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From the Editors

Welcome to the fall 2009 issue of the CCAPS Newsletter!

All of us on the committee hope that this finds you well. As colleagues, we know this can be a very busy and stressful time of year--we hope that you will find the information contained in the newsletter to be helpful and informative.

We have chosen to focus on group therapy in this newsletter. In this issue you will find articles on different aspects of group therapy.

including supervision and group types. Jane Bost also highlights the University of Texas at Austin's newly unveiled stress management website, CCAPS Commission Chair Chanda Corbett shares valuable information in her Letter from the CCAPS Chair, and CCAPS Commission Liaisons provide reporting on liaison contact with other organizations.

As the semester begins to wind down we on the committee hope that you will find time in your busy schedules to relax and enjoy the spirit of the approaching holidays.

Wishing everyone the best... Matt, Eric, Diana, and Leena



Matt Torres, Co-Chair Newsletter



Eric Klingensmith, Co-Chair Newsletter



Diana Damer, Editor



Leena Batra, Editor

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Greetings CCAPS:

Membership

I hope you have had another exciting academic year and will enjoy the holiday season that is upon us. In this winter newsletter, I will discuss some important ACPA and CCAPS news:

ACPA

• APCA and NASPA are having discussions about unifying both organizations. Unification updates can be found at: http://www2.myacpa.org/au/governance/unification.php.

Convention

2010 Convention Chair, Robin Diana, has been gearing up for the 2010 Convention. A convention
update was sent to the CCAPS listserv in October 2009. There will also be opportunities
donating clothing items from your institutions to support our Boston local charities. Please note
the early bird registration ends on January 28, 2010 and one day registration rates are available
for the first time. For more convention information go to
http://www.myacpa.org/convention/upcoming.cfm.

CCAPS

- We are excited to be offering you the opportunity to serve on the CCAPS Directorate. CCAPS is
 accepting nominations for the Directorate for terms that will be beginning in March of 2009.
 Please contact our Elections Chair Dr. Mark Fleming for more information at: mfleming@UDel.edu
 for more information.
- CCAPS is looking forward to our next convention in Boston from March 20-24th, 2009. We have
 a slate of great programs for the 2010 convention which consists of two co-sponsored programs
 with the Standing Committee of Women. We are also honored to have Terry Keane, PhD to be
 our CE Workshop on "Counseling Our Student Veterans" on Sunday, March 20, 2010. Dr. Keane
 is a world recognized leader in the field of traumatic stress and cognitive behavioral treatment of
 PTSD.
- CCAPS is planning a Drive-In Pre-Conference for Friday, March 19, 2010 on the "Intersection of Mental health and Academic Issues" with the Commission for Administrative Leadership of ACPA. This conference will address the collaborative faculty and clinician partnership that is needed to effectively address mental health issues and academic challenges on college campuses. If you are interested in presenting for this pre-conference or would like to be apart of the planning team, please contact Dr. Craig Woodsmall at cwoodsmall@wustl.edu. Keep checking our website and listserv for updates.
- CCAPS will be celebrating its 50th Anniversary in 2011. We have begun planning a spectacular
 convention that will take place in Baltimore from March 26th-30th, 2011. Please email CCAPS
 Chair-Elect Jane Bost, PhD at jbost@austin.utexas.edu if you are interested in helping to plan the

celebrations for our 50th Anniversary.

Higher Education Mental Health Alliance (HEMHA)

- The second Higher Mental Health Alliance Meeting at a host conference took place in March 2010 at the NASPA's annual meeting. HEMHA organizational liaisons will meet to address ways the charter members can continue to collaborate together and present on each organizations' contributions to college student mental health, and provide an interactive workshop on hot topics in college student mental health.
- ACPA and CCAPS will host the third annual Higher Education Mental Health Alliance in Baltimore in 2011.

Well, I believe I have given you enough updates for now. I wish you a wonderful for the holiday season and winter break. For the new year will great us with excitement in the spring semester. I wish you great success in the new and look forward to seeing you in 2010 at the 86th ACPA Convention in Boston, MA. Remember that more information about the convention can be found at: http://convention.myacpa.org/.

Your CCAPS Chair,

Chanda C. Corbett, PhD 2009-2010 CCAPS Chair

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ACCCCS Liaison Report

Submitted by Cindy Cook, CCAPS/ACCCCS Liaison

Membership



The Association for the Coordination of Counseling Centers Clinical Services (ACCCCS) is very involved in and excited about the Center for the Study of Collegiate Mental Health (CSCMH) and the potential for a national database. We feel that it will answer questions about the demands that counseling centers are facing nationally and provide data that can help shape the conversation about needed services and the resources necessary to provide those.

