President’s Column

Steven A. Sobelman, PhD

Fasten your seat belts…. After sitting in the co-pilot’s seat for the past 18 months, Dr. Andy Horne has given me the “green light” to fly the Division 49 plane. Dr. Horne has moved to the Navigator’s seat as he assumes the Past President’s role and I welcome Dr. George Gazda, President-Elect, to the co-pilot’s seat for the next 12 months. Are we ready for take off yet? I think so…. And, it looks like we’ll have a safe and smooth flight….

The Division has a good crew. I’m really honored to be with such an intelligent, motivated, and insightful group of people. This really came to light during the Division’s Mid-Winter meeting on January 29, 2005, when we met in Washington DC, from 8:30 a.m. to 5:00 p.m.

Each year, the Division meets in January to outline goals and objectives for the coming year. We also evaluate the previous year.

Before I get into discussing the meeting, I would totally remiss if I didn’t publicly thank Dr. Andy Horne, who provided such able leadership to the Division for the past 18 months when the Division voted to change from an August-August election year to a January-January year. Andy’s leadership created a strong foundation on which to build many of the discussion points that were examined this past January at our Mid-Winter meeting. Andy….the Division owes you a huge thank you for your service and dedication to the Division and the profession.

The following is an abbreviated report from the notes taken by Janice DeLucia-Waack, Ph.D., the Division’s secretary during the Mid-Winter meeting. Thank you, Janice.

After a round of introductions, our new President-Elect, Dr. George Gazda, raised several issues, to include: 1) Membership recruitment and retention; 2) Revision of the by-laws; 3) A possible presidential project, maybe focused on identity development; and 4) Continuing education about groups that would increase revenue. (Dr. Gazda expands on these initiatives in an article in this issue.)

There was considerable discussion about the Division 49 journal in that some members believe that the journal doesn’t adequately address the integration of research and practice.

Some further thoughts and ideas centered on the possibility of: 1) An associate editor focused on group psychotherapy; 2) Special issues on applied topics; 3) Providing awards for best articles; 4) Defining the focus of the journal? Is it an integration of

(Continued on page 3)
This issue highlights articles submitted by graduate students. Dr. Sally Barlow provides an article that many of us in the academic and supervision arena will find familiar. This article serves as a perfect stepping off point for the student articles that follow. Hopefully more students will see their “names in print” in upcoming issues. Please consider submitting articles to The Group Psychologist.

Speaking of students…….Division 49 has two graduate students who plan to increase graduate student awareness and involvement in the Division. They have terrific plans for outreach through web technology. Look for them to contact many of you in the near future.

This issue also introduces you to the slate of candidates for leadership positions within the Division. Please read each candidate’s statement, get a sense of why each person wants to serve the membership, to serve you, to serve the profession, and then make an informed vote when you receive the ballots, which APA will mail on April 15.

As we gain new members, gain new leaders, we also lose members. Dr. Robert F. Bales recently died. His first most noteworthy text, Interaction process analysis: A method for the study of small groups, Chicago: University of Chicago Press, 1950, provided a theoretical system of measurement of group communication, which was well-known as IPA (Interaction Process Analysis). In later years, he developed the Multiple Systematic Level Observation of Groups (SYMLOG), which was more complex, with new descriptive categories of the conducts in group. SYMLOG, stands for a System for the Multiple Level Observation of Groups. He will be missed; his legacy will live for a long, long time.

At the time of this writing, the new and improved Division 49 website is “up and running.” The new website address is: www.apa49.org. As stated in prior Newsletters, future plans include an Online Newsletter and a “Members Only Section” which will provide a secure online member directory, handouts and articles specific to Group Psychotherapy, either for use with patients or your classroom, and other items.

I see that many of you are beginning to use the new Division 49 listserv. The listserv address is: DIV49APA@CPQWEB1.RINTS.COM. Dr. Richard Moreland provides the membership with a “classified ad” section, where he posts job openings, as well as seminars and workshops. Thank you, Dick.

Please consider becoming involved in Division 49. And you might even want to consider being on the Board. We had a blast at our Mid-Winter meeting this year. Suffice it to say, if you attended or had been a fly on the wall, you would have heard many of your colleagues singing songs from the ‘80s, singing their high school fight songs, shooting some sharp-eyed billiards, and telling stories that can’t be repeated in print. It was a real hoot!!!

I’m taking off one of the hats I’ve been wearing. This is my last issue as the Division 49 Editor. Dr. Allan Elfant takes over the editor’s role starting with the early summer issue. Thank you for the opportunity to serve as your editor over these last few years.

Take care………see ya’ in Washington, DC in August……
President's Column

(continued from page 1)

research and practice?; and 5) Defining the role of the Publications committee? The Publications Committee, comprised of Drs. Steve Sobelman, Zipora Shechtman, George Gazda, and Sally Barlow will examine these concerns and report back to the Division.

I’m currently wearing two hats and while wearing my Newsletter Editor’s hat, I indicated that the last newsletter was a little expensive due to it being a full issue. I also mentioned that I received a number of complimentary comments from our membership. And, it should be noted that Dr. Allan Elfant will take over the reins as the Newsletter Editor for the May, 2005 edition.

The Website has changed its URL: www.apa49.org and will offer quite a few options for Division membership to include old issues of the newsletter a “member’s only” section which might include job listings, materials/handouts for academics and practitioners, and a secure online membership directory. Additionally, the Division has two listservs: one is for the board, one for the membership. Dr. Richard Moreland has been posting job listings on the listserv and this was acknowledged as a great benefit to the membership. About 60% of our membership are on the listserv. Josh Semiatin, student representative to the Division, will serve on the Web committee.

Dr. Susan Gantt, Division 49 Treasurer, distributed the treasurer’s report. She stated that the Division has stopped the erosion of our capital from three factors: decreased travel costs, less newsletters, and increased income from membership dues. The even better news is that our journal generates royalties. At the end of this year, we will have paid off the seed money APA loaned us to start the journal.

Dr. Sally Barlow provided a brief report on Education and Training. Dr. Gloria Gottsegen also provided a brief report on Fellows.

Dr. Lynn Rapin discussed issues related to membership, involving recruitment and attrition. Dr. Rapin will be working to increase the “value added” services within membership dues. The even better news is that our journal generates royalties. At the end of this year, we will have paid off the seed money APA loaned us to start the journal.

Dr. Allan Elfant and Dr. Jennifer Harp provided information that APA gave the Division 2 extra hours on Thursday night. The committee worked very hard on this. It is suggested to make connections with other divisions to co-list and co-sponsor submissions.

Dr. Joe Kobos indicated that three people are in process to be examined for their diplomate and, a few more are close. He strongly encourages people to undertake this process.

Graduate students Joshua Semiatin and Loredona Petrucci provided an official report that included a Student Group Interest Questionnaire. Several ideas were suggested to help develop student interest and skills, along with internship experiences and to increase student membership through the following initiatives: 1) Local meetings to attract students; 2) Division liasions for APGS; 2) An interactive website forum; 4) Flyers to faculty who teach group to distribute to students; 5) More welcoming materials for students, both a regular letter and a letter from students; and 6) A Student Representative would be a member of the Membership committee.

The Division leadership spent about two hours in the afternoon brainstorming ideas that included: 1) developing a list of speakers, as well as a list from students of who they are interested in funding from Division 49 to support these efforts. Further, a committee will consider the By-Laws to address editorial changes, substantive changes, and issues for the Board to continue to address. The committee will be: Gloria Gottsegen, Allan Elfant, Jennifer Harp (Chair), Joe Kobos, and George Gazda.

There was discussion that we should appoint someone to attend the meeting and serve as our division FAC. The main responsibilities are to send out Action Alerts, and communicate with the Practice Directorate. Andy Horne will serve as our 1st Division 49 FAC.

As you’ll note, your Division is working for you. Please feel free to contact me with any ideas or suggestions. And, if you’d like to get involved in your Division, please let me know. My email is: steve@cantoncove.com.

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President-Elect's Column

George Gazda, PhD

I am honored to have been elected to the position of President Elect of the Division of Group Psychology and Group Psychotherapy. I shall strive to continue to advance our specialty and build on the excellent progress made by my predecessors in the office of President. I had the privilege of service on the first Board of Directors as a Member at Large and in that capacity I was Chair of the Publications Committee and a member of the first Fellows Committee. I also initiated the Charter Certificate for charter members and served on the Nominations Committee. During my tenure as Chair of Publications my then Graduate Assistant, Alan Stewart, and I developed the proposal for the division journal that was accepted by the APA Publications Committee and later published by the APA. I also chaired the Publications Committee that recommended the first editor of the division journal and served on the first Editorial Board of the journal. Most recently, I had the honor of being chosen for the Group Psychologist of the Year Award. The death of my wife, Barbara, in 1995 and my simultaneous retirement from the University of Georgia, interrupted my active involvement in the early years of the development of Division 49, but I continued to monitor its progress.

Much has been accomplished in the short life of Division 49. The journal has achieved national and international recognition. The division has established a Group Academy for ABPP recognition and has been approving candidates. Three issues of the Newsletter are published annually. Membership has been stabilizing. Financially, the division is nearing the point where it will be self-sufficient. Convention programs have been popular. A new website has been established. Although much has been accomplished, more needs to be done.

