

AN EXPLORATORY STUDY OF THE CREATION OF A GROUP
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ABSTRACT

Many graduate schools do not have extensive histories of offering graduate training in group psychotherapy. In the past several years, however, there has been an initiative at a graduate school in psychology at a large research university in the Northeast, led by the cooperative efforts of interested graduate students, professors, school administrators, and supervising psychologists in the community, to originate and implement a program of graduate training in group psychotherapy, named Group Psychotherapy Services (GPS). A qualitative study of the process by which this program came to creation is presented here. The goals of this study are to understand the roles of the individuals involved, the particular successes and failures of the program's creation, and the elements critical to its ongoing and future existence. Utilized in this paper are semi-structured interviews with the involved students, faculty, and supervisors, analysis of these interviews through empirically supported qualitative research methodology, and an exploration of the important themes and conclusions drawn from this analysis, in combination with relevant observations from the author's perspective as participant observer in the process. The significant themes that arose from the interview data touched on resistance to group psychotherapy, the nature of previous attempts to institute more extensive training in group at this institution, the experience of graduate students in the program development process, the varied roles played by school administrators, the experience of clinical supervisors, and the ways in which the future continuity of the program is being planned. The author's own observations about the similarities between the development of GPS and the creation of a psychotherapy group according to Yalom's (2005) early stages of

group development are offered. A brief model for the expansion of group psychotherapy training services at similar institutions is proposed.

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“Non scholae, sed vitae discimus.”

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CHAPTER I

Introduction

In the past three years, there has been an attempt to create and sustain a group psychotherapy clinic within the larger Psychological Clinic at a graduate school in psychology at a large research institution in the Northeast. This attempt was initiated primarily by the interests of two graduate students in clinical psychology. After having taken an introductory course in group psychotherapy with a member of the faculty, they decided that they would like to get more experience and training in running psychotherapy groups. During their second year, they ran an interpersonal process group in the Psychological Clinic under the supervision of a psychologist in the community. Armed with these positive experiences in group, they approached school administrators about the possibility of having their third year practicum experience consist of facilitating therapy groups at the Psychological Clinic. The many discussions that followed led to the development of something significantly larger and more ambitious: the founding of a group psychotherapy training clinic.

With the support of the practicum supervisor and the blessing of the administration, these two students asked the instructor from the Introduction to Group Psychotherapy course to be their supervisor. He agreed to do so, and the three of them began meeting regularly to discuss the particulars of the proposed enterprise. They drew up a five year business plan, created a basic training model, solicited participation from

graduate students interested in getting experience facilitating psychotherapy groups, contacted group psychotherapists in the local community about the possibility of acting as clinical supervisors, and began generating a variety of potential referral sources. They also printed brochures and business cards, created space for operation within the Psychological Clinic, and gave the group therapy clinic a name: Group Psychotherapy Services (GPS).

These two founding graduate students served as Coordinators of Services of GPS during the first year of operation (2007-2008), under the direction of the aforementioned contributing faculty member, who served as Director of Services. During its first year, two interpersonal process groups with university undergraduates were started, each co-facilitated by one of the aforementioned students and another graduate student. Also started were an interpersonal process group for university graduate students and adults from the local community (again co-facilitated by one of the founding students and another graduate student) and a mandated therapy group for university undergraduates who had been referred by the Residence Life department for misbehavior in their dormitories (for which I served as one of the co-facilitators). A small grant for the two students' work was created by the state psychological association "for providing benefits to the local community and a model training program for graduate students."

One of the co-founding students left GPS after its first year to pursue other interests, and the other student and I served as Coordinators of Services during the group clinic's second year of operation. Again, the two coordinators were awarded a grant from the state psychological association for their work. During this second year, a second interpersonal process group for graduate students and adults and a third therapy group for

undergraduate students were added, each co-facilitated by myself and another graduate student. The group for mandated undergraduates was abandoned, despite several attempts to get it started again, due to the lack of sufficient interest from the Residence Life department. Also occurring during this year, the director of the program subsidized the travel and enrollment fees for 6 graduate students in the GPS program to attend the American Group Psychotherapy Association's (AGPA) Yearly Institute and Conference in Chicago, IL.