Convention

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Probably the most pressing issue for many clinical directors is how to meet the increased demand for services that many centers are facing, especially in a challenging economic environment that is not providing new resources for many centers. We continue to struggle with increased severity of presenting concerns and how these get addressed in counseling centers. Finally, many centers struggle with balancing training activities and needs for clinical service and how to balance training priorities with clinical services issues.

As an organization, ACCCCS has been growing and is having discussion about meeting needs of membership as we grow. We have undergone a by-laws revision as well. We are also discussing how to make the most of our liaison relationships with groups like CCAPS and others we have relationships with (such as ACCTA, AUCCCD, and CSCMH) and perhaps developing one with IACS.

Who we are:

We were formed in 1996 and currently include about 125 member institutions. We have a very active listserve and meet yearly for annual conference in May. Last May we met in Knoxville, TN and next year we will meet in Snowbird, Utah. Our purpose is to discuss issues relevant to enhancing provision and management of clinical services in counseling centers. More information on our organization, membership, and our mission statement can be found on our website: accccs.appstate.edu.

2009-2010 Board

President: David Rardin, *Illinois State University*President-elect: Marci Burroughs, *Univ of Tennessee*Treasurer: Marla Craig, *University of Texas*Membership Chair: Ted Stachowiak, *Texas A&M Univ*Website: Carol O'Saben, *Appalachian State Univ.*Listserve: Paula Keeton, *University of Iowa*Cindy Cook, *University of Houston-Clear Lake*Tim Lane, *University of North Texas*Josette Cline, *University of Arkansas*Bob Rodgers, *Cornell University*Gloria Saito, *University of California - Berkeley*

We welcome your feedback and our liaison relationship with you! Thank you for continuing to support us by providing CEUs for our annual conference. If you have feedback or ideas for ACCCCS, you can pass your thoughts along to me at my email address.

ACPA Foundation Liaison Report

Submitted by B. Lynne Reeder, Ph.D.

The ACPA Foundation (a.k.a. the ACPA Educational Leadership Foundation) engages in fundraising for ACPA: College Student Educators International. As noted on the website "The Foundation seeks philanthropic support for ACPA initiatives involving research and scholarship, professional development and leadership programs for student affairs professionals in higher education." http://www.my-elf.org/index.php.

The Foundation has several major annual fundraising initiatives including the Diamond Honoree Celebration which honors contributions to the Student Affairs profession, the annual silent and speaker auctions at the Annual Convention and the Annual Campaign which seeks financial donations from ACPA members and other donors. While donations of money, goods and services to the Foundation are usually fully tax deductable, the amount of the available deduction may vary (consult your tax advisor). Also a new program, tentatively named Friends of the Board, is under development. This initiative allows ACPA members to share their skills by assisting with selected Board activities and programs.

How can the Foundation help you?

In addition to general support of ACPA core values, programs and goals, the Foundation offers a grants program. Each year, the Foundation awards modest grants totaling approximately \$10,000. In addition, there are two grants sponsored by corporate partners. These grants support ACPA member's research proposals that enhance the student affairs profession and disseminate knowledge about college students. The Foundation plans to increase the total grant amount available over the next few years. **Plan now to submit an application for next year. The deadline is usually mid-October**. Follow the link below for additional information and application materials:

http://www.my-elf.org/grants/index.html

How can you assist the Foundation and ACPA?

Make a Tax Deductible donation to support the Foundation. If you feel that ACPA has been professionally and/or personally meaningful to you, please consider making a donation to support the work of the Foundation. Members and supporters have the opportunity to contribute by visiting the Foundation website: http://www.my-elf.org/donate.html.

Support the Silent Auction and Speaker Auction. In addition to shopping at the Auction, we ask that members consider making a personal donation of an item or service. Also, consider bidding for speaker services to bring nationally recognized speakers to your campus or for a planned event at very reasonable costs. If you would like to discuss donating an item or service for the Silent Auction or offering your services as a speaker, contact: Lynne Reeder.

Support the Diamond Honoree Celebration. Make a contribution to honor those Student Affairs professionals who have assisted your development or that of the larger Student Affairs field. Also, consider nominating someone next year for consideration for the 2011class. The next Diamond Honoree class will be formally celebrated at the 2010 Convention in Boston. To view current and past recipients, visit the Diamond Honoree page: http://www.my-elf.org/diamond.html

Volunteer as a "Friend of the Board". In an effort to connect with ACPA members with various skill sets who would enjoy working to assist the Foundation, the Foundation Board is beginning a new initiative offering opportunities to work with selected Board committees or tasks. Of initial interest are those individuals with technical expertise, event planning or event management experience or experience with innovative use of media. The initial application/selection process is being developed. This is an exciting opportunity to work with the Foundation Board in fulfilling our mission! If you are interested in learning more, contact Lynne Reeder.