My concerns and efforts will focus on the following:

• Increasing dialogue with other divisions of the APA on issues of mutual concern.
• Utilizing the expertise within the division to affect needed changes in our educational system.
• Finding ways to better connect with the membership.
• Increasing services to members.
• Lobbying for fair compensation for our practitioners.
• Providing new media and instructional technologies for instructors of group work.

In order to focus on some or all of these priorities, it is my hope to bring together members of Division 49 in a National Convention apart from the APA Convention or collaborate with other related professional associations to hold a Summit in which issues of mutual concern can be addressed. President Sobelman and I are working together to determine the feasibility of a national conference or summit meeting during our presidential terms. We want to hear from our members, so please contact us through our website, e-mail or phone regarding a national conference or summit and any other issue that you believe we should be addressing.

Call for Division 49 Fellow Nominations

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 2005-2006 is December 1, 2005.

Requests for application forms should be sent to:

Gloria B. Gottsegen, Ph.D.
Chair, Fellows Committee, Division 49
22701 Meridiana Drive
Boca Raton, FL 33433
561/393-1266
Fax: 561/393-2823
E-mail: GGottsegen@aol.com
This was my first Council meeting representing Division 49. I had served in the past representing Texas. It was good to be back among friends and colleagues. Each Council meeting has its own mood and tenor. Meetings have been known to be tense and rancorous as well as exciting and sometimes as boring as watching grass grow. This meeting was orderly and business like with many items being handled on the consent agenda and those that were brought to the floor being handled judiciously with polite and cordial debate or requests for information.

However, this was not the whole story. There were two issues that held the riveting attention of all participants. Both matters were handled in closed Executive sessions of Council. One issue was a carry over from the August meeting which was the Findings and Recommendations of the Task Force on the World Conference against Racism Report. This issue needs some context to be understood. Hopefully, I can summarize the details in a clear and succinct manner. APA has NGO (Nongovernmental Organization) status at the United Nations. APA was invited to the World Conference on Racism. The conference is better known to most as the Durban Conference. A quickly organized delegation was sent. The Conference in South Africa was highly politicized on many lines. One issue of contention at the conference was the attitude toward the Israel/Palestine conflict. Many may recall that the United States walked out of this conference because of its concern about the expression of anti Israel and anti Semitic rhetoric and the impact on deliberations and any final document that would be produced.

The APA delegation kept its focus on addressing mental health issues associated with racism. The APA delegation submitted its report to the Council of Representatives through the Board of Directors in 2004. When this report was sent to Council, there was a strong outpouring of sentiment that the APA delegation’s report seemed to imply that APA was endorsing anti Israel and anti Semitic language in the UN document. The resolution in August was to establish a Task Force of individuals with expertise in international relations, conflict resolution and including people from diverse personal backgrounds.

I am happy to report that this Task Force, chaired by Sandra Shulman of the board of Directors, did an excellent job of addressing the complex issues in this very volatile situation. The Task Force addressed how APA’s own processes may have contributed to some of the difficulties. The Task Force also noted that the Delegation managed to be effective in actually adding language which addressed racism and mental health. They also pointed out that the delegation did not become swept up in the various meetings surrounding the actual UN Conference and managed to stay focused on its particular mission of addressing mental health issues associated with racism.

Additionally, the Task Force, including COR members, managed to craft a motion which directs APA to develop a resolution condemning anti Semitic and anti Jewish and other religious, religion related, and/or religion-derived prejudice and discrimination.

And most importantly, the Task Force motion includes languages which emphasizes that APA while receiving the UN Declaration it also contains elements that a segment of APA members find objectionable.

APA will also address its own processes in relating to its representatives to the UN.

While this brief report cannot address every element of the discussion and the motion, it was clear to all that sensitive issues of diversity were dealt with honestly and openly.

The second issue which commanded everyone’s attention was the application for a new Division of Human-Animal studies. The application which had taken 7 years to reach council had stimulated strong objections from several divisions and individuals. The major objection was that the Division did not adequately describe its scientific or intellectual focus. Many felt that issues of concern could be addressed in other Divisions. An ongoing concern expressed by several was that the Division could adopt an anti vivisectionist position.

Several hours of thought and serious debate resulted in Council voting not to approve the proposal for a new Division.

The Association continues to be on firm financial footing. This is the result of several converging forces. One, APA refinanced its buildings and this has improved cash flow. Two, our investments, both real estate and stock, have increased in value over the past year. Three, electronic publishing is beginning to reap more benefits to the Association in lieu of paper publications which had recently stalled. APA has made a contribution to the Tsunami relief efforts and has recently embarked on a program to aid in ongoing disaster intervention to deal with mental health problems associated with the disaster.

All in all, it was a very effective meeting. Ron Levant presided with effectiveness over the deliberations. Council members took their responsibilities seriously in facing two very thorny issues. APA will meet in Washington DC this coming August.
2005 Officer Candidate Statements

Jennifer Harp, PhD  
Candidate’s Statement  
President-Elect

The election is underway, and change is in the air. As a current Member-at-Large of the Board of Division 49, I have come to appreciate the very real transition point in which we find ourselves. What lies ahead is not altogether clear. While we are yet a young Division, formed and led by distinguished and visionary group psychologists, we now find ourselves facing a future filled with opportunity and the possibility for continued growth and vitality.

As a clinician in full-time private practice in State College, Pennsylvania (home of Penn State University), I have a deep appreciation and love of group process and group psychotherapy. With that, I am committed to promoting the highest standards for group psychotherapy practice.

My professional memberships in Division 49 and the American Group Psychotherapy Association have strengthened my belief that we are a dynamic group of professionals with a great deal of potential for effecting change and providing leadership in the practice and science of group psychotherapy and group psychology.

My own group therapy practice, as well as my part-time association as a clinical supervisor at Penn State University, also alerts me to the very real need for bridging research and practice in our group work. Certainly, as psychologists, we are all aware of this need and tension in our field. Our Division’s journal, *Group Dynamics: Theory, Research and Practice*, serves an important function and can continue to find a leading edge if we ensure that quality work is submitted, reviewed and published. Our goal must be to continue to tailor our journal to meet the varying interests and specialty areas represented by the group psychologists in our division.

Assuring a thriving membership is another priority and must include outreach to young psychologists, graduate students, and psychologists engaged in group work who are yet unfamiliar with the support and expertise that our Division offers. An atmosphere of inclusion requires effort and openness from all of us and includes particularly welcoming invitations to those who have had difficulty finding a place or a voice within the Division.

With our foundation firm, and possibility afoot, I am honored and excited to be considered for President-elect of our Division. I look forward to sharing my vision, experience, and energy with a Division that continues to provide opportunities for us all. I would like to represent you and I hope that I can count on your vote.

Lynn Rapin, PhD  
Candidate’s Statement  
President-Elect

I am honored to be nominated for President of Division 49. I am in private practice as a psychologist and consultant to health care and non profit organizations. I am also an Adjunct Associate Professor at the University of Cincinnati, where I have taught for over 20 years. I could comfortably just do my private practice and feel richly rewarded through the process of working with groups and individuals. I have found much more meaning in my career as a psychologist by being actively involved in training, mentoring, scholarly activities, and professional service to the profession. I would like to further the work Division 49 has undertaken regarding best practices in group work and to work collaboratively to expand the application of group psychology.

My group work has centered on ethics, best practices in group work, and group work in organizations. I currently serve on the Division 49 Board as Member at Large and Co-Chair of the Membership Committee and also serve as the liaison between Division 49 and our sister organization, the Association for Specialists in Group Work. I am a Division 49 Fellow. I have served in the past as a member of the Division 49 Ethics Committee and the Prevention and Groups Committee. I have over seventy publications, including six chapters on group work and regularly present at national meetings. I have served in other leadership capacities including current membership on the Ohio Psychological Association Board as in-house consultant to the board staff and Co-Chair of the Personnel Committee and past Co-Chair of the Insurance Committee. I co-authored the Association for Specialists in Group Work Best Practice Guidelines and was Ethics Chair for several years, co-authored the 2000 Training Standards, served six years on editorial board, and am a Past President of ASGW. I am a Fellow of ASGW and have received its Professional Advancement Award.

I look forward to continued service to Division 49.

John Dagley, PhD  
Candidate’s Statement  
Treasurer

To be truthful, I’ve never served as a treasurer for any organization. So, I’m stretching a bit to offer myself as a candidate for this office. Certainly, my life experience of being in charge of my own checkbook hardly qualifies me for anything considering the relatively small sums resting there ever so temporarily. Nonetheless, I suppose I do have some relevant experience. As a department head at two...
Jeanmarie Keim is a licensed psychologist in Arizona where she earned her doctorate in Counseling Psychology from Arizona State University. Her Bachelor’s of Science degree is in Business Administration with a major in Management. She is a faculty member at the south campus of The University of Arizona. As director of five academic programs, Keim has the organizational and administrative skills needed in a treasurer.

She has over twelve years experience in higher education, including APA counseling psychology, CACREP counselor education, family studies, and human services programs. Over the years, she has taught numerous group courses including group psychotherapy, group procedures and group theories in management. She has been nominated for an excellence in teaching award. She has seven years experience in Faculty Senate and chaired a Finance Committee of faculty senate.

