 201”**

Near the end of the week groups, some participants will feel satisfied with this and not continue further. Some will want more and then the leader can say that they will be having another group dealing with this issue. This group will be of longer duration, say fifteen or twenty sessions. Following upwards on this practice pyramid, one can have two or three groups at this level. Some groups may wish to stay together as a group and go further in which case the leader may extend their time for an additional ten sessions or as many as fifteen or twenty. In either case, working on this pyramid principle, the leader takes those who wish to continue from one to four groups and combines them on the next level to form one to two groups.

### **“Specialty 301” or “Group 301”**

As the pyramid nears the top, the groups become fewer and longer in time. By now, they are closely approximating a long-term therapy group. The same procedure is followed at the end of these groups, and the remaining members can either stop, decide to maintain their group as a long-term group, or join a long-term group at the top of the pyramid.

### **“Specialty 401” or “Group 401” or “The Apex of the Pyramid”**

At the top of this pyramid is either one or two or perhaps three groups. These are now long-term groups which will be maintained by people who are in groups from a lower level who wish to be involved in such a long-term group.

### **Evolution of the Groups**

The group leader has the flexibility of strictly adhering to the topic that the group initially formed around, or becoming more flexible to meet the changing needs of the group members. In the first level groups it is more desirable to stick closely to the subject since that was the expectation of the participants. In the next level, the leader could expand the group “contract” into more flexible areas or ask the members what their wishes are.

The manner in which the groups are led is also flexible. The leaders need to be free to conduct these groups in whatever theoretical orientation they are comfortable. They also need to take into consideration what best works in their initial stages (“Group 101”)

### **The Value of a Group Orientation and Group Skills**

All of the above treatment interventions are done in groups. Knowledge of group dynamics serves the group leaders well in this pyramid orientation since the groups require an orientation of flexibility and different interventions at different levels. At the first level, many of the participants will not be oriented towards self exploration, having an expectation that they will be told what to do, much like a classroom situation. These can be considered psycho educational groups (Andronico, 1996). Many of these people will stop at the initial lecture or workshop state. Some of these may go to the next level with many doubts, and can gain benefit by the end of that level and go even further. Even those who stop can benefit from this brief exposure to mental health interventions and may go further at a future time. As in any form of treatment, it is particularly helpful for the group leader to have a positive approach since many of the initial participants will have had no prior contacts with mental health workers. A good experience will help these people to seriously contemplate future participation whereas a negative experience may discourage them from any further involvement with any form of treatment.

The group leader who is used to being restricted to their office needs to expand their thinking, especially during the initial phase. Giving talks at local religious sites such as churches and synagogues, schools and other large organizational gatherings is important. Developing more structured presentations is also helpful and they can be used over and over again.

### **Additional Considerations**

As participants move up the pyramid, they may wish to have a few individual sessions with the therapist or to include spouses or other family members in separate sessions. In this way this “group pyramid” still affords the therapist the opportunity to still have individual, couples, and family sessions in their practice.

As can be seen from the above, the most important part of the pyramid is the first or foundational level. In order to support the rest of the pyramid, much energy must be devoted to this level. Lectures, workshops, discussion groups, etc., need to be conducted often to gather participants for the upper, more advanced level.

For the therapist who is used to dealing with people who come to their office with acknowledged emotional problems looking for a resolution of these problems, the initial stage of the pyramid offers

additional challenge and opportunities. By reaching out into the community, the therapist will encounter some people who are not oriented towards self exploration and some who will initially be opposed to this but are willing to participate in a one-time event. With a positive experience many of these people will change their thoughts and continue “up the pyramid”.

This approach requires outreach to a much larger population base than most clinicians have previously had. It is both a challenge to move into this larger base but also potentially very rewarding. More people can be helped and people with both limited and more expansive goals can be reached.

## Group Psychotherapy: From Internship to the Classroom

Gregory Philip Ryan, PsyD

Approximately three-quarters of the way through my internship year I received a call from the chair of the psychology department at Loyola College asking me if I would be interested in teaching full-time at my Alma Mater. I was initially hesitant to start teaching full time right after internship mainly due to my interest in pursuing clinical work. However, my interest was swayed when it was mentioned that one of the three classes I was to teach was an advanced topic: group psychotherapy.