On behalf of the ACPA Foundation, thank you for all that you do to bring services to our students while engaging in research, service and scholarship in support of the educational process.

ACHA /HEMHA Liaison Report

Submitted by Chanda C. Corbett

The Higher Education Mental Health Alliance (HEMHA) has representatives from The American College Counseling Association, American College Health Association, American College Personnel Association, American Psychiatric Association, American Psychological Association, American Psychiatric Nurses Association, Association for University and College Center Directors, The Jed Foundation, and the National Association of Student Personnel Administrators. We hold conference calls throughout the year and meet yearly at a meeting at one of our representatives annual meetings. We manage a website which provides information on identified hot topics at hemha.org to highlight important topics address college student mental health. Topics and related resources such as organizational positions on state and campus gun regulations, health care and others in addition to conference presentations are listed.

NASPA is hosting the next HEMHA work group meeting during their conference beginning on Sunday, March 7th , 2009. HEMHA organizational representatives will take part on a panel presentation on hot topics in the field and their organization's relationship to HEMHA. Chanda Corbett is the ACPA/CCAPS HEMHA representative. We are pleased to announce that ACPA and CCAPS will be hosting the HEMHA meeting at the 2010 ACPA Convention in Baltimore.

APA Liaison Report

Submitted by Chanda C. Corbett

The Counseling Psychology (CP) Specialty Council/Synarchy (CoS) held their annual dinner meeting during the 2009 American Psychological Association (APA)

Convention in Toronto. Jaquie Resnick is the Chair of this group and Society for Counseling Psychology Representive. She announced that CoS meeting in November 2008, held for 1 ½ days in Washington, DC. The Counseling Psychology Postdoctoral Education and Training Guidelines were reviewed and approved. As a specialty, CP now has recognition at all levels: as a pre-doctoral program, pre-doctoral internship, post doctoral, and board credentialing. Another CoS meeting (a telephone conference call) occurred in June 2009. See http://www.cospp.org/ for more information about CoS. John Westefeld APA reported that his presidential project will focus on suicide prevention.

The supply and demand related to internships and CACREP/ master's degree issues, CP board certification, and licensing laws were discussed as concerns. Chanda Corbett announced that CCAPS/ACPA will be celebrating its 50th anniversary at the 2011 ACPA and looks forward to possible involvement of other CP groups. It was also announced that Melba Vasquez, a counseling psychologist, is running for APA president, and the first candidate that SCP has endorsed.

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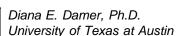
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If You Build It, They Will Come: Building a Robust Group Therapy Program

Membership



G roup therapy is the desert mirage of university and college counseling centers (UCCC's). It teases with potential relief from the continual influx of students seeking services from parched clinicians: Group therapy has been shown to be at least as

effective as individual therapy (McRoberts, Burlingame, & Hoag, 1998; Toseland & Siporin, 1986) and evidence suggests that the issues for which college students often seek help (e.g., anxiety, depression, interpersonal concerns, self-esteem issues) are best addressed via group work (Parcover, Dunton, Gehlert, & Mitchell, 2006). Group therapy is also a cost-effective way of delivering services; and yet, group therapy is underutilized and group leaders struggle to fill their groups (Golden, Corazzini, & Grady, 1993). In this article, common obstacles to building a successful group therapy program will be identified and evolving strategies that have been useful in one large UCCC will be shared.

Convention

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There are many obstacles to surmount when it comes to building a group therapy program. In fact, there are many challenges to overcome in just making a successful referral to group! Sometimes I feel like I have won the lottery when a student agrees to participate in group therapy **and** the group actually fits the student's schedule.

- 1) Students are often reluctant to engage in group therapy for a wide variety of reasons. Many cultural factors may come into play, heightening the stigma of seeking help and concerns about privacy. On small campuses, confidentially may be a particular concern.
- 2) The scheduling and timing of groups can be a major logistical obstacle, especially for students who work and have family or other responsibilities.
- 3) In addition, significant time and energy on the part of the group leaders are required for planning and implementation.

At the University of Texas at Austin, our group program has gradually expanded; we now offer approximately 30 groups per semester. In reflecting upon why our program has been successful, I identified 10 aspects of our program that have helped mitigate some of the above issues.

- 1. Group therapy is supported and valued by the administration and well-integrated into the service delivery system. In the past, Group Services was a separate entity from Clinical Services. "Clinical Services" was synonymous with individual therapy, which arguably sent the message that individual therapy was the "real" treatment and group therapy was the consolation prize. In our current system, Group Services is subsumed under Clinical Services and the Program Director for Group Services reports to the Clinical Director. In our system, individual therapy often functions as an adjunct to group therapy (rather than the other way around). Students attend weekly group sessions and meet periodically with their individual therapists to discuss how to best utilize group.
- 2. Clinicians recognize the value of group, both to their clients and to themselves.