Keim’s experience as a grant consultant provides experience working with underserved populations. As the program evaluator for a Title V grant for Hispanic-Serving Institutions, Keim gained first hand knowledge of interventions and support services involved with retention of students. She was instrumental as a consultant in writing a sports ethics curriculum for youth. Keim also consulted on grants aimed at adolescent suicide prevention and job-readiness training for underserved populations. Currently, Keim is serving on the External Advisory Council of a CCAMPIS grant that funds childcare services for Pell funding recipients.

Keim has served on editorial boards and as a reviewer for five journals. She has served on the Division 49 program committee and membership committee. She has also reviewed program proposals for other APA divisions since 1996. Keim chaired the Community Counseling Interest Network in ACES between 1997-2000.

Within clinical settings, Keim has facilitated many insight-oriented groups. Her interests within group therapy include trauma, abuse, and diversity issues. She maintains a small clinical practice providing pro bono services to those who do not have insurance or funds for psychotherapy. As a member of a HIV/AIDS consortium, Keim reviewed and made funding decisions on grant proposals.

If elected to serve as division treasurer, Keim’s goals are to build the financial strength of the division by working to increase membership and member retention. In addition, she would like to work to increase knowledge regarding the efficacy of group therapy with underserved populations.

Sally H. Barlow, PhD, ABPP
Candidate’s Statement
Member-at-Large

I feel extremely privileged to be involved with Division 49 in any capacity. I learned a great deal as I negotiated the complex world of credentialing. Spending three years in the Presidency was especially enlightening! We faced many challenges, not the least of which was dwindling membership—a current problem throughout all APA Divisions. I would hope that if the membership elected me to another term as Member-at-Large, I would be able to continue my work with the Council of Specialists CoS—under the aegis of the Council of Education CoA—which focuses on the growing issues attendant to specialization in psychology. I taught the group sequence in our Clinical Psychology Program for many years, was a founding member of ABGP—the American Board of Group Psychology—and have studied group process and outcome since graduate school days where I wrote and published my dissertation on that topic. It has been a twenty-five year love affair. Groups are great.

Eric Chen, PhD
Candidate’s Statement
Member-at-Large

I am honored as a candidate for Division 49’s Member-at-Large position. I am an associate professor of Counseling Psychology and Chair of the Division of Psychological and Educational Services, Graduate School of Education, at Fordham University in New York City. My research interests and publications have encompassed topics of group counseling process and outcome, and multicultural issues and competencies. Over the past several years I have increased my involvement within Division 49, by way of reviewing proposals for the APA convention, serving on the editorial board of the Division’s journal, and, in 2005, serving the one-year appointment on the Board of Division 49 as a Member-at-Large. I strongly believe in providing mentoring and professional development op-
opportunities to student members. As a candidate for this position, I aim to develop a strategic plan to increase the size and diversity of the Division’s professional and student membership and to excite activity that will continue to ensure the Division’s impact on the field. I look forward to the opportunity to continue to serve as a link between our Division leadership and members.

Irene Deitch, PhD
Candidate’s Statement
Member-at-Large

As a long-time “groupie,” I appreciate the opportunity to serve our division.

Dr. Irene Deitch, a Fellow of Division 49, brings to her candidacy a history of involvement with Group Psychology and Group Psychotherapy as an activist in its formation at APA and as Charter Member. She has a successfully proven record of service, experience, leadership and professionalism; her ability to create, initiate, and follow through are essential aspects of her productivity. Irene is well-known for her involvement and inclusiveness of members in her commitments.

At Columbia University, where Dr. Deitch received her Master’s degree, her interest and subsequent training in Group Work was sparked by Drs. Ken Herold, Matt Myles and NTL. She received her Ph.D. from Yeshiva University, where she continued research and group work practice under the supervision of Dr. Alexander Basin.

Irene Deitch is Professor of Psychology at City University of New York’s College of Staten Island, and Licensed Psychologist in private practice. She introduced “Group Dynamics” to her College curriculum 35 years ago. It remains one of the most popular courses. Irene has worked with groups therapeutically, educationally and supervisory levels, i.e., drug abusers, police department, cancer survivors, older adults, women returning to the classroom, the terminally ill. After September 11th, she ran groups for students on campus. She was invited by the Red Cross to hold group sessions for family members of the victims. Irene holds certification as a Thanatologist.

Dr. Deitch has demonstrated leadership as: Chairperson of APA’s Public Information Committee; Chair of Membership Committee; Committee on International Relations in Psychology; President of Division of Media Psychology and Running Psychologists. She served on several Task Forces, and has written extensively on psychological, social and health issues. Irene is an active source for APA’s Media Referral Service. She was APA-trained as a Legislative Advocate. Additionally, she produces and hosts Making Connections, a cable television program dealing with psychological, social and health issues. She is committed to using electronic and print media to address social and public interest concerns.

Dr. Deitch sees her goals for Division 49 as keeping pace with the mission for group research, training, practice, working collaboratively with other directorates:

- Increasing membership/attracting new members/ retaining them—greater use of their skills and interests through publicity, programs and participation
- Outreach for diversity in membership and legitimate involvement in the organizational process
- Maintaining open channels of communication between our Board and the membership
- Increasing hands-on training and workshop opportunities
- Introduction of new members through the newsletter
- Increasing utilization of the Media to raise the divisional profile and promoting our mission
- Building interdivisional coalitions by undertaking joint projects
- Establishing liaisons with APA Boards and Committees
- Greater efforts to increase divisional Council representatives

The reality of our times requires a greater need for group training and application of our group skills and theory especially with the following groups: the military and their families; the underserved; the homeless; older adults; New Americans. In short, we can address the needs of various groups to enhance the quality of life and end of life issues.

Dr. Irene Deitch embraces those values consistent with our division’s mission. She is highly motivated, enthusiastic, and energetic and most importantly, works and plays well with others.

Irene Deitch welcomes your support!!!

Gloria B. Gottsegen, PhD
Candidate’s Statement
Member-at-Large

My longstanding involvement in the field of group psychology and group psychotherapy, over twenty years that include university teaching and professional practice, along with concern about protecting and enhancing the vital interests of group psychologists, led me to a devoted and extensive relationship with Division 49.

In addition to being a charter petitioner and a charter Fellow of the Division, I have been fortunate in serving in various capacities, with gratifying support from the membership as: Member-at-large; Co-Chair, Bylaws Committee; Chair, Task Force on Council Representation; Chair, Division 49 Nominees to APA Boards; Division 49 Coalition Council Represen-
My broad experience in APA Governance, essential for the position of Member-at-large, includes positions as Council Representative; Chair, Committee on Structure and Function of Council; Chair, Membership Committee (two terms); Chair, Board of Convention Affairs; Chair, Committee on Division and APA Relations and Member, Policy and Planning Board.

I am eager to continue my record of proven and effective service, energy and commitment to our Division.

Joshua M. Gross, PhD  
Candidate’s Statement  
Member-at-Large

I am running for a seat as a Member-at-Large on the Board of Directors of APA Division 49. Many of you will not recognize me because I have not been active within APA and the Division. I have, however, been involved with the practice and governance of professional psychology through the course of my career. I would like to have the opportunity to work within Division 49 and ask for your vote in this election.

I was licensed as a California Psychologist in 1983 and practiced group and family psychology in hospital, residential care, and outpatient settings. I moved to Florida in 1999 when my wife took a faculty position at the Florida State University. I was licensed in Florida in 1999 and worked as Director of Professional Affairs for the Florida Psychological Association (FPA) until I took the position of psychologist and group coordinator at the University Counseling Center at Florida State in 2001.

I became a CGP in 1994, an ABPP diplomate in group psychology in 1999, and a fellow of AGPA in 2002. I was awarded the Outstanding Contributions to FPA in 2003 and was voted an FPA Distinguished Psychologist that year as well. I have served on the Board of Directors of the American Academy of Group Psychology since 2001. I am co-founder of the groupinscc@lists.fsu.edu list server, dedicated to the work of developing and maintaining group interventions in the college counseling center setting. I serve as webmaster of www.aagp.net that serves both the American Academy and Board of Group Psychology. I serve as an occasional reviewer for the International Journal of Group Psychotherapy. I serve as treasurer of the Capital Chapter of the Florida Psychological Association. I have an active history of presenting, training, and writing about group psychology related subjects.

I have had a lot of fun in the course of my work on behalf of professional psychology. I have enjoyed most of my work in the area of group psychology. I believe that I will make a useful contribution to Division 49. Please consider supporting my campaign for membership on the APA Division 49 Board of Directors as a Member-at-Large.

Dr. Richard Moreland  
Candidate’s Statement  
Member-at-Large

I am a charter member of Division 49. Since the division began, I have served as a member and as Chair of the Research Committee, as member of the Executive Board, and as President of the division. I was also responsible for creating and running the division’s email original listserve and webpage.