Since that time, the two original Coordinators of Services and I have left for internship and the group psychotherapy training program has carried on under the leadership of the original director and two new Coordinators of Services. There has been further expansion in the number of groups and the milieus in which they are being offered. A couple of the current graduate students again attended the AGPA Yearly Institute and Conference. The state psychological association grant has continued to fund the two coordinators of the program. Further, the graduate school has created a substantial endowment fund specifically for the purpose of providing future graduate students funding for their involvement with GPS.

What follows in this paper is an examination of the process of the creation, implementation, and future continuity of Group Psychotherapy Services. The goals of this examination are as follows: 1) to portray group psychotherapy as an effective treatment modality of which there is a growing presence in the field of psychological treatment and in which there is a substantial need and demand for graduate training; 2) to attempt to understand why previous attempts to establish group psychotherapy at this graduate school were not successful and the implications of this issue; 3) to identify the

self- and other-perceived roles of individuals involved in the process of program planning and implementation; 4) to identify the successes and failures in the creation of the program; and 5) to understand the elements vital to continued existence of the program. All of this will be integrated into a basic, loosely structured model for creating such a specialty clinic within a larger, already existing organization

CHAPTER II

Review of the Literature

The following literature review will attempt to elucidate a number of topics central to this paper. First, there will be a short discussion of the history and basic goals of psychological training clinics in graduate psychology programs, with specific emphasis placed on the development of this particular Psychological Clinic. Second, in order to establish the need for quality graduate training in group psychotherapy, there will be a general review of the effectiveness of group therapy as a treatment modality, a survey of current and anticipated trends in training in group therapy, and some discussion of the anticipated benefits of and demands for such training. Third, there will be a brief outline of issues typically related to program planning and evaluation within an established setting. Fourth, there will be a look at the literature regarding qualitative research methodology, with specific attention paid to interviewing as a primary method. Last, there will be an explication of the relevant aspects of the participant-observer role in research with an eye toward its impact upon this study.

History of the Psychological Clinic

Psychology department clinics have been in existence since 1896, with the establishment of the Psychological Clinic at the University of Pennsylvania by Lightner Witmer, and in fact this event is often associated with the beginning of clinical psychology as a field. (Seráfica and Harway, 1980) Department clinics have played a

fundamental role in the evolution of clinical psychology and in the training of practicing psychologists. (Brotmarkle, 1947; Seeman, 1968; Walsh et al, 1985) From the outset, psychology department clinics have had a dual focus of providing services to the community and providing instruction to psychologists in training; in fact, the Chicago Conference on Professional Preparation of Clinical Psychologists supported the notion that department clinics are constructed to serve the training needs of students but should also meet significant social needs as well. (Hoch et al, 1966; Serafica and Harway, 1980) Further, though most early department clinics primarily counted young children with various developmental difficulties and/or poorly adjusted college students as their principal clients, as the field of clinical psychology has evolved, the populations served and services offered by department clinics have changed and expanded. (Serafica and Harway, 1980)

The Psychological Clinic, founded in the first half of the 20th century, is no different with regard to the characteristics detailed above. From the beginning, two of the primary goals of the Psychological Clinic were: “(1) provide facilities for psychological examinations and more intensive study of cases [in the local] area; (2) offer graduate instruction and opportunity for scientific research.” (Psychological Clinic 1929-1954: p.2-3) The university president, in one of his annual reports following the creation of the clinic, stated that “the founding of the Psychological and Mental Hygiene Clinic during these first eight months has demonstrated decided and generally recognized value to the State, the community, and the University.” (p.3) Donald Peterson, who, in addition to being a bit of a historian with regard to the training of non-research oriented psychologists, has been a founding faculty presence at multiple graduate schools with a

focus in applied clinical psychology, has stated that a “psychological clinic was recognized as the main center through which the service and training aims of professional psychology could be realized” and that it was “an essential operation of the school.” (Peterson, 2005: p. 125) These statements make evident that, from its outset, the objectives of the clinic have been to provide students with adequate provisions for training in research and clinical work and to provide the local and state community with high quality psychological services. The Psychological Clinic also has a long history of integrating new service programs into its existing infrastructure. For example, in 1943 the clinic began providing services to children in its county in the care of the State Board of Children’s Guidance; during World War II, the clinic was asked to assess the mental status of regularly rejected draftees in reconsideration of eligibility for service; and at the close of the war, the clinic served as an internship site for psychiatrists in training at a nearby hospital, a distinction no other clinic in the state shared. (Psychological Clinic, 1929-1954) Peterson has stated that among the main challenges of the clinic has been “to extend the network and to evaluate practicum agencies and field supervision in ways that would weed out ineffective training operations and sustain the best of them.” (Peterson, 2005: p.125) It is clear from the stated goals of the clinic and from these examples of program implementation that the Psychological Clinic traditionally has recognized the clinical needs of the local and state community and the training needs of its (and other) students and has created, developed, and evaluated programs to serve them.

