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

DIVISION 49

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From the President
Sally Barlow, PhD

The Division 49 program for the upcoming American Psychological Association meeting in Toronto looks very strong. There is a balanced offering of workshops, research papers, and poster sessions. From the many excellent submissions, we selected five workshops, four symposia, two discussions, and eight posters, and added the two other meetings Division 49 regularly schedules for business and a social. (APA is VERY stingy when it comes to hours allotted to our division. In fact, I plead with you to do four things: 1. give your allotment council vote to Division 49, 2. attend the Toronto meeting August 7th to 10th, 3. attend our Division sessions that are offered during the conference, and, finally, 4. encourage your group colleagues to join Division 49. That is the way, the only way we may gain a few more hours of scheduling time at the annual conference. The Counseling Psychology Division, for example, has four times the programming hours we have because their membership is so big and everyone goes to their sessions! OK, let me climb off of my soapbox.)

Workshops

Five outstanding workshops have been planned that will all be held in the Metro Toronto Convention Centre. On Thursday August 7th, the first workshop at 8 am in Room 205D covers group psychotherapy for chronic illness clients, in which participants will learn effective strategies to intervene with people who suffer with ongoing illness—a growing population in our society. Drs. Crawford and Butt have planned a hands-on experience for participants, which will surely increase your repertoire of group interventions. The next workshop at 1 pm in Room 706 will be conducted by the venerable Chicago psychologist, Dr. Leon Hoffman. There are a number of specific skills he can share, but we have asked him especially to focus on establishing and maintaining psychotherapy groups. His nuts and bolts approach is very helpful to those of us “in the trenches.” We are pleased to offer the next workshop on the Systems Centered Method for resolving conflicts in groups run expertly by Dr. Susan Gantt. The clearly delineated theory-system can be comprehended quickly and you will leave with specific group interventions to aid in your group practice. It will be at 2 pm in Room 203A. The last workshop on Thursday, 3 pm Room 704, will be led by Dr. Harold Bernard (the current president of the American Group Psychotherapy Association—AGPA) and his colleague Dr. John O’Leary. Their timely workshop will deal with the management of countertransference in the aftermath of trauma.

The final workshop, occurring on Friday, August 8th, 10 am in Room 205C, is another important hands-on experience, applying role-enactment in supervision—experiential cognitive reintegration, conducted by Dr. David Kipper, who conducts workshops all

(Continued on page 3)
THE EDITOR’S PERSPECTIVE
by Steve Sobelman, PhD

SARS (Seriously Ambivalent Reactive Syndrome) has reached APA. As many of us waited to hear whether the APA Convention would or wouldn’t be held in Toronto, we began to poll our friends (“So what do you think? Should we cancel our reservations?”) and then poll our conscience (“I should go, but do I want to risk my health?”). Then for many, mistrust surfaced in the form of “What if the Toronto officials are lying to us because the SARS outbreak is playing havoc with their economy?” or “Does the CDC really know what they’re doing?”

At this writing, here is what we do know. The APA Convention is “on” as planned and numbers of registrations are seriously down. And, I suspect many members are still waffling about their decision to attend or not.

But how is this ambivalence different from other issues that groups and individuals face? You once sat in class and the teacher asked the question, “How much is 2 + 2?” You thought you knew the answer, but felt a reluctance to raise your hand for fear of being wrong. Or perhaps if you were correct, you feared your classmates might chide you in some form or fashion for being the class brainiac. The old adage, “fear dictates behavior” certainly is alive and well.

In the last edition of the Newsletter, I asked the membership for assistance as to how our Division could improve the quality of our value added services. Your ideas and opinions are important. So again, what do you think of having an Online Newsletter? Or how about a “Members Only Section” as part of the Division 49 Website that would provide handouts and articles specific to Group Psychotherapy, either for use with patients or your classroom? And, what do think about “distance learning” opportunities for CEUs? Let me know your thoughts…

Using the Division 49 listserv, I invited members to provide articles about their current research or practice with groups. Thank you to all of you who provided articles as this edition showcases some of those received.

Stave off SARS (in whatever form it takes) and keep those cards and letters coming. See ya’ in Toronto. You can always reach me at: sobelman@loyola.edu

Thoughts to Ponder

- Remember, once you get over the hill, you’ll begin to pick up speed.
- I love cooking with wine; sometimes I even put it in the food.
- If it weren’t for STRESS I’d have no energy at all.
- Everyone has a photographic memory; some, like me, just don’t have any film.
- Dogs have owners; Cats have staff.
- If the shoe fits… buy a pair in every color.
- Never be too open-minded—your brains could fall out.
- If you look like your passport picture, you probably need the trip.
- Bills travel through the mail at twice the speed of checks.
- A balanced diet is a cookie in each hand.
- Middle age is when broadness of the mind and narrowness of the waist change places.
- Opportunities always look bigger going than coming.
- Junk is something you’ve kept for years and throw away three weeks before you need it.
- Experience is a wonderful thing…it enables you to recognize a mistake when you make it again.
- By the time you can make ends meet, they move the ends.
From the President
(continued from page 1)

over the world. If any of you have tried to get supervisees (in whatever capacity—graduate, post graduate, etc.) to role-play you know how important it is to find ways to work through their understandable, although unhelpful resistance. This workshop will help you push through that resistance so that supervisees can really learn additional group skills.

All of our workshop leaders were gracious enough to reduce their workshops by one hour, thereby allowing us to offer a few more. Please be patient with them as they demonstrate their fine skills in so short a time.