If therapists aren't excited about group and don't believe in it, then it is naturally going to be difficult to convince students that it is a worthwhile mode of treatment. Our clinicians love group!

- 3. There are incentives for clinicians to provide group therapy and successfully recruit for and implement their groups. At our center, clinicians are given time in their schedules for preparation, recruitment, and implementation. If clinicians lead a group with a minimum number of members, they can count that as part of their clinical hours and their individual hours are reduced. This enables the therapists who really enjoy groups to do more of it. By the same token, group leaders have an incentive to make sure that they recruit enough group members. If their group does not "make" then the hours revert back into individual hours (or possibly another group that is needed).
- **4.** Co-leadership is the norm and clinicians view group as an opportunity for creativity and collaboration. Groups are generally co-led by a staff member and a trainee. Group leaders are encouraged to pursue creative ideas and develop new groups. Leading with different trainees brings new energy and ideas to the group. Group leaders maintain their enthusiasm and are motivated to continually improve their groups.
- 5. All clinicians are involved in Group Services either as leaders or as referral sources. Almost every clinician leads at least one group and some lead two or more. All clinicians are motivated to refer to group because of our "incorporation system"—meaning that we don't have a waiting list or session limits—new clients are continually absorbed into the therapists' caseloads. Without group, we would not be able to manage our caseloads.
- **6.** Group therapy is integrated into internship, practicum, and residency training programs. All trainees participate in group therapy. We recently changed our practicum program so that each practicum student co-leads one group per semester. Psychology interns lead two per semester; social work interns lead one or two, and psychiatric residents lead one.
- **7. Groups are marketed to students in a variety of ways**. Our website contains student-friendly group descriptions, information about the benefits of group, frequently asked questions to dispel myths and overcome potential objections, and group schedule and status (open/full). When a new group is offered, it is often promoted on our home page.
- A group display with handouts and fliers is set up in the waiting room. Group advertisements are sent to relevant list-serves and organizations on campus. And last, but certainly not least, groups are promoted internally via group services meetings, e-mails, and fliers.
- **8.** Groups are tailored to students' lifestyles and needs. We try to balance the need to tailor treatment to the individual with practical considerations of the counseling center setting. The format of the group is varied and activities are used to capture students' interest and engage them more fully in the process. We take into account the diversity of the student population and try to address the needs of underserved populations. For example, we endeavor to reduce stigma by offering some groups offsite in familiar settings, addressing academic-related topics, and marketing groups as classes or discussion forums.
- **9.** Pre-group information sessions rather than pre-group interviews are utilized to prepare and screen students for group. Group leaders hold a pre-group information session (PGI) for the potential group members. The 1.5-hour session begins with a general overview of group format, content, and guidelines. This has proven to be an efficient way of providing information about the group and also gives the group members a sense of what group therapy might look like. Because it saves time and energy, co-leaders can spend more time planning for group and building their co-leader relationship. There appears to be a link between the PGI screening process and increased attendance and compliance throughout the duration of the group. We suspect that this is because the prospective members who are not ready for group self-select out and those who are ready gain familiarity with the group process and potential members prior to the beginning of group.
- 10. Clinicians receive support and training regarding group therapy, including effective ways to refer to group: how to overcome client objections, how to get clients excited about group, and how to prepare clients for group. In terms of getting clients on board with group, we offer several suggestions such as the following: Mention group in the opening "spiel" of the intake and inserting relevant group references throughout the session. Show enthusiasm and be explicit about how the student's issues can be addressed in group therapy. Describe a "typical group member" and including

the student's presenting concerns in that description. Normalize hesitance and anxiety about group, using humor if possible, (e.g., "If you weren't anxious about doing the social anxiety group, then you probably wouldn't need it."). Explore the student's fears about group rather than being deterred by them. Dispel myths about group therapy and utilize the student's objections as evidence that group could be helpful to them (e.g., group is actually a great place to work on being more comfortable sharing personal information). *

In summary, although group therapy has the potential to solve some of the dilemmas facing UCCC's, it poses its own challenges. The comments shared above represent one center's experience and may not fit for others. My hope is that if UCCC's share their successes and challenges, their ideas and programs, as well as their data and curricula, we all can continue to hone our service delivery systems.

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- McRoberts, C., Burlingame, G. M., & Hoag, M. J. (1998). Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. *Group Dynamics*, 2, 101-117.
- Toseland, R. & Siporin, M. (1986). When to recommend group treatment: A review of the clinical and research literature. *International Journal of Group Psychotherapy*, *36*, 171-201.
- *I would like to acknowledge Jeremy Sharp, Ph.D., who helped me develop handouts and training for referring to group.