Group Psychotherapy

The efficacy of group psychotherapy in treating a wide variety of psychological conditions has been established and detailed in a number of different publications.

Burlingame et al (1995; 2003; 2004) have established that group psychotherapy yields superior results to no treatment at all, and is comparable or superior to alternative active treatment conditions. Research by McRoberts et al (1998) has shown definitively that there is no difference in efficacy between group psychotherapy and individual treatment. Carter et al (2009), Payne and Marcus (2008), Kusters et al (2006), Burlingame and Krogel (2005), and Bolton et al (2004), among many others, have detailed replications of this finding with more specialized patient populations.

Other writers have built upon this evidence for the general effectiveness of group psychotherapy by examining and theorizing about the ways in which group therapy is uniquely helpful to clients. Rutan et al (2007) begin their treatment of the subject by noting that human beings, by nature, are group oriented—they have their origins in small groups (families), their personalities and ways of being are formed by the complex ways in which they interact with the various groups of which they are members, and, acknowledging the contribution of Harry Stack Sullivan to group therapy, it is groups of people that make people ill and that are required to make people well again. (Sullivan, 1953) The authors note that the rise of the practice of group therapy in current times owes itself to the contributions of a wide variety of theorists and practitioners over the previous century. They detail the ways in which theoretical approaches to group psychotherapy have evolved in that time, from the more individualistic intrapsychic perspectives of early psychoanalysts, to the first group-as-a-whole approaches by those such as Wilfred Bion (1960), to the contemporary interpersonal viewpoint of Yalom (2005).

Irvin Yalom (2005) has written most extensively and comprehensively about the unique effectiveness of the group therapy modality. He has incorporated a vast amount of empirical knowledge about the efficacy of group in many different facets of clinical practice. In particular, his wide-ranging research has identified the factors that make group psychotherapy uniquely helpful. He has termed these “therapeutic factors”—eleven aspects of group therapy that both clients and therapists have identified as being the most helpful and healing, and the factors upon which he bases his comprehensive theory of group therapy. These therapeutic factors are seen as an empirical validation of group therapy as a useful and successful modality of treatment.

As one might expect given the increasing recognition of group psychotherapy as an empirically supported modality of psychological treatment, there is also a growing need for practitioners well-trained in its application, as it is “a widely established treatment modality among the major employment settings of professional psychologists” (Butler and Fuhrman, 1986: p. 274) and group treatments are more becoming even more widely utilized than they have been in the past. (Piper, 2001) Group therapy’s broad clinical utility and especially its proven cost-effectiveness make certain that it will be a primary treatment modality in the future. (Dies, 1992; Scheidlinger, 1993) Mackenzie (2001) prognosticates that, in the future, as a result of pressures brought about by government intervention and managed care organizations, large service delivery systems will dominate the field of psychotherapy, with independent practitioners fielding less of a presence. The result of this will be a much greater emphasis on group psychotherapy as a service delivery model, with more specialized group psychotherapists and streamlined procedures for assessment and group therapy placement. (Mackenzie, 2001)

Despite the uniquely healing aspects of group psychotherapy, the growing amount of empirical support for it as a treatment modality, and the surging demand for and growing presence of it in service delivery organizations, it “is often overlooked as an invaluable component to graduate psychology training.” (Markus and King, 2003: p. 203) Counselman (2008) makes the point that training in group “is highly valuable for the overall professional practice of psychotherapy.” (p. 265) She states that there are specific skills and attributes that are developed and honed through training in group psychotherapy that are informative to any sort of therapy one does, be it individual, couples, family, or the like. She cites a here-and-now focus, comfort with affect, a balance between closeness and separateness, empathy, sensitivity to shame, an increased appreciation for and desire to explore resistance, a recognition of different styles of communication, and an understanding of group dynamics as characteristic qualities of the well-trained group psychotherapist. Despite these factors, the relevance of this training to a clinician’s overall professional practice “has been sorely neglected.” (p. 266)