Symposia

From a number of excellent paper proposals we selected four. (There were so many good papers, we had to ask several authors if they would be willing to shorten their hour presentations to fifteen minutes and be on a panel of papers with similar topics.) On Thursday August 8th, at 11 am Room 205C, Dr. Robert Conyne (pronounced “ko-9”) and his colleagues will tackle the task of teaching group work in group psychotherapy and group psychology. Dr. Zipora Shechtman and her panel of colleagues will present the current research on group processes that work Friday at 8am in Room 716. Next, Drs. Burlingame and Gleeve will present another important angle on the empirical research, what’s happening in group psychotherapy, at 2pm on Friday, in Summit Room 204. Finally, Dr. Catherine Classen from Stanford has graciously agreed to host a panel of separate papers that fortunately all have one thing in common: group interventions that really work with a variety of clients. These include such topics as Child Sexual Abuse (CSA) adults who are at risk for HIV, how awareness of psychotic illness (schizophrenia, schizophreniform, schizoaffective, and delusional) impacts group therapy, and other papers as equally compelling. This will be held in Room 205C at 9am on Saturday, August 9th.

Discussion

Dr. Andy Horne and his colleagues will present psychoeducation groups targeting bullying and victimization—a cross-cultural perspective at noon on Thursday, August 7th.

As you may know, there are thousands of antiviolence programs. Dr. Horne’s, backed up by good empirical research, is one of the top programs in the nation. The second discussion presentation will be critical incidents in multicultural groups by Drs. Janet DeLucia-Waack and Jeremiah Donigian. They have invited their expert colleagues to discuss their ideas with the audience at 9am on Sunday, August 10th, in room 206D.

Posters

This year our eight posters, displayed in the Exhibit Hall at 10am Friday, cover such varied topics as the effects of sweat therapy on group dynamics, groups and WW II veterans, counterproductive supervision events, dialectical behavior therapy groups in university settings, collective identity, groups for South Asian women, the impact of challenge course participation, and the impact of process observers. Psychology Graduate students from all over the country, Albert, Colmant, Hatch, Holtz, Singh, Sullivan, and psychologists, Hogan and Wright, will share their research with us.

Business and Fun

Our annual business meeting this year, Friday at 3pm in Summit Room 204, will include division business, as well as a remembrance of our beloved colleague, Dr. Arthur Teicher, who died this past year. He cofounded this division—and we owe Art a great debt. Finally, our annual Social (great fun and free food etc.) will start at 7pm Friday night and will go until the food and fluids run out. It will be held in the Division’s Hospitality Suite (check your hotel lobby for the exact room).

Our Common Goal: The Cycle of Rain, Earth, Dew, Clouds, and Rain

Again

This Toronto Program for Division 49 reflects the many aspects of our common love: groups. One of the enduring, energy-filled discussions we often have on the Board of Directors has to do with meeting the needs of group clinicians, researchers, and theorists—group psychology and group psychotherapy. These divisions sometimes hamper our movement forward when one group appears to be more important than another. This is not so! We need each other in an essential kind of tension that informs all of us. The astute social psychological research on groups informs researchers of group psychotherapy which in turn informs group therapists; in turn, the educational and clinical needs of

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humans draw the eye of the social psychologists and group psychotherapy researchers, who then design experiments to better discern what really happens in group dynamics, and the cycle goes on and on. It is a beautiful ecology, where the “rain” of human struggles makes “fertile ground” for the work of dedicated researchers, which in turn creates the distilled and potent “dew” of knowledge that then returns to the many forms of cognent “clouds” of clinical work. (Thanks for tolerating the metaphor.) We are in a dynamic relationship with each other where everyone is needed. Our planned program reflects this rich ecological cycle. Please join us in Toronto as we move through the cycle together.

**Division 49 Directory**

It has been several years since Division 49 last sent out a directory of its members. Because such directories are very expensive to produce and mail, we have decided to move the directory to our webpage (see the address below), something that many other professional organizations have done recently. If you have a moment, please visit that webpage and look at the directory. Is your name there? Is the information posted about you correct? If you answered “no” to either of these questions, then please contact Dick Moreland, who created the directory webpage and will be maintaining it over time. If you would be willing to have your email address and/or phone number included in the directory someday, then please let us know. Meanwhile, only mailing addresses will be posted. [http://www.pitt.edu/~cslewis/GP2/Hello.html](http://www.pitt.edu/~cslewis/GP2/Hello.html)

**Headlines and Highlights of the February 2003 Council of Representatives Meeting**

*Allan B. Elfant, PhD, ABPP*

*Division 49 Representative to Council*

The most dramatic happening at Council was the DC blizzard of 2003, eliminating Council’s Sunday morning meeting and posing a wary cloud on the Saturday proceedings. Yours truly had a lengthy car adventure returning home from what did turn out to be an efficient Council work session.

APA President Robert Sternberg led the meeting and, in addition to emphasizing the theme of unity in psychology, spoke to the following issues as critical for our organization: governance, APA’s election process, the Convention, membership recruitment and retention, increasing diversity in APA governance, and saving money. Breakout groups on these themes were organized, and Council will continue to deliberate the suggestions and information that were garnered.

Next, I report on the economic news. No surprise here: APA’s worth has diminished one-third, largely due to the woes of the stock market. Still, our assets are considerable. Council passed a 2003 budget of approximately $87 million. Staff cuts, directorate budget reductions, and cancellation of many meetings of APA Boards and Committees have been implemented.

As for the APA Practice organization, those who pay the special assessment are now all designated as “constituents,” and this will aid in advocacy efforts. Council voted to approve the recognition of both Sports Psychology and the Assessment and Treatment of Serious Mental Illness as proficiencies in professional psychology, and approved continued recognition of Industrial and Organizational Psychology as a proficiency. Dr. Daniel Kahneman, a psychologist as well as recipient of the Nobel Prize in Economics, gave a spirited talk on the need to integrate a merger of psychology and economics, as there are now fewer and fewer economists who are trained in our discipline.

Council also passed a resolution on “the Maltreatment of Children with Disabilities”; received information on the revision of APA’s “Ethical Principles of Psychologists and Code of Conduct” to go into effect June 1, 2003; and approved a $15,000 allocation to support production expenses on Women of Color Leader Psychologists.