I joined the division because it was described as a new place in APA for anyone and everyone who was interested in small groups. That broad category would include social, organizational, counseling, developmental, school, and military psychologists, as well as clinical psychologists. Clinical psychologists have always controlled Division 49, of course, and that is not a problem, so long as other group psychologists are kept in mind, both as potential members and as actual members whose needs deserve to be met. In recent years, however, it seems to me that Division 49 has slowly drifted away from these goals. The division has thus become more narrow. I propose to broaden it again.

As for my academic background, I am a college professor who does both social and organizational research on groups, mostly in the laboratory. Although I study many things, much of my research focuses on temporal changes in groups. These changes include group formation and dissolution, group development, and group socialization. A more detailed summary of my work can be found at www.pitt.edu/~cslewis/. As for my professional activities, I am a Fellow of Divisions 8, 9, and 49 in APA, and of APS. I have served as Associate Editor for the Journal of Experimental Social Psychology, the Personality and Social Psychology Bulletin, Group Processes and Intergroup Relations, and Management Science. I have also served as a Consulting Editor for many journals, including Group Dynamics: Theory, Research, and Practice, Organizational Science, and Small Groups Research.
SPOTLIGHT ON GRADUATE STUDENTS

What the Heck Do I Know: Confessions of a Group Teacher

Sally H. Barlow, PhD
Professor of Psychology
Brigham Young University

It seems like yesterday when I first started teaching my first group course: Group Psychotherapy to second year clinical psychology graduate students. I was scared. What did I know? I made an appointment with my former group mentor from graduate school, poured through the available books, fretted while trying to construct a good syllabus, and finally showed up for the first day of class too exhausted to keep track of any group process to speak of! I look back on that now, from a twenty-five year perspective, and I am glad of the journey.

Recently, Jon, one of my fine supervisees, just starting his journey, was trying to explain why he had decided upon one intervention rather than another while we contemplated the section of video tape he had brought to supervision. It was an awkward interaction (both on the tape and between us in supervision). I queried, “Jon, why such defensiveness on your part? You’re smart, you’re interpersonally skilled, you don’t usually get defensive with clients.” “Yes,” he responded reluctantly. “I guess it’s because I didn’t know the answer . . . and I didn’t want her to know that.” We talked a while about his dilemma. He realized he was stuck between the “know-it-all” graduate student he wished to be and the “dumb dope” he feared he was. It reminded me of those fearful thoughts I had had when I first started to teach. I realized I’d come a long way from “What did I know?!” to the gently calculated rejoinder “Ah, shucks, what do I know” when I was trying to coax awareness and internal locus of control from a client or a student.

As the years have gone by, I have focused on refining my meta-skills of group process with the concrete skills of group theory/application content. I realized I had become more confident that I could wear both hats. Thankfully, my teacher evaluations over the years corroborated this. I received the university’s highest award for teaching excellence—an award I value more than any other because teaching is truly my first love. Supervising, teaching, intervening with students and clients, content vs. process—these are not easy skills to attain, to be sure. Blurring domains between content vs. process, mixing roles between students vs. clients could certainly create a real mess. Students could complain behind my back that I was turning their group class into a therapy group, object splitting me into the bad teacher compared to their “good” demonstrative teachers—always a scary threat when you are trying to convince your quasi-anti-group colleagues that groups are good. By demonstrative, I mean the clear, logical reasoning demonstrated (it is too tempting not to use the tautology here) in straightforward fact classes, which capitalize on content. This is in direct contrast to dialectical ways of teaching that often involve the use of opposition, contradiction, and paradox, which capitalize on process. Good-enough group leaders and teachers must rely on both teaching techniques, in proper proportion, to inculcate facts and invite personal exploration.

Jon and I spent time in supervision discovering the roots of his automatic “know-it-all” style that was keeping him from a more flexible, open intervention such as, “Shoot, I guess I don’t know the answer to that . . . what do you think?” An important caveat here is you can use the “ah shucks defense” only as it operates upon a deepening fund of knowledge—knowledge gained from keeping current with yourself (experiences logged year after year of running groups), and current with the empirical literature (a fact-base gained by reading relevant articles in the excellent group journals). I could understand his hesitancy to trust this new stance as he was still struggling more near the beginning than the end of his five-year Ph.D. program.

Accumulating experiences as group leaders and group teachers encourages us to understand the differences between erecting defensive walls and creating places of possibility. As we are able, we begin to exchange our unconscious defensive maneuvers, which create buffers between our clients and us, for conscious places of possibility. This space between our group members, or our group students, is what Thomas Ogden has labeled the third position; Robert Stolorow has called it the Intersubjective third. Most clients come to therapy knowing only their own position—their own point of view as it invariably contrasts with the other person’s point of view—their husband’s impatience, their teenage daughter’s disrespectfulness etc. To complicate this further, a member in a group or a student in a group class can also have two positions inside him or herself also at odds. For instance, “I know I should quit smoking.” “I love the feeling of lighting up that trusty cigarette.” Other examples include less lethal, but no less serious conflicts of staying in dangerous marriages, engaging in self-destructive behavior and the like.

The point here is that most humans engage in these perplexing and implacable behaviors; and some of them come to therapy for help. Our job is to invite clients into appropriate attachments (with other group members, with us, the group therapist) so that they can more clearly see the black and white positions that constrict them. As group members, they can then engage in experiences with other members in the group, and predictably begin to come in conflict with them. The leader can invite each member into that third place of possibility, which frees him or her from the previous oppositional positions, to consider what is truly at the heart of the distress. This invitation is more complicated with students, of course, because teaching is not therapy. Nevertheless, creating a possibility to
consider many alternatives is at the heart of the educational endeavor.

Jon and I were having that experience—at this edge of possibility. His previous buffer—"I am smarter, wiser, I know more..."—the buffer that surrounded the vulnerable inner Jon at its dialectical opposite—"I know I am nothing, a fraud"—was beginning to change. He was beginning to know that he knew enough, not everything of course, but enough so that there was no longer that treacherous buffer between him and the group member. Next time he will say, "Hey, I don't know that. What do you think?" Or "Does it worry you that your group leader might have faults?" Ah, the human condition—such a good thing to be part of! And shucks, that's what I know.

International Mental Health: Working with Relocated Refugees

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In June, 2004, with the support of professors Andy Horne and Linda Campbell at The University of Georgia, Mark Evces, Mahlet Endale and myself founded a research team studying international mental health, and, more specifically, the mental health of relocated refugees. During the course of the spring semester that year, Mark had the serendipitous experience of teaching a student who was affiliated with The International Rescue Committee’s Atlanta Branch, and a partnership was established between our research team and this organization for the purposes of developing an effective mental health promotion program. Though there has been substantial evidence to suggest that individual services would be useful as well, interventions thus far have been group oriented, and are largely psychoeducational in nature.

Three groups have been conducted, one each for Liberian single mothers, Somali Bantu men, and Farsi speaking Afghan and Iranian women. The growing relocated refugee population in the U.S. faces multiple psychosocial stressors, yet some group members adjusted more successfully than others—possibly due to language/literacy proficiency and/or effective coping skills/protective factors. Participants’ time residing in the U.S. varies from two months or less to three years, and participants vary in age from late teens to early seventies. The time spent in refugee camps prior to relocation has varied as well, but has been substantial by any measure, ranging from three to fifteen years.

Once in the U.S., the refugees were placed on public assistance for a limited time until they obtained jobs and became self-sufficient. Issues differ across groups. Most women experienced separation from or loss of partners and children. The Bantu men expressed fears of not being able to support their families. All groups faced problems with health and accessing health care, and the loss, separation, and trauma of leaving their home countries. Most group members have shared a host of questions about American traditions, government structures, and cultural values.

Throughout the group process, members are reporting an enhanced sense of community, increased levels of social and emotional support, and an eased relationship with their caseworkers and other service providers at The International Rescue Committee. They are also reporting an enhanced sense of understanding about American culture and society.

Balancing the needs of the relocation center (alerting them to crises, addressing specific issues) with group member needs (case management issues, group dynamics) has required communication with both groups while respecting client confidentiality. Assuming a dual role (group facilitator and IRC advocate for group members) has proven to be unavoidable. As second year doctoral students, deeply immersed in our clinical work, this has proven to be challenging and enlightening experience.

Issues related to group process have included the role of translators and translation, incorporating diverse cultural beliefs and practices into the group process, and examining gender differences across ethnic and religious groups. As American-trained practitioners, these challenges and experiences require that we align ourselves with some non-traditional approaches in the name of effectiveness.

Recently we have begun to consider the application of Liberation Theory and Participant Action Theory in identifying and fostering the indigenous protective factors that can be employed in the promotion of mental health for our clients. Current research includes an investigation of the role that social support, self-efficacy and congruence of expectations plays in moderating the stress that the relocation process has on our clients. At the request of the agency, we are also working to develop a comprehensive mental health-screening program for the IRC in the hopes of identifying clients who are at-risk and could most benefit from additional services.

Future goals include the opportunity to travel and work with refugees living in camps prior to the relocation process. There is some evidence to suggest that the development of an effective orientation program would serve to enhance the relocation process as well.