Group therapy has always been a passion of mine. I had spent the majority of my internship year, as well as the previous four years of practicum, learning, writing, and co-leading group therapy experiences. The idea of a group of individuals coming together to assist one another during the more trying times of their lives always seemed so valiant to me. Experiences where men cried with other men, women freely voiced their displeasure with feeling ignored, older adults confronted death and dying, and addicts admitted their powerlessness to substances were so meaningful. With all of these powerful experiences I was still left wondering: “Was I the best person for this class?”

I must have spent at least a month going back and forth with my syllabus. The only constant was the text, *Theory and Practice of Group Psychotherapy* by Irvin Yalom, which was not a difficult decision by any measure. I remember being taught with Yalom’s text and found his writing very tangible, especially for the novice clinician. With much deliberation, the syllabus was organized and the requirements consisted of a term paper, class participation, weekly process notes, and group facilitation. I felt pretty confident this approach would give students a proper introduction to group psychotherapy.

The first day of class was similar to opening night of a Broadway play, and all the characters were there: nervousness, anticipation, doubt, and curiosity. I had taught at the collegiate level before, but never a class with this significance. Thoughts entered my mind concerning my abilities to teach a *mode* of psychotherapy to current masters and

### Summary

This article presents a pyramid style approach towards beginning or expanding a therapy practice. It involves an outreach program and both time limited and ongoing groups. The group therapist with a sound knowledge of group dynamics and group psychotherapy is particularly suited to put such a model into practice. At every stage of this ascending model, it is helpful to “Think Group!”

### References

- Andronico, M.P. (Ed.) (1996). *Men in groups: Insights, interventions, and psycho-educational work*. Washington, DC: American Psychological Association.
- Andronico, M. P. (1991). The psychotherapist as a GP (general practitioner). *Psychotherapy in Private Practice*, 9(1), 13–23.

doctoral students when I had just graduated from a doctoral program myself. Was I *really* the best person for this class?

My initial fears met a crescendo during the first day. I arrived ten minutes early with syllabi freshly copied and even an opening line that started out like, “Did you hear the one about...” While handing out the syllabus a student’s hand went up with an always-comforting

welcome any instructor would like to hear, “I thought someone else was teaching this section.” Looking back, I probably should have thought of the intricacies of group dynamics or the significance of challenging the leader, however, all I could think about was how long the semester was going to be.

From the initial challenges of getting the ball rolling, I began to introduce the expectations and requirements of the course. The introduction was followed by an anonymous exercise, which required students to write their interests and fears of leading/co-leading

group therapy. Interestingly enough, ‘feared themes’ emerged on these note cards involving student’s perceived lack of competence for running groups, how to react when the leader’s authority was challenged, and how to deal with disruptive members. This exercise went well and I proceeded into a history of group psychotherapy: the forty-five minute version (which actually took me close to a week to research).

The first few weeks of the semester came and went. Lectures focused on Yalom’s interpersonal approach as well as the factors necessary for therapeutic change. Factors including the installation of hope, altruism, universality, interpersonal learning, and the recapitulation of the primary family group felt approachable to most of the students in the class. Some students in class had an eye-opening enlightenment reaction while others were still not convinced of its effectiveness. To many of the die-hard cognitive-behavioral students, this approach seemed too abstract and unstructured. I would be lying to say that thoughts of conversion were not dancing in my head.

Beyond the comprehensive but time consuming (words used by my students) term paper, the two most interesting aspects of the



Gregory Philip Ryan, PsyD

class were the process notes and group facilitation. The goal of the process notes was to have students write about the *process* of their experience in either their practicum or even in the class. There were few students if any who had difficulty with this task. Most of them wrote brilliant notes regarding their felt inadequacies when co-leading groups, their secret disdain for their co-leaders, or the powerful feelings that were brought up in their group work. I felt that it was in these process notes that many of the students were able to slow down their thinking processes and find their inner voice.

One of the best experiences I found the class offered was group facilitation. Each student was given a "character" that had his/her own history and presenting concern. Additionally, each character had his/her own style of interacting with group members and group leaders. Initially, it seemed as if the students would be more likely to volunteer for a root canal than participate in the facilitation. After some prompting, the facilitations began and continued for six or so weeks. The character profiles were set and the students played out the dynamics between the group and leaders especially well. Those with little to no group experience witnessed, for the first time, the development and maturation of true group dynamics. Mary came

late to every session, which would never sit well with Jose who had a disdain for anyone who did not match his devotion to group. Lynee was a devout Christian, which to Tom, a nineteen-year-old rocker, seemed like a waste of time. All of these individual idiosyncrasies developed in the mock sessions and opened up the welcoming waters to the group therapy experience.