For any Division members who wish a fuller report of the February Council, let me know, and I will fill you in. In closing, I want to invite Division members to contact me for any questions or comments regarding APA Council. Email me at abelfant@aol.com, and I will get back to you quickly.

**From the 2004 Program Chair**

*Allan B. Elfant, PhD, ABPP*

The 2004 APA convention will be in Honolulu, and it is by no means too early to consider your proposals for our Division. The Hawaii location gives a wonderful opportunity for combining a great vacation with the offerings of our annual meeting. The convention will be lengthened, extending from Wednesday July 28 until Monday, August 1, and the program day will be abbreviated, beginning at 8am and ending at 2pm to accommodate fun in the sun.

The shortened days and the smaller convention facility will reduce the number of program slots as compared to Chicago or Toronto. As a consequence the recently instituted cluster programming will be eliminated for this convention. Also, all divisions will be given unlimited poster time!

The deadline for submissions will be sometime in November, the exact date not available to me as of this notice. Innovative, interactive program formats related to group practice, training, and research will be given special consideration. If you have any questions or wish preliminary input on any ideas, please email me at abelfant@aol.com.

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**Division 49 Directory**

- Allan B. Elfant, PhD, ABPP
- Division 49 Representative to Council

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President-Elect Column

Andy Horne, PhD

Well, the convention appears to be on. APA has been wondering about what to do because of the SARS crisis in Toronto, and the leadership has polled groups involved, including regular attendees at conventions, officers and divisional leadership, presenters at the conference, exhibitors, and general membership. The majority supported having the convention continue as planned, though there is the understanding that should a health crisis develop, APA will provide refunds of preregistration, so it is safe to register and make plans for the convention.

There are many exciting events happening at the convention (see the listing in this issue of the Group Psychologist for presentations, posters, and business meetings). It will be an opportunity for group psychologists to come together, share ideas and developments in their work, and learn from others. There will also be ample opportunity for fun and interactions with some very creative and intriguing folks. Do plan to attend all of our Divisional offerings, and welcome new attendees.

With this newsletter we are including our membership application. Since, by virtue of receiving this newsletter it is likely you are already a member, the effort may seem redundant—until you consider making photocopies of the form and sharing it with your colleagues, students, graduates, and others who are engaged in or interested in conducting group work. Our division needs to increase membership—and you are welcome to contribute to fulfilling that need by inviting others to join and even sponsoring others—an easy way to get students to join our organization is for a faculty member or intern or employment supervisor to sponsor them for the first year. Consider this as a contribution to our group growth.

Do people still need to know about groups? Since most applied training programs now require at least one course in group work, many assume group skills and accomplishment of practice is a given. My experience is just the opposite. As I work in applied settings, often with psychologists, but also with counselors, educators, administrators, and mental health workers, I’m amazed at how often the group facilitators use a group format to teach or preach, but do not do group work. What is the essence of doing group work? Teaching a subject in a class setting is often confused with doing group work, but fails the litmus test of being inclusive of group process and group dynamics. Many people know how to gather people together to deliver a message; far fewer know how to conduct that gathering incorporating the involvement of all present, using the power of the interactions and inter-dynamics of communication to go beyond the content to create an experience that is greater than the subject matter.

To be more specific, much evidence exists that psychoeducational groups are effective in prevention and early intervention programs. Yet, the experiences I have had in the last decade of working with facilitators of psychoeducational groups is that more often than not, the leaders know the content to be covered, but do not understand how to create a “group environment” in which the content is enhanced through the interactional effects of the membership. Often, the leaders do not know how to read the nonverbal communication, how to draw connections among the members, how to engage members through activities and group structure. In fact, I’m more often amazed at how many people think they are “group workers” without knowing how much more powerful they could be if they do have a stronger grounding in group process.

So, how do we address the problem of many people doing groups without doing group work? My experience with many group psychologists is that they assume others have skills they may not, they assume that what we have to offer is elementary, or they assume that what we teach is passe. It seems we need to recognize that we have a lot to offer and that there needs to be a re-invigoration of group training to become more engaging of those who are doing the work so that it might be done more effectively. The participants of groups deserve the best group experience they can have, and our group psychologists have the skills to impart. So, I’m suggesting we continue to reach out, share our knowledge and skills with others, help identify ways of establishing more powerful group experiences, and, above all else, be inviting of others to grow in the way of groups. This can happen through conventions, classes, workshops, and participation in service delivery programs, by inviting those who are currently doing group events to become group leaders. You are invited to join in the process of providing increased group opportunities—and one way to do this is to share with our Group Psychologist readers methods and processes you have used to move to increase a focus on group process and group dynamics. Please write Steve, our editor, with ideas. Share how you engaged and invigorated others to become more group oriented. And keep up the great work.

And an invitation: Interested in participating on committees or other activities within our Division? Let me know. I look forward to hearing from you.

A Survey of Pediatrician and Therapist Priorities for Child and Adolescent Group Therapy

Wendi Cross, PhD
Heather Jewell, PhD
Joseph Smith, BA
University of Rochester Medical Center

Children live, learn, and play in groups, making group psychotherapy an natural treatment modality. Prevention and intervention group programs are increasingly available in schools (Bierman, & Greenberg, 1996; Cowen, Hightower, Pedro-Carroll, Work, Wyman, et al., 1996) and mental health settings (Gupta, Hariton, & Kernberg, 1996; Lochman, Fitzgerald, & Whidby, 1999; Lomonaco, Scheidlinger, & Aronson, 2000; Snyder, Kymissis, & Kessler, 1999; Stoiber & Kratochwill, 1998) to address a variety of social, emotional, and behavioral difficulties. Essentially, group treatment is economical and efficient: A therapist can help more children in a group than in an individual setting and with fewer resources (e.g., financial, time). Meta-analytic studies have demonstrated
that children treated in group therapy are, on average, as likely to show benefits as children treated in individual therapy (Hoag & Burlingame, 1997). Taken together, these factors indicate that the availability of effective group programs for children and adolescents is vital.