At the time of this writing, we are either actively working or preparing to work as members of a mental health outreach program to Batticaloa, Sri Lanka, working in refugee camps to respond to the mental health needs of the survivors of the tragic tsunami in December of this year. We are anticipating a humbling and meaningful experience and a greater understanding of the needs of refugees that can inform our work here in Georgia. Finally, we are anticipating the opportunity to discuss our work this year at APA, and are looking forward to the discussions, feedback, and new relationships we can form with people who share similar interests in group work with international populations.
Short-Term Group Therapy with Adolescents

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Group therapy can be one of the most valuable and important mediums through which to spur change and development, when working with adolescents. For two years, I co-facilitated group therapy in a short-term diagnostic program serving adolescents with severe mental health or behavioral issues.

Adolescents (especially those who are in programs) commonly have a reputation of fiercely resisting treatment and often refusing to participate in group situations. Although this may be true initially, experience has shown that this age group actually does want to talk and share. Thus, within the right environment, group therapy can be a powerful tool to help adolescents deconstruct their current situation and see their choices/problems from a healthier perspective.

However, this is not an easy task, especially when working with behaviorally challenged, oppositional, depressed and/or anxious adolescents. But, given certain factors, group therapy can be extremely beneficial and accomplish a great deal.

First, participants must be made to feel safe within the group. Even adolescents who have a criminal record and who exude the air of being “above” others, do so to protect themselves. The norms of the group are critical to developing participation and cohesion. Norms that include being respectful, listening to others, and not interrupting all must be strictly enforced and followed by all members. If these are consistent, the participants know that they are “safe” within the confines of the group and begin to talk. When working with adolescents, the culture and the peer group are of the utmost importance. If the ongoing members of the group are the ones to enforce these standards, the newer members of the group are then more likely to listen and accept them as well.

Within a short-term group for adolescents, setting the standards within the group and discussing expectations are all critical elements. Although the co-facilitators run the group, the members are encouraged to give each other their opinions and offer support. Usually, members are hesitant at first to share personal information about themselves but eventually they are able to offer support and comments to those who are talking. This allows the latter to begin to participate. Talking to some of the adolescents before they were discharged from the program, they cited this as an important factor to making them feel better. Many took pride in helping others feel better and in turn felt good about themselves for assisting others. This created a circular pattern where members would help each other, each benefiting from others’ feedback. Since the group was constantly changing, the facilitators relied on those “senior” members of the group to welcome new members, explain the importance of group, and help the “novice” members initially.

It is important to have a diversity of intervention techniques available at your disposal to allow the group to be interesting, powerful, and informative. When I first began facilitating groups I was constantly asking my co-therapist what therapeutic model he based this group on, but what I learned is that in this situation an eclectic model, melding different interventions from different theories allowed the group to be interesting, different, and pliable. For instance, at various points and with different members, paradoxical intentions, reframing, positive reinforcement, systematic desensitization, relaxation training, and focusing on strengths all were used. This allows personalized interventions that would work best with some individual members to be used, while simultaneously working toward group progress as well.

Since this was a short-term treatment program, sometimes as many as four new members left and entered in a week’s time. This made it imperative to change strategies depending on who made up the group. Throughout my two years we used role-playing, psychodrama, artwork, homework assignments, journaling, and music as ways to allow the members of the group to share their experiences and work on their treatment issues. In any group situation, it is important to learn to work on your feet, to be able to determine what would work best, when, and how. The benefit of an eclectic perspective is that it allows you more liberty in how to run the group; the challenging part is that the facilitators must have a good grasp of the group in order to choose the therapeutically correct interventions (Lebow, 2002).

Although all of these points are all true of a longer-term, more stable group, dynamic, short-term, highly variable groups present additional challenges; namely, the above points must constantly be enforced and the group must constantly be re-stabilized. Within each new session, there is the potential for an entirely new group (consisting of new members and a set of intertwined relationships among them). However, even in this setting, group therapy can be one of the most important therapeutic techniques. Adolescents can gain from sharing their experiences, get a positive sense of accomplishment in helping others and realize that there are others who have had similar experiences. For adolescents who have been excluded by families, schools and peers due to their actions or the stigma of their mental illness, being part of a supportive social environment in and of itself is therapeutic. Giving expression to one’s feelings, ideas, experiences, hopes and dreams in an accepting environment can lead to a catharsis unlike any other (Malekoff, 1997).

References

Average Joes’ Fatherhood Group

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In conducting a literature search for a men’s group on fathering, we read Michael P. Andronico’s book Men in Groups: Insights, Interventions, and Psychoeducational Work (1996). We found several
fatherhood groups described by Andronico (1996), Hall & Kelly (1996), Levant (1996), and Sternbach (1996) to be of particular interest. However, we thought the groups lacked applicability to “average” fathers because they seemed better applied to fathers found in one of two extreme categories. One extreme contained fathers involved in some form of social services and who required remedial parenting work. The other extreme group type was oriented towards fathers who were able to fulfill basic fathering roles (i.e. supporting the family), but also seemed highly verbal and motivated to the processing of their feelings and experiences. Neither group type seemed to address the needs of fathers who might fall in the middle of this spectrum.

In an effort to make the group work described in Andronico’s book applicable to average fathers, we combined our favorite group descriptions from Andronico’s book with sessions from the responsible fatherhood curriculum described by Hayes (2000), discipline techniques offered by Phelan & Miller (1990) in their 1,2,3 Magic video, and work done by community mental health counselors working with families. Our hope is to increase the applicability of theoretical work described by well-known authors in the field to those doing work in community settings with fathers who might not regularly receive support since they do not fall into one of the category extremes.

Below we have outlined the goals and objectives of a group we have developed for fathers, based upon the work of others, and we have provided a brief outline of the sessions.

Goals and Objectives

- Help men think differently about their role as fathers, and to reconceptualize their feelings, thoughts, and actions
- Help group members develop and improve their communication and parenting skills by providing them with factual information about child development and a thorough plan for modifying their children’s behavior
- Improve group members’ awareness of their feelings and increase their ability to express thoughts and feelings in non-defensive ways
- Promote an atmosphere conducive to exploring and sharing of personal experiences, from which personal growth and development may arise

Outline of Sessions

Pre-group screening:
- Intake and informed consent
- Discussions of the group format

Session 1: Introduction
- Introductory Activities & Ice breaker
- Defining fathering and the role of fathering
  - Introduction to traditional norms of fathering and new norms of fathering
  $ Ask members about traditional fatherhood norms, record responses. Review the commonalities.
- Homework: Observe examples of traditional norms and new norms

Session 2: Child Development
- Discuss basic development and developmental milestones for children
  - Touching upon topics such as, behavior, cognitive functioning, growth and physical appearance, and interests and abilities
- Homework: Observe your children and record thoughts on their developmental stages

Session 3: Parenting techniques I
- Introduce 1,2,3 technique and watch the ‘extinguishing negative behaviors’ portion of the “1,2,3 Magic” video.
  - Review highlights: consistency, not lecturing, not becoming emotionally involved in discipline, and children’s manipulation tactics

Session 4: Parenting techniques II
- Review fathers’ implementation of last week’s techniques.
- Introduce techniques to increase desired behaviors and watch the ‘increase positive behaviors’ portion of “1,2,3 Magic” video.
  - Review highlights: identifying motivating rewards, effective behavior plans, and giving the child more responsibility and independence

Session 5: Developing values in children
- Assist fathers in identifying values they want to pass onto their children
- Discuss how they will communicate these values to their children
- Group discussion of techniques for instilling values in children
- Homework: Talk to your children about values.

Session 6: Listening and responding to your children: Non-verbals
- Introduce the topic of communication
- Role-playing a scripted scene involving a child getting their father’s attention.
- Process the role-play by looking at non-verbals.
- Discuss and demonstrate concepts of facilitative communication including active listening behaviors and assertive posture.
- Role-play in dyads and process the non-verbals in each pair’s interactions.
- Homework: Observe and journal non-verbals used in interactions with children.

Session 7: Listening to the content of children’s messages: Active listening
- Activity around listening styles: inattentive, interruptive, and attentive
and a woman’s ability to support her man (Gladding, 1999). The lack of study of women in the field of psychology coupled with literature, led to an increased public awareness about specific concerns associated with women. This led to an interest in empirical studies regarding women. As a result, during the late 1960s and early 1970s women began forming consciousness raising groups. These groups fulfilled many functions including interactions with friends and families and exploring perceptions about the world (Gazda, Ginter, & Horne, 2001). These groups also provided women with the opportunity to explore meanings of their lives and their gender roles (Gazda, Ginter, & Horne, 2001). When feminist therapy began to develop there was a need for the examination of power and responsibilities between men and women. The feminist therapy model led to a demand for equality. In these groups women began addressing issues of discrimination, autonomy, and empowerment (Gazda, Ginter, & Horne, 2001).

Prior to the development of feminist therapy, psychopathology, such as depression, was viewed as a biological trait of women, rather than a result of social oppression. Due to the disempowerment of women in society, it is advisable to conduct homogenous groups rather than mixed-gender groups (Gazda, Ginter, & Horne, 2001). The focus of feminist groups should be on women’s strengths and women’s identity rather than on pathology.

There are many characteristics of women that make them effective group members such as assertiveness, autonomy, and independence. At the same time, women have the ability to be caring and to listen well (Bernardez, 1996). Most women have experienced cultural bias, insecurity, and fear. A women’s group can provide the opportunity to share personal experiences, and provide support and encouragement as they overcome oppression (Bernardez, 1996). Other advantages of conducting women’s groups is that they can be more effective in helping women deal with anger, sexual attitudes and behaviors, eating disorders and body image distortions, and mothering issues (Bernardez, 1996).