What I took away from this course was not unlike that of my experience with group psychotherapy. In fact, I had gone through much of the same mental and emotional preparation when planning the course and thinking of how the class should progress. I learned a lot about my teaching style, what works and what does not. I found that students really could appreciate and learn from clinical experiences and *real life* examples. Just as group dynamics flow naturally in treatment, so did the dynamics of this class. The challenge of the leader (instructor) was to lay the groundwork for learning and change. How could I provide a rich learning experience for these students? How does one become the *best* person to teach this class? I found that the answer to these types of question lie not in where a person necessarily is in his/her life but more in the collective dedication and valiancy of every last spoke in the wheel.

## Personal Narratives of The ABPP Specialty Diploma in Group Psychology

Joshua M. Gross, PhD, ABPP

Examination Coordinator, ABPP Specialty Diploma in Group Psychology



Joshua M. Gross, PhD, ABPP

The tradition of the ABPP Specialty Diploma dates back to 1947 and involves a process of peer review by specialists in your area of practice. With the development of the ABPP Specialty Diploma in Group Psychology we have a growing number of psychologists who have taken the time and expended the necessary efforts to complete the process of ABPP Specialty Certification. It is my goal to use this column over then the next series of editions to describe some individual narratives about this process with the hope of better describing this process to the membership of APA Division 49.

This edition we are talking with David H. Hesseles, Psy.D. who was an early participant in the first ABPP examinations for Group Psychology.

**Gross:** Do you recall the specific point in your training or practice as a psychologist when you first came to know of the American Board of Professional Psychology?

**Hesseles:** I was aware of The American Board of Professional Psychology (ABPP) from the beginning of my training as a Doctorate Level Psychologist.

**Gross:** What did the ABPP mean to you at that time?

**Hesseles:** It was awareness that it represented excellence but it was not emphasized as a goal during my Doctoral training. I had other fish to fry and ABPP wasn't a major consideration at the time. The ABPP started to gain importance to me during my second year of Postdoctoral training at Adelphi University. Gordon Derner Ph.D., ABPP Dean of the Psychology Doctoral Program was my supervisor. I was preparing for the end of second year case presentation which was necessary to pass to go onto my third year. Although we were forever presenting cases in front of our peers and being critiqued, I was very nervous about this presentation because I did not know any of the Reviewers. Gordon kept emphasizing the importance of the exam and kept telling me that very few Psychologists ever actually present what happens in their office to reviewers. It is the acceptance of this professional presentation that demonstrates competence and excellence. In the next breath he would mention the ABPP as probably one of the only National stages a Psychologist could demonstrate their competence and excellence. It was at that time that achieving the status of ABPP became very important to me.

There is more to this story. In 1979, I applied to sit for the ABPP exam in Clinical Psychology. I was accepted and completed my work sample. At the same time I was in 3 times a week analysis which was a requirement for completion of the program. The analysis was very important and valuable to me. The analyst made interpretations concerning my never ending need to prove myself and asked "how many hoops would I need to jump through before I would feel competent?" It was the right intervention on the wrong stage. So take a good intention, subtract a lousy intervention, divide it by an analyst with their own unresolved issues and it equals a bad result. I never sat for the ABPP Clinical exam. After the analysis was completed

I still had a burning desire to be an ABPP. After accepting my own responsibility for not completing the process, I eventually sat for the ABPP in Group Psychology and am in the process again of applying for the Clinical Exam.

**Gross:** What then did you think of the idea of psychologist as specialist practitioner?

**Hescheles:** I have mixed feeling about specialties in Psychology. I think that the License in Psychology is Generic and as a result of a Psychologist's extensive training, it allows them to be competent in a wide scope of practice. Specialty exams often imply that only those who sit for the exam have expertise in that area. I don't agree with this. However a rigorous, demanding exam process such as the ABPP format does for all intensive purposes demonstrate excellence.

**Gross:** Did the development of the new Specialty Diploma in Group Psychology in 1998 influence your decision to apply for your first or subsequent ABPP Diploma?

**Hescheles:** Well I was one of the ten or twelve originators of APA Division 49 Group Psychology and Group Psychotherapy. At least 10 hours of my time a month for a few years was dedicated to the development of Division 49. We sat for years in Morris Goodman's New Jersey Office developing Division 49. The ABPP in Group Psychology was being developed by Morris, Joe Kobos and Bert Schwartz along side the creation of Division 49. So I was kind of married to the ABPP in Group Psychology and was one of the first to sit as part of the Grandfathering of the Diploma.