One way to ensure viability of a group program in an agency or hospital setting is to partner with health and mental health practitioners in the wider therapeutic community. Anecdotal information from colleagues, primary care providers, and other sources can guide group therapy clinicians and administrators in planning a group program (Price & Price, 1999). Most importantly, an objective needs assessment methodology will ensure an understanding of the community’s perceptions about group treatment, and help to establish—and sustain—a treatment niche. We conducted such an assessment as part of a strategic planning process for our outpatient psychiatry services. Our main questions were:

1) Which groups do referring clinicians in the community want to be available for their patients?
2) What are some of the perceived obstacles for therapists when considering whether or not to refer patients to our group therapy program?

Procedure

The yellow pages of the Rochester, NY, city phone book was used to identify child and adolescent specialty practices, as well as community therapists (i.e., psychologists, social workers, psychiatrists) and pediatricians to participate in the survey. Surveys were sent to all 525 identified subjects during January and February 2000.

Results and Discussion

Surveys were sent to 428 pediatricians and 97 self-identified child/adolescent therapists (N = 525). The overall response rate was 32.2% (31.3% and 42.2% for pediatricians and child/adolescent therapists, respectively).

In order to be viable, group treatment programs must address the needs of the therapeutic community and work to address perceived obstacles of referral sources. A survey of pediatricians and child and adolescent psychotherapists assessed group treatment needs in the health and mental health community and results informed strategic planning for the child and adolescent group therapy program. Thus, our conclusions are as follows:

There was strong agreement between pediatricians and therapists about group therapy priorities for the community. Groups for children of family separation and divorce, parenting groups, social skills groups, groups for depression and anxiety, and adolescent interpersonal process groups were endorsed by both referral sources.

Parenting groups (Barkley, Edwards, & Robin, 1999; Webster-Stratton, & Hancock, 1998) social skills groups (Bierman & Greenberg, 1996; Kazdin, 2000) and groups for focal problems such as depression and anxiety (Albano & Barlow, 1996; Synder, Kymissis, & Kessler, 1999) are empirically supported, group treatments. Given the potential referral base, we are focusing our program’s training and marketing groups in these areas.

Neither group of clinicians perceived a significant need for group treatment for medical illnesses or for children with PDD. Although these findings suggest that our group program should not focus on medically ill or PDD children, one consequence of the survey process itself was that several clinicians contacted us about developing social skills groups specifically for their patients with pervasive developmental disorders. We responded by focusing our own learning and training efforts on developing “FUNdamentals” groups for children and adolescents with the severity of social skill deficits associated with autism spectrum disorders. We have also developed a partnership with the hospital-affiliated developmental assessment center, and provide group services for patients under their care. Consequently, referrals for these groups have grown tenfold over the past 2 years.

There was concern about the availability of qualified group therapists in the community but an eagerness to refer to group treatments in the future if community clinicians were aware of appropriate services. The clear message is that we need to continually educate the community about group treatment in general and inform them of our program’s offerings specifically.

Lack of third party reimbursement was also a significant obstacle to using group treatment in the community care of child and adolescent patients. Given the proven effectiveness of group treatment for a number of common child and adolescent mental health problems, and the reported willingness of community providers to utilize available, effective, group treatment services, we have shared these data with the large insurance companies in our community.

Therapists reported little or no concerns about loss of income or collaborating with group therapists on cases they may refer for group treatment. An information sheet about our mission and what community clinicians can expect from a collaborative relationship with the program was developed as a result of the needs assessment, and has been well-received by the community.

There are significant limitations to the study and its conclusions. The sampling methodology was not rigorous (e.g., we only sampled professionals who indicated working with children through listings in the yellow pages/provider lists; we did not send reminders to those who did not respond). These limitations render the sample vulnerable to bias, and findings potentially not generalizable to other settings or communities. A community needs assessment methodology is, however, transferable to other settings that wish to develop and sustain a successful child and adolescent group program. There are steps that group programs can take to be responsive, viable, and valued by their agency and larger community. Our findings suggest that an understanding of professionals’ perceived obstacles to utilizing group treatment for their patients is critical to strategic planning.

For more specific details on this survey, please contact Wendi Cross, PhD, CGP, Assistant Professor in Psychiatry (Psychology) and Pediatrics, Director, Child & Adolescent Psychiatry Group Therapy Services, University of Rochester Medical Center, Rochester, NY 14642; (585) 275-2005; wendi_cross@urmc.rochester.edu
Guided Imagery and Group Therapy

Ann Gassaway, PhD Candidate
Acton, CA

I am presently in the throes of my PhD Dissertation and have asked the question “Is guided imagery, supported by current research, theory, and practice applicable, as a therapeutic technique to relieve or reduce emotional distress or mental crisis in adults?”

I am interested in exploring the use of “imagery” as a method of restructuring the meaning of a situation, so as to reduce or relieve emotional distress or mental crisis. Also, I wish to broaden the application of guided imagery, by using it in conjunction with group therapy.

My primary work is that of a mental health therapist on the crisis unit of a hospital. Crisis intervention, brief therapy, and group therapy are the primary modes of treatment, following stabilizing with medications. My professional interest lies in the therapeutic value and use of guided imagery, group therapy, and crisis intervention.

I am earning my pre-doctoral hours as a registered psychological assistant, through the Board of Psychology in California, and do so under the supervision of a licensed clinical psychologist. Due to the present climate in private practice, individual therapy is more accepted, so that’s what I do. However, I prefer group therapy.

Whether hospital inpatient, or private outpatient, feelings of helplessness, worthlessness, and guilt seems to be the common symptomatic thread. More often than not the patients’ major stressor includes relationship issues and carried childhood oppressive experiences. In passing they often implicate those who have raised them. Expressions such as, “All my life my Dad/Mom _______,” or “No one has ever understood my pain.....etc.” Or, they ask the question, “Why did ‘they’ treat me like this/that?”