Bearing in mind these unique and special characteristics, it seems appropriate to conduct a Feminist Empowerment group. The purpose of conducting a Feminist Empowerment group for women is to identify oppressive elements in social cultural environments, provide alternate ways of thinking about oneself, and increase self-efficacy and resiliency in group members, which will allow them the ability to combat oppressive elements. This group is psychoeducational in nature and will present its members with the opportunity to learn new skills, share ideas, thoughts, and feelings, and practice healthy behaviors.

Topics to be explored by the group include the following: gender role socialization, body image, sexuality, racism and prejudice, sexual assault/rape, relationships with men, career inequality, and rights as a woman. This group will be based on the basic principles of Worell and Remer’s (2003) model of Empowerment Feminist Therapy (EFT).

According to Worell and Remer (2003), the following assumptions stem from the worldwide views which guide and provide the foundation of feminist therapy: (1) Due to the devaluation of women by society economic, legal and discriminatory social, sexism problems

A Group Model of Empowerment Feminist Therapy (EFT) for Women

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Prior to the 1960’s personality theorists ignored the unique development of women. Healthy behavior was associated with maleness

Session 8: Listening empathically
- Discuss the benefits of empathy in listening
- Role-play of a child telling his father something with emotional content
  - Listener tells what emotions were expressed
  - Group identifies what emotions were expressed.
- Teach the person-centered method of reflecting feelings, and practice

Session 9: Awareness and expression of feelings
- Have members list feelings they have with their children, discuss trends
- Conduct a feeling identification activity
- Discuss and practice assertive, aggressive, and passive communication
- Homework: Practice expressing anger assertively with a partner

Session 10: Recognizing and reworking toxic fathering
- Generate and discuss individual lists of toxic fathering techniques, discard lists
- Discuss the cycle of toxic fathering, and ending the cycle
- Homework: Have members write a letter to their fathers that reflect upon the positives and negatives in their relationship.

Session 11: Reconstructing fatherhood outside the group
- Review toxic fathering, process any reactions members may have to writing or hearing the letters.
- Discuss how fathers can move past the legacy of toxic fathering.
- How can members better implement the techniques and skills learned in their lives?

Session 12: Termination
- Process the group experience and allow for group leaders to give and receive feedback with each member.

(Contact Graham A. Hunter gahunter@uga.edu or Andrew Stochel astochel@uga.edu for references.)
Feminist therapy must be understood as an opportunity to help clients see the relationships between their behavior and the patriarchal society in which we are all embedded. Feminist therapy affords both facilitators and group members the opportunity to undermine the system which devalues women’s identity and lives (Brown, 1994). It is our hope that facilitators will provide group members with opportunities to grow, change and define themselves in feminist terms. As the literature illustrates, if this goal is accomplished, it is believed that the group members will experience empowerment and an increase in self-esteem. These will then enable the group members to experience an increased resiliency to combat oppressive agents in society, and lead to a healthier and more fulfilling life.

The main objective of a Feminist Empowerment group is to raise women’s awareness of inequality and provide a supportive environment in which group members can explore their life experiences, and break the silence of women’s voices through empowerment. This objective is measurable in that members are pre and post tested using the Personal Progress Scale, Revised (Worell & Chandler, 1999) to determine if the overarching goal of empowerment has been achieved. In addition the Rosenberg Self-Esteem Index (1965) is used as a pre and post measure of self-esteem.

In order to measure change in the group, facilitators operate under the Empowerment Model of Women’s Well-Being (Worell, 1993b, 2001), which provides 10 variables that contribute to empowerment and resilience in women. The Empowerment Model operates under the assumption that a healthy woman in a healthy environment will have positive self-evaluation and self-esteem, a more positive affect, gender-role and cultural identity awareness, a sense of personal control and self-efficacy, self-nurturance and self-care, effective problem solving skills, competency in assertiveness skills, effective access to facilitative social, economic, and community resources, gender and cultural flexibility in behavior, and socially constructive activism (Worell & Remer, 2003).

University graduates are faced with an increasingly unstable job market. The effects of globalization, technology, and unemployment on the economy have contributed to this climate of uncertainty (Peng, 2001b; Santos, 2004).

To assist graduates during this transition, colleges and universities have increased the amount of formal career services offered to students (Davis & Horne, 1986; Folsom & Reardon, 2003). Historically, career services provided by institutions have taken two forms: career courses taught through various academic departments and career counseling provided by university counseling centers.

The university career courses have been offered since the turn of the century, and they have grown in prevalence and scope since (Folsom & Reardon, 2003). It is now estimated that 70% of academic institutions offer credit- and noncredit-bearing career courses that focus on career decision making, job search skill development, and the dissemination of information about various career fields (Folsom & Reardon, 2003).

To determine if UCEC’s are effective, Folsom and Reardon (2003) examined approximately 80 examples offered at colleges across the nation. Of the 46 reports of career classes that had been examined with regard to outcome variables, 38 indicated positive outcomes for career decidedness (Folsom & Reardon, 2003). Likewise, group counseling has been shown to be an effective mode of developing career decidedness in college-aged individuals (Santos, 2004). The findings of Folsom and Reardon’s (2003) accountability study speak positively of the UCEC. However, it must be noted that the study “did not seek to… develop conclusions related to the most effective career course interventions” (p. 422). The question of whether or not group career counseling was utilized in such classes remains, as does the subsequent question of whether or not such an approach would be effective.

To determine the effectiveness of the utilization of career group counseling in a UCEC the following method, based on the career group counseling research of Davis and Horne (1986), was developed. This method employs the small-groups process in such a way that it reinforces the lecture content of the UCEC providing the student participants with an active learning experience. It is hoped that this will facilitate the connection between the course content and decision-

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**Division 49 Website**

[www.apa49.org](http://www.apa49.org)
making process elements of the UCEC in a more subjective and individually meaningful way.

Method
Each week, following the presentation of the UCEC’s content lecture, the students are asked to participate in a small-group process that takes place in the last 30 minutes of each class. These small-group processes are conducted in a fishbowl format.

A fishbowl is a small-group design created by splitting a larger group into 2 smaller groups. These 2 groups are instructed to sit forming 2 concentric circles. The inner-circle is focused on itself and the experiences of the individuals in the inner-circle. These individuals participate only in the capacity of silent observers.

For the UCEC, the inner-circle participants are encouraged to dialogue about their career exploration experiences, paying special attention to their personal thoughts, feelings, and behaviors as they are related to the process of career decidedness. Emphasis is placed on group interaction, discussion, feedback, and sharing. The group leader is to reinforce career decidedness responses in the here-and-now via increased positive attention, including both non-verbal minimal encouragers and positive verbal feedback.

The structured discussion topics should be arranged so as to follow the lecture topics throughout the semester. Davis and Horne (1986) and Dagley (1999) have suggested essential elements to be covered in group career counseling, thus it is recommended that the fishbowl topics include: (a) a getting acquainted and introduction to the group process format, (b) idiographic goal setting, (c) the remaining groups should focus on an exploration of career decidedness issues which are covered in the UCEC, such as: values, interests, and abilities, diversity, search strategies/experiences, decision making and problem solving, and short and long-term career goals, etc.

Discussion
Though the research team is still awaiting the post-test data collection to determine the effectiveness of the small group process on career decidedness, early feedback from students regarding the small group experience is undoubtedly favorable, and thus the method seems to have broad pedagogical implications.

Specifically, students cite their appreciation of being offered an opportunity to engage in “more intimate” and “direct” dialogue with their classmates and the instructor. Though a few students reported initial discomfort when first in the inner-circle, with minimal encouragement they soon came to focus on the dialogue and forget the presence of the outer-circle. On whole, students seem more invested in the content and process of the course, engaging in more active learning and critical thinking.

Involving Students in Division 49

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We have some exciting challenges for this coming year. One of the major goals currently underway is the construction (i.e., rehabilitation) of the Division’s community, access to members-only content, and a web-based registration system. In order to pull the resources of group therapy professionals in an interactive format that students can easily reach, an online forum is being established in which all members will be able to participate.

The goal is to promote an online community where students are encouraged to post questions regarding group therapy and research, give and receive feedback from other student members and professionals, reference research articles, and share personal experiences about group therapy and internships, to name just a few possibilities. Discussions will also be categorized and archived for future reference, building a knowledge base over time with associated contact personnel. Student access to the Division 49 forum will be made available to affiliates as an incentive. The added ease of a web-based student affiliate registration system will also contribute to our goal of attracting students to the Division.

In addition to online community building, this year at Loyola we will again be sponsoring group forums at a local restaurant for students, where guest speakers will be invited to talk and field questions regarding various group therapies. Students will also be invited to present and share information. Our goal is to increase student’s interest and understanding of group therapy, provide them with opportunities to network with professionals, and promote Division 49 as a venue for further information and contacts. The turnout for our initial forum last year was quite large, and we intend this year to invite the departments from surrounding Maryland schools. These forums will also serve as a template for encouraging other departments to host similar forums for group therapy community building.