**Gross:** What was the most daunting aspect of it all for you?

**Hescheles:** I'm an old timer. The most daunting task was getting all my transcripts, getting my resume together not to minimize the effort in completing the work sample.

**Gross:** Did any of it surprise you?

**Hescheles:** Yes, how highly anxious I was. I've presented my work, both successes and blunders in various Professional Forums. There is always a degree of anxiety when presenting, but this was very important to me and as a result a much higher degree of anxiety.

**Gross:** Upon being notified that you passed your diplomate examinations, what then were your thoughts about the many procedures you went through in the course of the examination process?

**Hescheles:** I know the first thing I did was to call my wife. I think my initial thoughts were "Finally" and "It's about time I accomplished this." I also felt a sense of mastery and remember thinking "No pain, no gain." The process was rigorous but so fulfilling.

**Gross:** Over time, has having the ABPP Specialty Diploma changed your perception of yourself as a professional and/or the way that you think about your practice?

**Hescheles:** Yes, I'm proud to be an ABPP and see it as a culmination of one of my life's work. ABPP has been something I wanted

to see after my name for a long time.

Although, I have three different post doctorate diploma's, all requiring significant effort, study and competence, I think of the ABPP as "This is it." Whatever "it" is.

**Gross:** What advice would you give a candidate?

**Hescheles:** Well my advice is almost paradoxical. For the most part the most daunting part of the ABPP process is getting all your "stuff" together and the work sample. The exam itself is truly a colloquial process. I have been a member of exam committees and a Chair of two committees. The exam has been a learning process for me. The exam is more of an interchange of ideas and perceptions between Group Psychologists. The candidate does not just present. It is more like a discussion. For example, a stimulus group DVD is initially presented. The committee and the candidate discuss the issues (leadership, group dynamics, etc.) together. It is truly interactive. However, the exam is well thought out, structured and predetermined criteria have been established that need to be met in order to pass. The candidate needs to have a good theoretical rationale for interventions, a thorough understanding of group issues and ethics. So, the advice is that this is similar to many accomplishments in your life that you value, "pushing yourself gives you a great sense of satisfaction and it allows you to know in concrete terms your mastery of Group Psychology."

**Gross:** From your current perspective what are the most important benefits you have received for your investment in obtaining and maintaining your ABBP Specialty Diploma in Group Psychology?

**Hescheles:** It has surrounded me with people I professionally admire and respect. Its like becoming part of an honored club. I also perceive other psychologists and professional organizations more readily recognize my level of competence.

Inquiries to the Consultation Corner are invited and most welcome. We are asking for any dilemmas pertinent to group interventions. Your name will only be used if you wish. E-mail Jennifer Harp, PhD, at JSH262@aol.com.

## Consultation Corner

### Vital Theory for Meaningful Practice: Passing the Wisdom Along

Jennifer Harp, PhD

As group psychologists, we all have different approaches to the groups with which we are involved. In our own minds, our interpretations and chosen interventions usually make sense! After years of practice, we may be unaware of how deftly we have integrated our various theoretical approaches into actual practice. And, hopefully, our ways of engaging our groups do reflect an appreciation of relevant research, appropriate theory, and sound clinical and/or educational practice. However, the ability to explain why or how it is that we “do what we do” may be harder to come by. This may be especially apparent as we are asked to teach or explain the integration of theory and practice to those who are curious and seeking to understand the process more deeply. As consultants, supervisors, teachers, and group leaders, we seek to contribute to the effective training of competent and informed group practitioners. Finding stimulating and effective training methods can be a challenge when requisite, and essential, group theory is introduced as the foundation of sound group practice.



Jennifer Harp, PhD

In this issue's Consultation Corner, Dr. Susan Gantt shares her theoretical knowledge, clinical wisdom, and clever insight as she guides us through a training situation where the group consultant is dealing with such a plight. Dr. Gantt's approach illustrates the potential and transformative power that results when using vital, relevant theory to understand and face thorny group issues.