Rarely does the hospital patient, or the private client for that matter, connect beliefs, images, or attitudes from childhood experiences with their behaviors in present relationships. Instead, they take emotional flight and address their “collective experiences” by saying, “I just don’t want to live,” implying suicidal ideation. Upon further exploration of their intentions, it often becomes clear that they didn’t/don’t want “to die,” “just get rid of the ‘pain!’” “Their pain” however often reveals “oppressive emotional experiences” from childhood; unexpressed and unresolved to date.

In summary, I believe that adults exhibiting emotional distress, and those who are in mental crisis, keep trying to “understand or change others to relieve their ‘pain’. “ They may have practiced this way of coping since childhood. I believe the use of guided imagery can offer a “safe space” for images, symbols, beliefs, and attitudes regarding the past to surface, and group therapy may be used to create a “corrective emotional experience.” I believe that revisiting old wounds, with the therapeutic goal of releasing/relieving the images they manifest is critical and is healing. I believe that the therapeutic power of group support and validation is not only healing, but also critical to that process.

Editor’s Note: Ann sent me an e-mail that reminded me that our Division represents a broad spectrum of members. She said, “I didn’t say in my long ramblings about my work in progress that I am 65 yrs old, that I quit school in the 8th grade and got married, that I started my Bachelor’s at age 35, my Masters at age 59 and my PhD at 61.........somewhat different than the young faces I see throughout the newsletter who are devoted to becoming “the next generation” of psychologist—I am the other generation....”

ABPP—What Is It And How Do I Apply?

Joseph C. Kobos, PhD, ABPP
Chair, Diplomate and Credentials
Member-at-Large

ABPP stands for the American Board of Professional Psychology. It has been certifying specialists in professional psychology since 1947. Most recently Group has joined the listing of recognized specialties.

Application includes a credentials review, documentation of training and experience in group interventions, and an examination that is based on a work sample from a group intervention. The applicant is expected to demonstrate skills in group assessment, intervention, and prudent application of laws and ethics, along with knowledge of contemporary group theory and practice.

Application may be obtained by writing American Board of Professional Psychology, 514 E. Capitol Avenue, Jefferson City, MO 65101 or by calling 1-800-255-7792 or faxing 573-634-7157.

2003-2004 Election Results

President-Elect:
Steve Sobelman, PhD

Member-at-Large:
Jennifer Harp, PhD
Lynn Rapin, PhD
An Unusual Group: Division 51 Annual Men’s Retreat

Ronald F. Levant, EdD, and Michael P. Andronico, PhD

In the past few decades, and especially in more recent times, group therapists have begun to explore more innovative, non-traditional interventions. This “looking outside the box” is reflected by time-limited groups (MacKenzie 1993), Men’s Weekend Retreats (Andronico, 2001), Groups for Fathers (Levant, 1996), and psychoeducational groups (Andronico, 1996) to name a few. In keeping with this spirit of innovation, this report concerns an unusual group, the Annual Men’s Retreat of Division 51.

History

This group started as a four-hour Men’s Retreat at the APA Mid-Winter Meeting in San Diego. During the first few years, the Men’s Retreat met on a Sunday with some participants leaving early to catch their flights home from the Mid-Winter meeting. To eliminate this distraction, the meeting was moved to a Saturday, and now takes place for an entire day. One of the unusual aspects of this group is that it meets only once a year, and has done so for over a decade.

An Unusual Group

The Annual Men’s Retreat of the APA Division 51 (the Society for the Psychological Study of Men and Masculinity) is an unusual group. The retreat began in the early 1990s just as we were organizing to form an APA Division. It expressed one of the nascent division’s basic principles, namely that we were challenging aspects of traditional men’s roles, particularly the overriding commitment to work and the avoidance of personal relationships. We wanted our Division to be a place where male psychologists could break with the traditional commitment to work and find receptivity for such nontraditional male behavior as valuing relationships. One of the most attenuated types of relationships in most men’s experience is that with other men. Therefore, although the Division was very open to the participation of women, we created an Annual Men’s Retreat where men could come together and build bonds with each other while sharing and exploring what was going on in their lives.

Structure

The structure is fairly simple. After acknowledging continuing members, welcoming new members, and reviewing the ground rules, we simply go around the room letting each participant take time to tell the group what is going on in his life, what is on his mind, and what it is that he wants to deal with in the group.

This initial go-round can take anywhere from one to three hours depending upon how much detail each participant goes into when it is his turn.

Since the group is composed almost entirely of psychologists, care is taken to avoid any member from becoming the “Group IP” (Identified Patient). Even though the group is regarded as therapeutic for all of the participants, the members do not regard themselves as “therapizing” each other. Advice, support, caring, empathy, and good will, however, do abound in the Men’s Retreat.

Group Composition

The group is composed primarily of male psychologists. During the first few years the group members were exclusively psychologists. At one of the “middle” years of the retreat, a male spouse of an active member of the Division participated in the session. He is an attorney and added an interesting and helpful perspective. This man skipped a few years and was able to attend another retreat.

Another male spouse of a psychologist joined the retreat five or six years ago. He is a retired businessman who is the oldest member of the group. Although he was unable to attend the 2003 retreat, this man has attended all of the retreats since he first participated and is now in his early 80s. He is the “elder statesman” of the group. The group has benefited from his worldly wisdom, experience, poems, and humility.

The participants of the group are predominantly members of Division 51 although all psychologists are welcome. Every Officer of Division 51 has attended at least one retreat, with most having attended a majority of the meetings. There is a wide age and experience range from very senior members to psychology interns. Only one member has attended every retreat, with a core group having attended most meetings.