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Toby LeBlanc, LPC Staff Therapist University of Texas at Austin

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Despite the fact that college campuses and, more specifically, college counseling centers are known for their emphasis on holistic growth and development, I found there to be little attention paid to the interplay of families of origin and the experience of students as they tackle college life. In light of this observation, I believed a group where students could process this rarely discussed aspect of their lives would be valuable to improve their growth as students and individuals. "It's All Relative" was formatted to be mainly a process group. In the two initial groups, however, plans were made to educate the members on other ways to look at their family and then to provide an icebreaker to allow members to feel more comfortable in discussing this somewhat taboo subject with complete strangers. For this I decided that live family sculpting would be a perfect tool.

I learned about family sculpting in graduate school and how powerful it could be help a family gain perspective on how others feel in their family roles. For those that are not familiar with this method, it involves a member of a family molding their perspective of the family dynamic. This is sometimes done in clay, but in this case we use members of the group as "clay" in live family sculpting. Learning from a colleague* of mine how this could be beneficial outside of the nuclear family setting, I was prompted to think of it as an ice-breaker.

Group members were instructed to volunteer when ready to present their family sculpture to the group. They were encouraged to use whatever, and whoever, was in the room. No time constraints were spoken of and they were encouraged to bring any member of the family in the room that has an impact, directly or indirectly, on their life. They were also encouraged to become creative with props, action, distance, height, and all other dimensions that would express someone's role in their family.

I was sure the group members would find value in this exercise through understanding the others' back story without having the pressure of having to spill their life story in a painful monologue while others look on as if in a theater or lecture. What I did not expect was how this introductory tool would be utilized by the group in a genuinely therapeutic way. As the first member presented his family to the group, describing hierarchy and emotional distance, each member followed his lead obediently. One or two prompting questions were needed to engage the group in understanding the dynamics of the family. The only thing more impressive than their inquisitiveness was their ability to become genuine about their own experiences. From inside the sculpture, group members began to speak about their experience as they stood in this hierarchy.

"I don't like having the pressure of having to watch over all of these people in this family," said the woman portraying a father figure.

"I don't like Mom looming over me," stated the woman playing a little

sister with a mental illness.

And as the woman playing the mother in the family began crying, she said "I feel trapped here."

As each discussed their experience in the sculpture, the presenting group member's face ranged from shock, to amusement, to sadness. Through the entire conversation the "clay" remained in their positions without moving, sharing experiences and asking their own questions. At the end of the group, the presenting group member remarked on how he had never looked at his family this way and that many of things that were said in the room had gone unsaid for a very long time. He revealed a feeling of being exposed and unsettled, though it was the type of exposure that he believed was needed. He was encouraged to do a little extra to take care of himself during the week. As the final words were said at the end of this first day of the exercise, group members remained in their seats looking at each other expectantly. No one seemed to want to leave. They began engaging one another about the day's activities, their classes, etc. They laughed and talked loudly. Only one seemed to have somewhere that she wanted to be other than this room. They had not responded at all to the prompt that the group was over.

An exercise that was supposed to last for 10 minutes ended up taking half the group time, and continues to do so for each group member. My attempt to save time and promote group cohesiveness had a surprisingly mixed result. Time had actually been limited due to the exercise. In fact the number of sessions originally planned for open processing had been cut in half. The resulting cohesion, however, was undeniably strong. Members did not appear afraid at all to ask personal questions about values, beliefs, or attitudes. These are some of the things of which families are made.

*Emily Rudenick, LPC Supervisor

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By Dr. Cindy Cook, Dr. Gary Adams, and Elizabeth Huddleston

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Dr. Cindy Cook is the Associate Director and Training Director at Counseling Services at the University of Houston-Clear Lake. She has been an active member of CCAPS for over ten years and has served on the directorate in the past. Dr. Gary Adams is a Psychologist and the Coordinator for Group Counseling at Counseling Services at the University of Houston-Clear Lake, and Elizabeth Huddleston is a former practicum student and current intern there.

™hat is this?

Partnerships

Group counseling is an integral psychological service provided at many university and college counseling centers. When a counseling center has trainees providing services, group counseling can be an excellent learning opportunity for them. Our counseling center provides mostly ongoing therapy groups and uses a trainee-as-co-leader model. We have found this to be an effective and powerful model for developing group skills. However, when trainees participate as a co-leader in group therapy, a number of issues arise that can and should be discussed in supervision.