Check out http://www.apa49.org/ and watch us grow.
Training Group Therapists in a Trauma Treatment Program

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Project Heal is the trauma treatment and training program at Childrens Hospital Los Angeles (CHLA). Project Heal trains pre-doctoral interns in CHLA’s APA accredited internship program and trains both first and second year post-doctoral psychology fellows in the CHLA fellowship program. Additionally, unlicensed masters level clinicians (LCSW and MFT interns) are trained in Project Heal.

Project Heal incorporates a strong group therapy program into the treatment of traumatized children and families. Therapists in Project Heal have facilitated many different types of groups that typically include a collateral group for caregivers. The treatment groups are comprised of children of similar age or developmental levels who have experienced a specific type of trauma and struggle with the subsequent grief/loss, emotional reactions, and safety concerns. Previous groups have addressed topics such as sexual abuse, domestic violence, and traumatic grief/loss. Collateral groups are conducted in English and Spanish to meet the needs of the greater Los Angeles community and thus minimize the impact of linguistic barriers in parents’ ability to communicate their experiences. In addition to trauma treatment groups, Project Heal has also facilitated abuse risk reduction and social skills groups for children with a developmental disability (“Making Friends and Staying Safe”). This group also has a collateral caregivers’ group.

To ensure that group therapists are well trained in effective group therapy interventions, Project Heal utilizes several different approaches to training. Prior to the start of the group, group therapists receive several didactic trainings on facilitating group therapy and learning trauma-specific issues that may affect the group members. During these trainings, the therapists are introduced to the group curriculum and the topics addressed in the curriculum are explained and discussed. Videotapes of previous Project Heal group therapy sessions are shown to demonstrate some of the unique challenges that arise in trauma groups.

Project Heal also prioritizes the use of modeling as a training strategy for new group therapists. Group therapists who have previously facilitated trauma groups share their experiences of previous groups with newer clinicians. Newer group therapists are paired with a co-therapist at an advanced clinical level to provide an opportunity for exposure to in-vivo modeling. Often trainees are paired with licensed psychologists to facilitate the group therapy. Additionally, Project Heal requires that co-therapists meet for a minimum of 60 minutes per week to plan and prepare for group. Since co-therapists are at different levels of clinical experience and skill, this weekly meeting provides an opportunity for mentoring.

Supervision of therapy groups is provided through several different modalities. Live supervision has been provided for the groups. During live supervision, a licensed psychologist observes the group through a one-way mirror and may telephone the group therapists when needed with suggestions for specific interventions. Notes on the observations are then provided to the group therapists and discussed in supervision. All group therapists facilitating child and caregiver groups meet directly after the groups for group supervision. This immediate group supervision provides an opportunity to debrief about the experience of facilitating group that evening and allows therapists to discuss countertransferential issues that arose. A goal of the supervision group is to explore how each therapist thought that he or she functioned in the group that evening, as a clinician and as a co-therapist. Supervision focuses on therapists’ struggle with countertransference, difficulty balancing group process with group content, challenges working with certain group members and any others group therapist issues that may arise. The supervision also focuses on culture-specific issues that may contribute to the family’s trauma experience.

This group supervision of the therapy groups is conducted by two psychologists with experience in group therapy, multicultural issues, developmental issues, and the treatment of childhood trauma. One of the psychologists is bilingual to provide Spanish supervision if necessary for bilingual therapists who may struggle with cultural or linguistic issues during their groups. Having two psychologists co-supervise the group supervision provides a parallel model for the therapists who co-facilitate a group. The supervisors meet weekly to address the interactions during the supervision and explore how they could continue to best work together.

Project Heal’s comprehensive approach to training upcoming group therapists is consistent with the approach recommended by Markus and King (2003). With the didactics to address group therapy training and theory, the use of modeling as a training technique, and the group supervision, Project Heal therapists are learning the importance of group psychotherapy, its role in treatment planning, and its effectiveness in addressing children’s and their parents’ trauma experiences.

Listserve

Are you participating in Division 49’s e-mail listserve? If not, then you’ve missed out on many interesting and potentially valuable messages about job opportunities (academic and nonacademic), calls for papers in special journal issues, conference announcements, and so on. The listserve 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 listserve—if you want to join them, contact Steve Sobelman at steve@cantoncove.com.
Remember the “4077 MASH Unit,” with those hard-drinking, quick-witted prankster-surgeons Hawkeye and B.J.? In one episode Hawkeye was called to the front to do meatball surgery. Shortly after arriving, he learns that the last doctor had been killed. The scene is pretty grim. During a lull in the shelling he looks for a place where he can write his will.

Safely back at the 4077, Hawkeye starts to take off his boots, too tired to get undressed, he sits on the edge of his bunk, exhausted. The camera slowly pans the “Swamp,” as he takes a nostalgic look around his makeshift home. He picks up the framed photo of BJ’s wife and kids, mutters to himself that BJ is the best friend he’s ever had and decides to include BJ’s children in his will.

While the Camp sleeps, we see him in the company clerk’s office and hear him reading what he wants to tell BJ’s children - that their father wanted nothing more than to be part of their first few years of life, but had no choice. What a wonderful man their father is. As he’s sitting at the desk, Klinger, his head in a red kerchief, sticks his head in, asks how come he’s not asleep like the rest of the camp. “Catching up on some paperwork.” Shaking his head, Klinger says, “If there’s one thing I’ve learned being company clerk it’s that there’s no paperwork that can’t wait until tomorrow.” Hawkeye nods, returning to his nearly completed will, with that classic Alan Alda half-smile, and quietly says, “I used to think that too.”

Most of us don’t live in a war zone, but reliable sources report that none us will get out of life alive. A recent news story reported that only 1 of 3 Americans have made out a will. I have found no statistics about how many mental health professionals have a will. Most therapists haven’t thought through how they would want their client load handled, or even who they would want to cancel their appointments if they have a family or medical emergency.

Illness in the therapist, unexpected absences, retirement and death of the therapist are all topics that supervisors and graduate training programs have neglected. Practical matters such as easy access to client phone numbers and an updated list of clients in crisis are just a few of the matters that have gone unaddressed by the majority of clinicians. Instead, the therapist’s partner, who is stressed by the crisis, may have to ferret out information about clients.

We are not immune from denial. Through my work consulting and teaching, I have come across horror stories about poorly handled disruptions to the therapist’s personal life from personal crisis. These unskillfully handled disruptions and terminations caused unnecessary trauma to their clients. Unavoidable circumstances lead to avoidable consequences and unnecessary suffering for our clients, colleagues and family members.

Most of us see ourselves as healthy, and see no need to plan for a time when our brain or body are out of commission, whether this is due to an illness, a death in the family or some other personal crisis. “I’ll cross that bridge when I get there” is the usual sentiment. “Why dwell on things that may not happen for a long time?” There are numerous reasons to take the time to plan ahead, when we are healthy and independent. As therapists we all realize that humans function best when given the chance to think emotionally loaded issues through. How often have you encouraged clients not to procrastinate or to take time to plan for the future?

Don't Let Termination be a Missed Opportunity
Termination can be one of the most challenging and richest phases of therapy. Regardless of your theoretical orientation, the final phase of therapy is an opportunity to review and consolidate progress made, address unfinished business and say goodbye in healthier ways than most clients have experienced with their families of origin. To be robbed of this opportunity can be devastating for clients. Unexpected therapist death is traumatic and there is little to mitigate the short and long-term effects of such pain. But that little effort can make an enormous difference.

I drafted Letters-to-Be-Sent-to-my-Clients-in-the-Event-of-my-Unexpected Death (or absence) to provide support and encouragement for my patients as they grapple with the loss of our therapeutic relationship. In addition to these letters, I developed a “Blueprint” for my peers and colleagues. It covers practical issues such as contacting patients: clinical issues, such as adequate documentation: and therapeutic issues, such as writing out what, if any, memorial service I would to have open to my patients.

Not only is it easier to write out a thoughtful plan when you are not in crisis, spelling out these important details clarifies your treatment values and encourages examination of your professional life that you may not have considered. What would be your wishes for a memorial service? Would you want your group therapy clients to attend a service with your family and religious community or would you prefer a separate event led by a colleague that was designed to help your clients mourn you as their therapist?

The online article described below has guidelines and templates for putting together a trusted team of clinicians who agree to help each other in the event of your absence. Starting your own Blueprint for Therapeutic Continuity will take less than an hour. What do you have to lose?

A Nearly Painless Way to Protect Your Practice, Self and Others
Preparing Yourself for the Unexpected: Therapist Illness, Retirement and Death, is one of nearly a dozen articles about this taboo
Group Therapy to Enhance Adjustment in Girls with Craniofacial Scarring

Susan Miller, PhD
University of Southern California

The purpose of this investigation was to determine the impact of group therapy on the psychological adjustment of girls with craniofacial scarring. Children with visible deficits are at significant risk for low self-esteem, poor body image, depression, and anxiety.

This study involved 8 girls aged 10-13 with craniofacial scarring who were nearing completion of their corrective facial surgeries. Parents were also involved and participated in a psychoeducational group simultaneously with bilingual facilitators to meet the needs of Spanish-speaking participants.