Leadership

Gary Brooks is the designated leader of the group. He has attended all but one meeting, when his daughter graduated from high school. On that occasion, Mike Andronico filled in as designated leader. Ron Levant has also been regarded an informal leader. With the wealth of clinical talent and experience that the participants possess, leadership is quite informal. The ground rules of confidentiality and time are clearly spelled out at the beginning, and from there the group proceeds to the opening “go-round.” The group functions almost like a leaderless group from that point on, with most members feeling free to participate or make interventions. Typically everyone participates as a member. When the designated leader participates, another senior member fills the leadership role and with the well-functioning fluidity of an experience group, other senior members fill in when necessary. Since almost all of the participants are experienced group leaders, this process is smooth and almost seamless.

Issues

What is striking about this group is the depth and range of the issues that the men bring to it. Some clearly wait for this group to deal with certain issues in their lives because they feel this is the best forum
they have for it. Confidentiality is easily established and reestablished since psychologists clearly recognize its importance. At first there was some anxiety concerning the ability of members to switch roles from a friendly working relationship within Division 51 to a deeper, more intimate and possibly conflictual setting. This has not been a problem, probably because of the respect that members have for each other and the positive emphasis that prevails in the group. There seems to be a good level of trust. We also seem to be capable of going into a lot of depth as each member brings in the “there and then” of their life experience. There has been less depth in terms of our “here and now” interaction with each other

**Continuity**

The Men’s Retreat is both continuous and noncontinuous. The core membership has had over a decade of experience in working together in the leadership of Division 51, and also in being participants together in the group. The spread of one year between meetings adds a note of discontinuity to the group, but the opportunity to be together for a full day, followed by an evening dinner helps to provide a sense of continuity to the group. The integration of new members at each meeting helps to enhance the group’s sense of cohesion, with new participants feeling welcomed by the senior members and the senior members becoming more bonded in this process both with each other and the newer members. Although not formally planned, the wide age difference often leads to periods of mentoring between the senior members and the younger participants. In recent years, we have had participants who were former students or interns of some of the senior participants.

**Diversity**

This has been a challenge. The group is predominantly White heterosexual men, and middle aged (although we seem to be more diverse age-wise). We have been making an effort to reach out to men of color and gay and bisexual men and have begun to recruit these men. More needs to be done and will be done in this regard.

**Fathering and Other Family Roles and Issues**

Many of us have issues with our fathers. Much time is spent on our roles as sons and our desires to become better fathers to prevent our sons from many of the pains that we experienced in relation to our fathers. Respecting and valuing our fathers is also an important part of the Men’s Retreat. One of the recent themes is the empty nest syndrome and seeing our kids leave our homes for college and for the beginning of their adult lives, a bittersweet moment in a man’s life.

**Marriage and Couple Relationships**

We have witnessed marriages and divorce, upheaval and periods of great satisfaction in the intimate couple relationships of the members of our group.

**Serious Illness and Death**

We have processed illness and the loss of family members and pets in our group. To date we have not lost any members of the group. That, of course, will occur in the future.

**Summary**

The Annual Men’s Retreat has become a tradition in Division 51. This reflects an obvious need for many men to meet together as men to discuss issues both unique to men and universal to all. The group offers many situations that are unusual, along with some typical group issues. The main contribution for this type of group is that it demonstrates that a close, cohesive group of colleagues can meet together as infrequently as once a year and deepen both their working relationships as well as their personal relationships given a few key circumstances.

Ronald F. Levant, EdD, ABPP, is a candidate for APA President. He is in his second term as Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993–1995. He is a Member-at-large of the APA Board of Directors (1995–1997), and APA Recording Secretary (1998–2000). He is Dean, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, Florida.

Michael P. Andronico, PhD, ABPP (in Group Psychology), is one of the co-founders and a past President of Division 49. He is also a past President of Division 51 and is in full-time private practice in Somerset, New Jersey. He is also a Clinical Professor of Psychiatry-UMDNJ, Robert Wood Johnson Medical School, Piscataway, New Jersey, from 1988 to present.

**References**


**Division 49 Website**

http://www.pitt.edu/~cslewis/GP2/Hello.html
Group Psychology and Optimizing Human Functioning

Bob Conyne, PhD
University of Cincinnati

No doubt, you have been following at least some of the work related to “Positive Psychology” that is being spearheaded by Martin Seligman. His latest book, Authentic Happiness (2002), identifies a set of “signature strengths” that he suggests are important to use to become more fully involved with life and, thus, to progress along the path of a happiness that is genuine and authentic. These broad signature strengths (each of which contains subsets of strengths) are: Knowledge and Wisdom, Courage, Love and Humanity, Justice, Temperance, and Transcendence.

Prevention and wellness programs, many of which tend to correlate well with a positive psychology approach, incorporate group methods centrally in their armamentarium. For instance, in Botvin’s Life Skills Training and in Price’s Jobs program, psychoeducation groups are a main vehicle for promoting competency enhancement and for unleashing inner- and between-member strengths.

In the Division 49 Task Force on “Using Groups for Prevention” that I chaired a few years ago, we made the following recommendations, before much attention to “positive psychology” had yet to take shape:

Recommendations

It is important for Division 49, as a premier international association for the advancement of group training, practice, and research, to assume leadership in educating its members, mental health providers, third-party payers, and the general public about the importance and benefits of using groups for prevention. The “Using Groups for Prevention” Task Force of Division 49 makes the following recommendations for consideration and action by the Executive Board in the areas of training, practice, research, and advocacy.

Training
Psychology training programs that concern themselves with group training should expand their training regimen to include use of the group medium for prevention purposes. This emphasis is intended to augment, not replace, other existing training emphases. Potential training foci could include prevention concepts, psychoeducation formats, evaluating prevention designs, and supervised practice in group-based prevention activity.

Therefore:
The Division should develop training materials and educational efforts that could be used by psychology training program personnel.