#### EDITORIAL QUESTION POSED:

*Dear Consultation Corner;*

*I am a supervisor of group psychotherapy in a university counseling center. In my role, I provide consultation to senior staff therapists, as well as supervision and instruction to masters and doctoral level graduate students, and interns, who complete practicum rotations in our center.*

*In order to provide sound and quality instruction and supervision, I base the content of seminars and supervision on group psychotherapy theory and practice, and attempt to encourage the clinicians' effective integration of both. The problem is that many of the staff and supervisees do not seem interested in theory! Certainly, they will tolerate and participate in readings and discussions, but I notice an impatience and a perceived readiness to “lead groups” which reflects their enthusiasm, but perhaps not a comprehensive appreciation of the complexities of group theory and group psychotherapy.*

*Can you help me to consider ways in which I might enliven the pursuit of theoretical relevance and understanding with my supervisees, and staff in general? I have tried many approaches, but seem unable to*

*truly convince them of the need for theory in establishing sound group psychotherapy practice.*

*Signed,*

*Seeking Inspiration*

#### RESPONSE:

Dear Seeker of Inspiration,

You certainly seem on the right track as good theory both inspires and guides us. As Kurt Lewin said, “There is nothing more practical than a good theory” (Lewin, 1951, p. 169). That said, the challenge is how to create a context in your seminars and supervision where learning theory makes sense and *is* practical to the participants.

By the way, I relate to your challenge, as in our systems-centered training program, an approach developed from a theory of living humans systems (Agazarian, 1997), many of our trainees are often more interested in learning what to do and less eager to learn the theory that guides the practice. This has always seemed paradoxical to me in that once you know a theory you can always formulate a hypothesis that guides what you do. In turn, the results from how you intervene, then tests your hypothesis! Theory makes it obvious what to do (at least almost obvious).

So following my own advice, I am going to use theory to think through the problem you have posed. Since my orientation is systems-centered, I look at your seminar and supervisions through the theoretical lens of a theory of living human systems. From this lens, your seminar is a living human system and can be described and assessed in terms of its system properties: its goal orientation and goal clarity, its functioning, and its communications as they reflect its phase of development.

First, I would consider the goal orientation of the seminar. Is the goal clear? Are the members and leader oriented to the same goal? If you ask the members, what the goal is for the seminar, what do they say? Is learning theory relevant for the members' goals? In fact, it might be useful to ask the seminar group about the driving and restraining forces toward their learning in the seminar, with questions like “what helps you learn in this seminar, or what are you satisfied with” and “what gets in the way or is less satisfying?” Collecting this information provides a diagnostic force field of the seminar itself (theory again as this draws from Agazarian's adaptation of Lewin's field theory). Collecting a force field is likely to surface any restraining forces toward learning theory. These restraining forces could then be explored by the seminar group and ways found to weaken the restraining forces.

*(Continued on p. 30)*



Susan Gantt, PhD, ABPP

(Continued from p. 29)

Introducing a force field not only puts into practice a method derived from theory but also, and most importantly, it shifts away from the stereotyped roles where you are trying to “convince them of the need for theory” and they are impatient. Instead, it develops the seminar group getting involved in diagnosing and exploring its own functioning as a group. This process lays the foundation for the group discovering when theory is useful in diagnosing and understanding a group’s functioning, as well as discovering when it is not useful. You are likely to know strategies or methods from another theoretical perspective that would accomplish the same thing that the force field method does.

One other thought to consider related to your mention of “trying to convince them.” It is always a flag for me when I find myself “trying to convince,” that I have lost sight of the goal and my role (it happened again yesterday!). Sometimes a personal response has pulled me out of role. Other times, I am being inducted into a group dynamic. With your seminar, I would consider how the roles of “trying to convince” and the seminar group’s “impatience” might be expressing a group dynamic that is currently interfering with the task goal of the seminar.

Second, a force field of driving and restraining forces would also then be useful in diagnosing the phase of development of the seminar itself. “Impatience” in the seminar may be the beginning of the fight phase, which would be an important developmental step. Introducing the theories about phase of development and suggesting that the seminar apply these theories in diagnosing their own phase as a seminar group could be a very good learning exercise integrating theory and practice.

Third, I would focus on the functioning of the seminar. How does the seminar function and use the resources of its members toward its goal? For example, any seminar is likely to contain members with a range of learning styles. Learning styles can be roughly divided into a preference for learning from the top down or from the bottom up. The Bottom Up subgroup is likely to be most satisfied and learn best by starting with examples (from their own leadership of groups) and then discussing how to tie the practical to theory. The Top Down subgroup likes having the big picture first and then translating the ideas to practice. Legitimizing both learning styles is very important. Each style has specific resources for the group’s learning. In my own seminars, I often ask the group which way they want to first approach the learning, top down or bottom up. Sometimes, the group will elect to alternate and other times, chooses one approach or the other. Legitimizing these learning styles organizes them as functional subgroups in the service of the group goals (again, theory in practice!)