The co-leader model is both common and preferred by many (Yalom, 1995; Levine, 1981; Posthuma, 1992). In this model, trainees are introduced as a coleader to the group and are encouraged to actively interact with the group right from the beginning. This can be a more effective and efficient way for trainees to learn-by-doing in the presence of a senior co-leader. In some ways this model provides a parallel process of what we encourage members to do in group - to learn by experiencing and practicing in the safe context of group. This model minimizes the number of non-client members in the group and is less distracting and disorienting than having process observers present. One focus of a training program is to socialize the trainee into the field of counseling center work. This model allows trainees to develop a full appreciation of group work in counseling centers and also empowers their ability to successfully engage in group work. It also introduces them to the process of working collaboratively with senior staff and allows for the early exploration of the coleader relationship and dynamics. Finally, this model may benefit the group, as the trainee brings new energy to an ongoing group.

Several supervision issues that affect the co-leader relationship have arisen from our utilization of this model. The senior staff member should be aware of these issues and be prepared to process them. Supervision should occur in a safe environment and allow for adequate time to address these issues.

Factors that influence the co-facilitator relationship

1) Competency Concerns

The degree of concern or anxiety the trainee has about their own competency may have a significant effect on the co-leader relationship and on the trainee's level of activity and effectiveness in group. If trainees have higher general levels of anxiety or if they have less knowledge and familiarity about the focus of the group, (e.g. an anxiety disorder group or other topical group) these effects may be greater. Research has suggested that competency concerns have been shown to involve anxiety about their own effectiveness as a co-leader, concern about their co-leaders' evaluation of their competence, and apprehension about how these affect their relationship with the co-leader and group (Okech & Kline, 2006). These authors propose that the establishment of a sense of competency is a developmental process. We have found that the more competency concerns are present, the more trainees are reserved and reluctant to be active in group. Therefore, attention to where trainees are developmentally with regard to competency concerns is an extremely important supervision issue.

2) Personality and Counselor Similarity

Miles and Kivlighan (2008) have found that, when group members perceived the co-leaders as dissimilar in leadership style, the group climate ratings were higher in terms of engagement and conflict which are productive for intergroup dialogue. The discussion of personality similarities and differences has not been as well studied, but is an important consideration, especially if there are differences in extraversion/introversion or need for time to process. For example, if the trainee is particularly introverted and needs additional time to process and the senior staff is more extraverted and quick, this can impede the trainee's effectiveness in group. Also, multicultural issues should be considered in the co-leader relationship. These should be discussed in terms of similarities and differences in gender and other cultural factors regarding the co-leader relationship, but also in terms of the group membership and how the makeup of the co-leader team may impact the group. For example, what are the implications of a mixed gender co-leader team in a women's group or the implications of a heterosexual co-leader in a GLBT group? Finally, if there is a difference with regards to belief in group effectiveness (often with the trainee having less experience and therefore less conviction of the efficacy of group), there needs to be an open discussion of its impact on the co-leader relationship and possibly the group.

Fall and Wejnert (2005) also discuss the parallels between the developmental sequence of the co-leader relationship to the stages of group development that Tuckman and Jensen laid out in the 1970s (Forming, Storming, Norming, and Performing). Thus, it is important to recognize how these developmental stages play out in the co-leadership relationship and understand them in the context of a developmental process common in co-leader relationships, versus pathologizing behavior common to one of these stages.

3) Power Dynamics

Awareness and open discussion of perceived and actual power differentials operating in the co-leadership relationship is a critical supervision issue. This model offers a challenging dynamic to trainees. They are at the same time co-leaders but also under supervision evaluation. Trainees have to be able to switch in and out of these different roles, which can cause some confusion and

discomfort. Active involvement in the group involves risk-taking (Herzog, 1980) and trainees must feel safe to explore these issues in order to feel safe taking those risks. Levine (1980) talks about the necessity to aim for equalitarian coleadership so that the less-experienced therapist can overcome the power differential and participate more fully. Stempler (1993) suggests that that the equalization of power between the co-therapists happens over time, when attention is paid to it. Power can also be more equalized in supervision by allowing the trainee to provide the supervisor with feedback about his/her interventions in the group, or by asking questions about how and why the supervisor made decisions about group interventions. This type of feedback can lead to a rich discussion and teachable moments about group leadership and dynamics. These discussions will also benefit the group as a whole.

At times, especially in ongoing groups of clients who continue and have longer term working relationships with the senior staff member, clients can view the trainee as being a "junior" co-leader. One of the challenges within the group and supervision of this model is the working towards equalization in the co-leader relationship not only in the co-leader relationship as discussed above, but also in the eyes of the group members. One way to work towards this equalization is to arrange for the trainee to lead the group alone, which gives them additional credibility in the eyes of the clients but also builds their confidence in leading the group. They will often step up to the challenge and become more active in the group with the senior staff absent, which will continue upon his/her return.