The framework of this group stemmed from REHM theory, which promotes the use of introspection as a mean of self-soothing and reframing negative thoughts. Group therapy utilized both cognitive behavioral techniques that focused on perception of control and appearance enhancing procedures. The educational techniques included the use of role-play and mirrors to help address the issues of rude remarks and staring. Pre and post testing was done to assess perceptions of control, self esteem, body image issues, and symptoms of depression and anxiety. Parent pre and post testing included measures of awareness and coping skills.

Seven of the eight girls increased their perceptions of control, self esteem, and body image with group therapy. A decrease in symptoms of depression and anxiety were also noted in the parents. Evaluation of parents questionnaires and measures demonstrated an increase in parent awareness of their child’s facial differences and improved coping skills.

It was concluded that girls with craniofacial scarring experienced positive psychological adjustment following group therapy. Educational techniques increased perceptions of control, self esteem, enhanced a positive body image, and coping skills. These findings suggested that group therapy represents a valuable component that should be included in craniofacial team care. Implications of psycho-social interventions will be discussed.
In the course of the charged events in the weekly life of a psychotherapy group, communications may be put into dramatic action and behavior. These happenings, however disquieting, may provide rich opportunities for growth and change. On the other hand, certain behaviors, such as group members touching one another, may lead to negative and disruptive results. Touch can heal, and touch can disturb. The following letter and commentaries pertain to these issues:

I have been leading a psychotherapy group for the past five years. There are four men and three women in the group. Six of the members have been in the group for over one year, one man joined two months ago. One of the understandings members of my group have is that they are to put their feelings and wishes into words rather than actions.

During the group’s last session, with about twenty minutes remaining, the newest member spoke of how his wife of three years had clarified why she no longer wished to stay married to him. She told him that she had never loved him, that she married him out of her own desperation, and that she was unsure whether or not she was even attracted to men. The man cried profusely as he spoke of the details of his talk with his wife. A woman sitting alongside him on the sofa, reached over and touched his shoulder, and his crying turned to a powerful sobbing. He then turned toward her, and put his head on her shoulder and she held him as he cried for several minutes. The group was silent during this time, and so was I. When the man stopped crying, both he and the woman separated some from one another, and seemed self-conscious. The man thanked the woman for her caring, and she expressed her sorrow for his being so hurt by his wife. The group’s time to finish had arrived. As the man and woman rose, they looked at each other and hugged for a long moment. I was uneasy.

When the group met next, the mood was initially quite subdued. A woman in the group spoke to her discomfort with the physical contact between the two group members, saying it was “too intimate.” A man chimed in with his own malaise, and became quite angry as he spoke to feeling unsafe now that members could “act the way they wished in the group.” He wondered if he could continue as a group member. Two other members were then quite vocal in supporting what had taken place while the man and the woman who comforted him remained quiet throughout. At this point, a woman in the group wondered if she too could stay as a member, and confronted me with my lack of activity. She angrily asserted that as a man I must have enjoyed the male group member being held by a woman and that is why I was silent over the group rules. Inside myself, that did not seem correct, although I was very touched by what had happened. I asked the group members to speak to how what had transpired affected each of them, which took up the remainder of the session.

I wish input about my own conflict between what seems like a genuine, human response in a group and what rules and boundaries need to be reinforced and restated. The acting out that took place in and out of the group clearly shook the group and is threatening group membership. How badly did I err here?

A Perplexed Group Therapist

Dear Perplexed:

Your group appears to be at a crucial point in its development. The incident you relate has resulted in a fork in the road which could lead to a large disruption and regression or an important step forward for the group. It is important that you recognize and trust your own reactions. You said you were “very touched by what happened” and that you saw the interaction as “a genuine human response”, perceptions which led you to allow the interaction to occur.

The group was at a point where there was a readiness for the members to get closer and to disclose more of their deeper feelings to each other. The role of the leader in this situation, like all situations, is to establish safety so that the group members can feel secure in their movement into their own anxiety-provoking depths. Your permitting the interaction to occur was the first step in giving the group the message that genuine non-toxic expressions of feelings in a group setting is helpful. Your encouraging all of the group members to explore their feelings in the next group meeting also establishes safety for the group members because it demonstrates your confidence and comfort with more intense emotional material.

After processing all of the rich material (which would include the woman’s comment concerning your passivity) and you think the group needs more reassurance and boundary setting, you could do the following. Briefly make an interpretation of this incident explaining that you allowed the interaction because it was therapeutic for the group and was non-toxic, etc.

One can speculate that the newest member of the group represents the “new kid on the block” or the newest sibling in the “group family”. His struggle is to be accepted by the group, in part to compensate for his rejection by his wife. His strong expression of affect, when reinforced and encouraged by the woman next to him, represents the group’s desire to delve more intensely into their own feelings.

To further establish safety in the group, you may in the future elicit the group’s reactions immediately after the incident and if time is limited say that the group needs to pursue this incident and everyone’s feelings to it during the next session. Then, during the following session, have everyone discuss their feelings, with possible interpretations such as anxiety of getting out of control, fears.
that the leader will not intervene if the group starts to lose control and jealousy by both the men and the women. Your group is ready to move forward. Follow them in your best leadership style.

Michael P. Andronico, PhD
Somerset, NJ

Dear Perplexed,

Dealing with difficult and powerful group events, especially those involving forbidden wishes and desires, are likely to evoke some anxiety in even the most unflappable of group therapists. If the group event occurred as a result of some deviation from your usual clinical approach, it is also understandable that you are experiencing some self-doubt and bewilderment as you struggle with the notion that perhaps you erred.

As with any potential therapeutic error, it is helpful to remember that such events provide us, and our groups, with opportunities for reflection and growth. It is with this in mind that you might allow yourself some thoughtful space in which to consider your group’s situation and your response to it.

Making room for the most human of experiences is rarely an error. Yet, such events are likely to challenge our certainties regarding clinical competence and our accompanying illusions of knowledge and understanding. Indeed, stepping outside of safe boundaries and agreements does add significant complication and understandably leads to questions of risk and safety for both members and their therapists as all are immersed deeply in the intersubjectivity of group experience.

Although it is perhaps obvious that we are not likely to encourage our groups or individual members to act out, such events are inevitable and tend to unearth and bring forth deeper, more primitive, and often non-verbalized conflicts that are otherwise concealed, or dormant, within the group’s structure and function.

Understanding your own fears, questions, and uneasiness with such primitive material is essential before any movement toward a “management” stance with your group. Consider, within the context of your own personal and professional history: What is your uneasiness? Why your inactivity? What interventions were considered or not considered? What might your activity as a therapist have masked, or managed? What was the meaning of the boundary crossing in the group that particular session and over time? What had been stimulated, or touched, and what was touched or stimulated in you? What previously concealed feelings were exposed and how is the anxiety associated with such forbidden feelings (despair, longing, desire and dependency) being thrust onto the group? And, onto you? Looking back at the group session, you may want to consider various points when you might have intervened and what you would have hoped to encourage and accomplish. Questions such as these, and others that you know to be relevant, should be explored before your return to the group.

As you return, your own comfort and stance with the group is likely to have a significant impact on the current group crisis. Now is the
time to contain the group’s anxiety, outrage, and desire. As with any crisis, it is essential that the sense of urgency be reduced so that the events and associated meanings can be reflected upon and understood. For example, you might verbally acknowledge that some members may choose to leave as a result of this event, but encourage members to first consider deeply their true reasons for their desire to leave, creating time and space for therapeutic inquiry.

Conveying your own curiosity and acceptance of the group events, and possible consequences, will help to create a reflective platform from which members can begin to consider their own reactions. As members share their fantasies and projections, it might be helpful to consider that some validity is contained in each fear. Specifically, with the projections of fears and fantasies, you might suggest that members consider the ways in which members’ accusations are, to some degree, “true.” As members are reminded that all concerns and experiences have a place within the group, it is likely that anxiety will lessen and the desire for flight and reactive self-preservation will be abated.

As you demonstrate that you are able to tolerate forbidden desires (acted out by the original two members) and rage (expressed by reactive members), while, at the same time, provide the group with a sense of calm and structure, thereby gently mending the frame, you can help to provide the group with a sense of safety in the midst of its chaos and confusion. It is essential that fears be named so that some joining can occur around the themes of loss, fear, and desire. It is, of course, likely that members’ desires to flee have to do with what they cannot tolerate to face or know within themselves.

It seems that we all struggle with our vulnerabilities and our humanness. This truth also unites us and brings us hope. Helping the group to open itself to this possibility may bring powerful opportunities for expression, working through, understanding, and growth.

Jennifer Harp, PhD
State College, PA

I want to again invite Division 49 members to write me with their dilemmas or questions to: abelfant@aol.com.

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 work toward having the directory on our webpage (www.apa49.org), something that many other professional organizations have done recently. Please email Steve Sobelman at steve@cantoncove.com if you do not want to be listed or if you would like to change your contact information. 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.
Self-Nomination Form
Standing Committees, 2005

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

Name __________________________________________________________________________________________________

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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.

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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.

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GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY (49)
American Psychological Association
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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.

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American Psychological Association
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Washington, DC 20002-4242

Signature of Applicant Date