Some of us learn theory for the pleasure of learning theory but for many clinicians, it is only when theory is relevant for practice does learning theory make common sense. Using theory to look at the group functioning of the seminars and supervision sessions makes it immediately practical. How would different theoretical models of group conceptualize the seminar or supervision session and their functioning? I would also propose to the seminar group that they consider how to make explicit the implicit theory that each member uses in their leadership activities.

And lastly, as research has shown we all learn more in a climate of fun, have fun yourself as you experiment with introducing a climate of fun for learning theory.

I thank you for the giving me the opportunity and challenge of thinking this through.

All the best in your teaching and supervising,

**Susan Gantt, PhD, ABPP**  
Atlanta, GA

#### References

- Agazarian, Y. (1997). *Systems-centered therapy for groups*. New York: Guilford.  
Lewin, K. (1951). *Field theory in social sciences*. New York: Harper & Row.

## Member News

Several Division 49 members are or have been significantly involved in the Eastern Group Psychotherapy Association. **Margaret Postlewaite, PhD** is in her second year as EGPS president and **Chera Finnis, PsyD** is co-chair of the EFGPS Marketing Committee. Past Presidents include **Harold Bernard, PhD, ABPP**, **Bert Weinblatt, PhD**, **Bruce Bernstein, PhD, ABPP**, and **Bernard Frankel, PhD, ABPP**.

**J. Jeffries McWhirter, PhD, ABPP**, Professor Emeritus of Counseling and Counseling Psychology, a founding member of the Emeritus College at Arizona State University, and a Fellow of Division 49, was selected for a Fulbright Senior Specialists project at Hacettepe University, in Ankara, Turkey for April 2006, according to the United States Department of State and the J. William Fulbright Foreign Scholarship Board.

### Call For Member News and New Member Introductions

All current Division 49 Members are encouraged to submit any professional news for our newsletter. This may include: professional organizational activities, elections to office, appointments, presentations, or publications. New members of Division 49 are asked to write an introductory description of themselves and their professional affiliation or position. Send your news or introduction along with a photo to [abelfant@aol.com](mailto:abelfant@aol.com).

# Self-Nomination Form

## Standing Committees, 2006

If you are interested in serving on a standing committee of Division 49, Group Psychology, please complete this form.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Job Title \_\_\_\_\_

Institution/Affiliation \_\_\_\_\_

### Division Status

\_\_\_\_\_ Affiliate

\_\_\_\_\_ Member

\_\_\_\_\_ Fellow

### Area of Preference

If you have a preference concerning service areas, please indicate your top three by writing the number 1, 2, or 3, respectively, by the names of first, second, and third most preferred assignments. Note, however, that you need not provide those ranks if you are uncertain about your preference.

\_\_\_\_\_ Action Oriented Approaches

\_\_\_\_\_ Alcohol/Substance Abuse

\_\_\_\_\_ Awards

\_\_\_\_\_ Cultural Diversity

\_\_\_\_\_ Education and Training

\_\_\_\_\_ Ethical Guidelines

\_\_\_\_\_ Fellowship

\_\_\_\_\_ Finance

\_\_\_\_\_ Gender Issues

\_\_\_\_\_ Group Practice

\_\_\_\_\_ Membership

\_\_\_\_\_ Program

\_\_\_\_\_ Publications

\_\_\_\_\_ Students

### Special Interests and/or Qualifications

If you have any special interests or qualifications (e.g., previous service on Div. 49 or APA Boards/Committees that the President should consider in making decisions about committee assignments), please note them here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail, email, or fax the completed form (or a copy of it) to:

Steven A. Sobelman, PhD  
Department of Psychology  
Loyola College of Maryland  
4501 N. Charles Street  
Baltimore, MD 21210  
Phone: (410) 617-2461  
Fax: (410) 675-3451  
Email: [steve@cantoncove.com](mailto:steve@cantoncove.com)

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

Nonprofit Org.  
PAID  
Washington DC  
Permit No. 6348

---

**GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY (49)**  
**American Psychological Association**  
**MEMBERSHIP APPLICATION**  
*Please type or print*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Send Mail to: Home Office

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

APA Membership Number: \_\_\_\_\_

*I am applying for: (check appropriate category)*

**Member:** A member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

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

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

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

**DUES STRUCTURE (2006)**

(Includes Division Journal)

Member .....\$49.00

Associate Member .....\$49.00

Affiliate .....\$35.50

Student Affiliate .....\$10.00

Mail this application with a **check payable to Division 49, American Psychological Association** to the following address:

Division Services  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*