4) Use of supervision time

The last supervision issue is the use of the supervision time itself. Within this co-leader model, supervision will consist of processing what happened in group and, as importantly, the supervisor's provision or feedback about the trainee's group skills, to facilitate skill development. The balance of how much time is spent on each of these may differ depending on developmental and skill level of the trainee. Especially with more beginning trainees, it can be useful to conduct evaluations periodically to give the trainee and supervisor an opportunity to formally discuss the strengths and weaknesses of the trainee and to facilitate their growth. Finally, adequate time needs to be spent on managing the coleader relationship, as the co-leader relationship has been shown to determine the effectiveness of group outcome (Yalom 1995, Corey, 1995). Okech & Kline (2005) and Okech (2008) discuss the importance of engaging in a reflective relational process in order to strengthen the co-leadership relationship.

In summary, the trainee-as-co-leader model can be guite effective both for the trainee and the group, as long as the co-leader relationship remains strong and positive. Most of the disadvantages to a co-leader model arise from a problematic working relationship in which the leaders are not coordinated, are competitive, or collude (Okech & Kline, 2006; Posthuma, 2002; and Gladding, 2008). Alfred (1992) also states that if one leader dominates the others and calls attention to the leadership roles, the impact of both leaders is diminished. In addition, a supervisor critiquing the trainee during the group has a negative impact on both the group and the trainee. These pitfalls have the potential to occur when the co-leader is a trainee. However, by considering the supervision issues discussed above and ensuring that they get adequate time and discussion, counseling center staff can feel confident in utilizing this model with trainees. We have certainly found it to be very powerful and effective in our training program, and feedback from practicum students indicate that it is one of the things that attracted them to our program and one of their favorite experiences at our center.

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Jamie Justus, LCSW UT Austin

Directorate

Convention

At UT Austin, the Counseling & Mental Health Center offers approximately 30 groups per semester. Clinicians like myself thus get the privilege of designing groups that they believe meet the needs of college students. Given statistics about interpersonal violence and the importance of romantic relationships to students, a group seemed to be an appropriate place to offer more skills and knowledge, as well as peer input, about romantic relationships.

In 2008, I started a group titled Romantic Relationships: A Healthy Approach, which has since been offered every semester. It is a six-week psychoeducational group that is open to any UT student. The group is not intended for couples because of the impact this could have on group dynamics.

Each week, the group looks at a different area of romantic relationships, but certain themes continue throughout all six sessions. The prevailing themes include understanding one's boundaries, mutuality, self-awareness, and seeking clarification rather than making assumptions. There is also an emphasis on self-soothing, particularly during conflict management.

The first session focuses on examining the dynamics of abusive relationships. Group members receive psychoeducation about the continuums of physical, sexual, and emotional abuse. In addition, the group members learn about the "red flags" of an abusive relationship and watch a role-play in which they identify the red flags that they see.

The next session focuses on issues pertaining to early dating. Many students express curiosity about how to meet others and how to express their interest in starting the relationship. This session is tailored to the students' needs and allows space for exploring and brainstorming about ways to meet people, how to ask people out, and the purposes of early dating. There is also discussion about hook-up culture versus more formal dating, and the group members evaluate their own priorities and examine how being in a relationship can impact different areas of their lives.

The third and fourth sessions cover communication and conflict management, respectively. In these sessions, the group discusses communication styles, listening, and ways to ask for what is needed. They receive information about what exacerbates conflict and how one's own reactions impact conflict. The group also learns about the importance of self-soothing during times of conflict. The group members participate in role-plays about communication styles and watch video clips from current TV shows or movies to identify pitfalls in the characters' communication.

During the fifth session, the group members focus on sex and sexuality. The group learns about common STIs, sexual violence, and resources on campus for students to access contraception or speak to the sexual health educator. The group focuses on identifying their needs and wants in their sex lives and communicating these to a partner.

In the last session, the group members look at the issue of breaking up, paralleled as the group itself draws to a close. The facilitators discuss breakups as a process of grief and loss. The group brainstorms characteristics that have been helpful and not helpful in their own or friends' breakups.

Leading this group over the last three semesters alongside my two facilitators, Marianne Stout and LeLaina Romero, has been a pleasure. This group has not only given us the opportunity to teach and facilitate sessions about relationship dynamics, but has provided space to explore differences in culture, sexual orientation, and ideas about gender roles. Most importantly, the students have responded with enthusiasm about having a place to discuss these issues, and I believe that it is to the benefit of any college or university to provide such a forum for learning about relationships.

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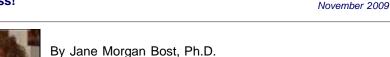




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Directorate

The University of Texas At Austin



What counseling center *isn't* being faced with increasing student demand and limited resources? In an effort to better meet the needs for clinical and outreach services while more efficiently using staff resources, the idea for a

highly interactive website was conceived about five years

Convention

Activities

ago at The University of Texas Counseling and Mental Health Center and was brought to final fruition in the fall, 2009.