Practice
Practicing psychologists need resources and support for their work. They frequently are called upon to deliver groups intended to prevent dysfunction and/or to enhance well-being, but may possess insufficient training and resources for effectively planning, performing, and processing such groups.

Therefore:
The Division should develop and make available resources to practitioners and researchers that will serve to guide and support efforts in the field. Training efforts might include pre-convention workshops and continuing education offerings. Resource materials might include design and implementation guides and compendia of model intervention programs for specific prevention efforts.

Research
Available research on the process and outcomes of group work and, especially, on groups being used for prevention, is severely limited in quantity and quality. Practitioners, educators, and consumers all need evidence-based information about what works. Such information is vital for examining and advancing groups being used for prevention.

Therefore:
The Division should encourage psychologists to conduct quality studies of group work, in general, and of groups for prevention, in particular.

Advocacy
Despite evidence that group-based delivery of preventive interventions is an effective and efficient methodology for advancing mental health and wellness in both educational and community settings, support for training, research, and practice of preventive group work is limited. Few training programs for psychologists include group-based prevention in their training objectives. The quantity of experimental and field studies of preventive group work lags behind research in many other aspects of group psychology. Practitioners often are discouraged from engaging in preventive group work because it is only rarely considered to be a reimbursable activity by third party payers.

Therefore:
The Division should take the lead in disseminating information (e.g., 49 Web page, brochure, press releases, scholarly productivity, interassociation collaboration, public education) about the value and importance of groups used for prevention. Focused advocacy, encouraging support and involvement, should be directed to psychologists and other helping professionals, to managed care and third party payers, and to the public at large.

These recommendations were received positively by the Board. In the light of gathering attention being paid within and outside of psychology to “positive psychology” and attempts to optimize human functioning, this may be an especially propitious time for the Division, and members within our Division, to advance the role of group psychology in this domain.
Dealing With Voices

Patrick O’Reilly, PhD
Gregory Jarasitis, MOT, OTR/L
The Forensic Project
University of California, San Francisco

The Forensic Project is a clinical case management outpatient program of University of California, San Francisco. The Forensic Project provides clinical case management, psychiatric care, group and individual psychotherapy, dual diagnosis treatment, vocational and educational training referrals, life skills training, money management, and social skills training. The Forensic Project is a program of Citywide Case Management and shares clinical space with Citywide Case Management and Community Focus, two other UCSF programs that provide clinical case management to chronically mentally ill adults in San Francisco.

A substantial percentage of the clients of the three programs suffer from schizophrenia and schizoaffective disorders. Even when medication compliant, many of them cite auditory hallucinations as a primary daily stressor in their lives, and this impacts all areas of functioning. For this reason, we developed an 8-week skills training group called “Dealing With Voices.” Although there is some psychotherapeutic processing in this group, the group was designed as a skills-teaching module. The purpose of the group is to help the clients learn techniques that they can use in conjunction with medication that will lessen the negative impact of their auditory hallucinations and increase functioning in their daily lives.

The module presents a wide array of skills. The skills introduced in the group are using a “Walkman” radio; relaxation techniques; use of ear plugs; talking back to the voices; the use of diversionary activities such as reading, writing, art, or television watching; decreasing isolation; exercise; healthy eating habits; medication compliance; the importance of the clients discussing symptoms with their psychiatrists and case managers; recognizing when the auditory hallucinations are the most intense; education about the probable causes of the voices; journaling; and education about the effects of substance abuse on symptomology. We also encouraged the clients to share coping techniques that they have developed independently, some of which will be incorporated into future presentations of the group.

The group meets once a week for approximately 45 minutes. Two techniques are introduced at each group, and the clients are given descriptive handouts for each technique. Two techniques are used because one or more of the clients may not be interested in trying a specific method, or may have tried it in the past and found it to be personally ineffective. We emphasize to the group that not all of the techniques will work for everybody but that it is likely that one or more will be helpful and that it is important to try each one to determine its effectiveness. As a way to encourage participation, we ask for a volunteer to read the handout aloud and then one of the facilitators gives a brief explanation of why this particular technique might be helpful. For instance, for clients whose auditory hallucinations are most intense while riding on public transportation, a facilitator would suggest the use of earplugs as a way to mute some of the external stimuli that cause feelings of anxiety, which may be a contributing factor to the intensity of the auditory hallucinations.

Following the reading and explanation of the technique, the topic is opened up for discussion. We problem solve with the clients on how to implement the techniques or, if they have already tried the techniques, how they worked for them. A client who is hypervigilant, for example, might tell the group that she feels too vulnerable using a Walkman radio or earplugs. If a single earplug continues to make her feel vulnerable, we would then suggest that she try journaling or art work as coping skills. The goal of the group is to educate the participants about their illnesses and to promote coping skills to manage the severity of the positive symptoms.

The “Dealing with Voices” group is a pilot study. The feedback from the group participants has been positive, and attendance has been consistently high. We have developed an assessment tool to gauge its long-range effectiveness that we will use the next time the group is offered.

Consultation Corner

Allan B. Elfant, PhD, ABPP

We are in the process of developing this section for you, our membership. Previous input I have received has suggested a freer framework. I am now inviting any submissions around pertinent themes pertaining to group practice or research. I will then solicit comments from experienced group practitioners.

This is an opportunity to raise and discuss thorny and difficult issues. Online discussions are abounding, and such dialogues in our newsletter would enhance our own divisional group.

Relevant to group psychotherapeutic practice, what are your thoughts about the parameters of group leader self-disclosure? And, under what circumstances would touch be contained in a therapy group?

Also, when, if ever, does the limitation of group time become more flexible? One more: Which therapist group dilemmas are you unlikely to discuss with colleagues? Add any issues of your own!

As for group research, are you considering a project and would welcome feedback from your colleagues? And, if you are a group consultant in non-clinical settings, what problems do you encounter?

Please e-mail me at abelfant@aol.com. As stated previously, let me know if you wish your name to be used.