The topic we chose for such a website was stress management---by far our most commonly requested outreach workshop and an issue that clinicians endorsed as being intertwined with most student counseling concerns. Our research revealed that there were few if any existing websites which were tailored for college students and also met our criteria for high levels of interactivity around this topic.

Once our focus was decided, we developed an outline of the site which was folded into a program proposal for our center director who subsequently approved our idea and budget. We named the site "Stress Recess" to create a playful, positive invitation to our student



audience. Fortunately, we had a staff social worker, Allen Lambert, with previous filmmaking experience. Allen played a key role in the development of the site material and the actual production scripting, videotaping, editing and sound effects. We also contracted with our university ITS department to create the animation and actual site programming.

The site was developed using the scientist practitioner model, incorporating the Prochaska and DiClemente stages of change model and other research about stress, including cognitive behavioral approaches to stress management. Students enter the website either through the counseling center website http://cmhc.utexas.edu/ or directly through

http://cmhc.utexas.edu/stressrecess/index.html. The homepage is complete with an airplane that flies across the screen with a "Need Refreshment?" banner across a beach scene filled with fun clickable objects related to stress. On the left sidebar, students can click on basic questions about stress and the website for immediate brief answers. These sidebar questions include: "Why do I feel this way?", "What can I do right now that will help?", "What can I do differently in the future?", "I need to talk to someone right now", "What's new?" and "Links to more information".

At the top of the page, students can choose to either follow a guided program, based on a stages of change quiz or explore the website on their own. A predominant theme and icon that is repeated throughout the website is "think small", i.e., stressing the importance of taking realistic "baby steps" in the change process. FAQ's are also distributed throughout the website sections, too. In addition, throughout most sections there are brief sections with concise relevant information/text. Finally, frequent opportunities are provided for students to give feedback about the website. Their feedback is sent to a counseling center staff person; several positive changes have already been made to the website based on feedback comments.

The website is divided into 3 levels: beginner, intermediate and advanced. The beginner level is geared towards students who may not have a clear understanding about stress and how it impacts their lives. These students are beginning their journey towards a more balanced, healthy way of life. The intermediate level is designed for students who already have this initial understanding and want to refine how they're handling stress and/or learn new ways, i.e., "fine tuning" their stress management skills. The advanced level provides more links to students for other resources on campus as well as bibliotherapy references.

The following is a brief description of each of the modules in the three levels:

- What is Stress? A definition and description of stress and eustress; symptoms of stress.
- What do you eat? A discussion of what foods affect stress as well as other things that we expose ourselves to that affect stress, e.g., people we associate with, media and activities.
- Fight or Flight: 1) An animated movie that describes the fight or flight response, including the physiological mechanisms, and how this can manifest in a student's world 2) A video game designed to help students build on their physiological understanding and provide practice with manipulating the body's "machinery" in order to cope with stress in a healthy way.
- Stress' Effects on the Body: 1) 2 graphic student images that students can "roll over" the body parts to find out about stress at those places
 2) A 2-minute "body scan" with a built-in timer and graphic body that students can "color in" their stress before and after thinking stressful thoughts.
- Perfectionism: 1) An animated movie describing the vicious cycle of perfectionism 2) An animated movie describing the cycle of healthy striving 3) A puzzle exercise that illustrates the difference between realistic goals and perfectionistic goals.
- Stress Cycles: 1) An animated movie describing the negative stress cycle 2) an animated movie describing the positive stress cycle and 3) pdf worksheets for the negative and positive stress cycles to identify unhealthy patterns and practice new ones.
- Training: Cognitive Distortions: 1) A scenario-based quiz to practice identifying types of cognitive distortions with a 2-minute buzzer to solicit automatic thoughts.
- The Anxiety Spiral: A video movie game that prompts students to

choose various options to interrupt anxious thinking. The objective is to help students realize that it is better to stop the anxiety spiral before it grows.

- Priority Pie: 1) A clickable "pie" for 4 stereotypical students (athlete, over achiever, party animal and studious) shows how these students might spend their time in 9 categories over a typical 24 hour period. 2) A downloadable priority pie chart that students can use to track their own time use to help them prioritize their resources.
- Training: Diaphragmatic Breathing: A video demonstration.
- Training: Progressive Muscle Relaxation: A video demonstration.
- Training: Yoga: A 1.5 hour video demonstration of basic yoga techniques.

In summary, the University of Texas at Austin Counseling and Mental Health Center hopes that Stress Recess will not only be of great value to our students but that other universities will also find it helpful and link to it from their counseling center websites. Questions about this website should be directed to Dr. Jane Morgan Bost, Associate Director, via email.

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