June 2003
Mentoring at the Graduate Level: How it Can Impact Group Leader Training

Kenin Krieger, PhD Candidate  
Division 49 Student Representative  
Indiana University–Bloomington

Recently, it was suggested to me, when contemplating a subject for this article, that it might be useful to write about one student’s perspective of beginning group leadership training. Perhaps by sharing some of my own training experiences as a student at Indiana University–Bloomington, I could offer examples in relation to the value of mentoring.

I found myself nearly 4 years ago beginning my Master’s Degree and joining a research team that focused on group leadership training for graduate students. Both Drs. Keith Morran and Rex Stockton have been and are dedicated to providing research training for students at various levels. Upon reflecting about our research team, I realized that what occurs at our weekly meetings not only focuses on research, but also allows our team members to learn a great deal vicariously from Drs. Morran and Stockton.

This mentorship experience was exemplified this past semester for me when I began co-leading my first therapy group. I felt much more comfortable and informed as a co-leader than I had during past leadership experiences. I realized that my increased comfort was because of, in part, our weekly meeting that we share as a team. By discussing group therapy and current research in the field and learning from our team leaders, I had come to better understand group therapy, and I had become a better group leader.

Through our weekly ritual, my own leadership skills have developed, and for me that greatly speaks to the importance of having a mentor—my case two—who are advanced group leaders, are committed to students, and have a great deal to offer to us.

The group is open to all graduate students who are interested in group work. We bring research ideas to the group for articles, dissertations, and chapters, but we also end up talking about theorists in the field, relevant concepts, research that we are currently working on, therapeutic factors that contribute to change, etc. There are four main students now, but there will be six in the fall. We meet for 1 hour each week. The group is designed to help with research, but it ends up being a mentoring experience as well.

Thus, I think I can now say that being a member of our research team has not only benefited my research skills, but has also helped me as a group leader. It’s safe to say that, yes, it is something I recommend to other students, but also it is something that has been valuable in my own development as well. The role of mentorship and modeling cannot be understated in the development of more advanced group leadership skills at the graduate level. Our weekly ritual has been both a classroom and a clinical experience.

Self-Report Process Measures and Group Functioning

Gary Burlingame, PhD, Professor of Psychology  
Dalin Pulsipher, PhD Candidate  
Brigham Young University

Small group clinicians, researchers, and reviewers have bemoaned the plethora of self-report process measures that exist to gauge different aspects of a group’s functioning. For instance, a recent review of the cohesion literature identified no less than 21 extant instruments that measure this vital aspect of group functioning! It comes as no surprise that little integrative work is available to determine the interoperability of different instruments. This state of affairs spaws questions such as: What process dimension (e.g., group climate, therapeutic factors, and alliance) is most important to look at in my group? Which questionnaire should I use? How can I tell if the measure I’ve selected is a good representation of the construct? The group psychotherapy research team at Brigham Young University has undertaken a series of studies to ascertain the conceptual and psychometric distinctiveness of commonly used group process measures. This report highlights findings from one project.

The Group Climate Questionnaire (GCQ-S: MacKenzie, 1983) and the Curative Climate Instrument (CCI: Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986) are two commonly used measures of group climate and therapeutic factors. To assess their conceptual and psychometric distinctiveness, we had 189 group members from 20 therapy groups held in a university counseling center complete both measures. A confirmatory factor analysis (i.e., structural equation modeling—SEM) revealed that the unaltered structure of the GCQ failed to provide an adequate fit to the data although all three subscales were retained (engagement, avoidance, and conflict). Several items loaded on both the Conflict and Engagement scales, indicating statistical and conceptual overlap, a finding reported by others. The subscales of the CCI fared less well, with two subscales being retained (Cohesion and Insight). Items from the Catharsis subscale loaded onto the other two factors, and no factor structure provided adequate fit without an excessive number of correlated error terms. Thus, there was varying support for the psychometric integrity of the two instruments.

We also looked at how the two measures worked together. Two second-order factors emerged when items and subscales from both measures were examined that seemed to reflect the positive and negative aspects of group process. Items associated with the Engagement, Cohesion, Insight, and Catharsis loaded on a positive “process” factor, while items from the Conflict and Avoidance factors clustered as a factor with a “negative” valence for members. A final analysis provided some support for structural invariance of the aforementioned measures across process-oriented (i.e., Yalom) and structured groups (e.g., CBT).

If replicated, this study suggests that greater psychometric parsimony may be achieved as multiple process measures are simultaneously examined. This parsimony may, in turn, serve clinicians as they consider the plethora of process dimensions found in the extant literature. Moreover, the structural invariance across different types of groups may portend of transtheoretical group properties that may merit further attention.
New Serials Recommendation Form

To: Serials Librarian

I recommend that our library subscribe to the journal *Group Dynamics: Theory, Research, and Practice*. This new journal is published by Division 49 of the American Psychological Association, Group Psychology and Group Psychotherapy.

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Gloria B. Gottsegen, PhD
Chair, Fellows Committee, Division 49

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

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

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

Please send for your application forms early, since the process is a lengthy one. The deadline for final submission of materials for 2003–2004 is December 1, 2003.

Requests for application forms should be sent to

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22777 Meridiana Drive
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Visit the Website

And have you visited the Division website yet? The address for the site is:

http://www.pitt.edu/~cslewis/GP2/Hello.html

and the pages there contain lots of information about the Division and its activities, along with links to information about news and events of interest to Division members, and to other webpages for organizations, journals, and people devoted to the analysis of group behavior. So why not take the time for a brief visit, and then let us know what you think. Comments and suggestions are welcome--just send them to Dr. Moreland at the e-mail address above.
self-nomination form in this space
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☐ 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 (2003)

(Includes Division Journal)

Member ..................... $35.00

Associate Member ..... $35.00

Affiliate ..................... $35.50

Student Affiliate ........ $10.00

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Signature of Applicant  

Date

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