Previous studies have examined the trends in graduate training in group psychotherapy. Zohn and Carmody (1978) found a distinct insufficiency in such training at American Psychological Association (APA) accredited graduate clinical psychology institutions. Butler and Fuhriman’s (1986) survey of APA accredited graduate clinical and counseling psychology programs revealed that many programs offered no academic course or practicum opportunities in group psychotherapy. Weinstein and Rossini (1998) found a significant difference between APA accredited Ph.D. and Psy.D. training institutions, with Psy.D. programs more widely offering and requiring a group psychotherapy course. Nevertheless, it was still a minority of programs that provided

such opportunities. They also found that less than half of counseling psychology programs offered at least one course in group therapy. (Weinstein and Rossini, 1999) Fuhriman and Burlingame (2001) looked at graduate training in group psychotherapy across different disciplines (psychology, psychiatry, social work), and found that clinical psychology programs were less likely to offer (theoretical and experiential) class work and supervised experience in group psychotherapy than counseling psychology programs. In general, studies have shown that training in group psychotherapy across all disciplines has been quite widely variable and inconsistent. (Markus and King, 2003)

Program Evaluation

Dore and Lightburn (2006) have identified three possible goals for formal program evaluation. These are: (1) to facilitate the creation and implementation of new programs, (2) to serve as a resource in the understanding the direction of current programs, and (3) to evaluate the ability of a program to meet its intended objectives. The authors offer two basic epistemological approaches to program evaluation—positivist and constructivist. Positivist program evaluation seeks to identify particular aspects of a program and to test hypothesized causal links between them and specific, well-defined outcomes. The authors state, however, that a constructivist approach to program evaluation is “closer to the principles of community-based practice.” (Dore and Lightburn, 2006: p. 154) They define a constructivist approach to program evaluation as one that, rather than emphasizing the identification of a cause and effect relationship, instead seeks to gain understanding about the program planning and implementation process as viewed and comprehended by those most closely involved. Further, they note that community-based clinical service programs regularly change and evolve in respect to

their personnel, goals, and services offered, and a positive evaluation approach is too narrow to capture all the complexities of such a process. As such, they recommend a mostly constructivist approach to program evaluation in such contexts.

Spaulding (2008) has identified four basic models of program evaluation. The first is an objective-based approach. This involves a clearly written statement about the objective of a particular program and about the specific type of information that will be collected as data. This model may be limited by its inability incorporate unanticipated outcomes adequately in the evaluation process. The second model is intended to address this particular limitation—the goal-free model. This approach acknowledges that there are data and outcomes that do not correspond neatly with well-defined objectives, and as such seeks to incorporate potentially unforeseen results in the evaluation process. This approach, however, is often limited, however, by its lack of formal structure. The third model is the expertise-oriented evaluation. This model involves identifying an expert in the field of the program being evaluated and it is he or she who ultimately judges the success or failure of the program based on the data presented by the program participants. The fourth and final model presented by Spaulding (2008) is quite different from the other three—the participatory-oriented evaluation approach. This model seeks to understand the perspective of the participants in the program themselves in evaluating the program's effectiveness.

This last model proposed by Spaulding—participatory-oriented evaluation—is the one that aligns most closely with the spirit of constructivist evaluation as defined by Dore and Lightburn (2006): a “focus on understanding the process of program development and implementation as viewed by those intimately involved in that process.” (p. 154)

Because of its affinity with a constructivist epistemology, it is the model most likely to be helpful in evaluating a community-based clinical service program, as recommended by Dore and Lightburn (2006). Further, this recommendation is strengthened because of the difficulty that has been noted in program evaluation in the context of a graduate psychology training clinic. (Walsh, 1985) This is primarily so because such a clinic often is embedded within a department (in itself embedded in other organizations, such as a college of arts and sciences or a medical school and a larger university) where administrators often have overlapping if not competing interests and responsibilities. This is likely to make more positivist, expert-oriented, or objective-based approaches to evaluation difficult to implement.

Participatory-oriented evaluation does bring with it a particular challenge, namely integrating the points of view of both the participants and the evaluators. (Dore and Lightfoot, 2006) This process involves gathering data from multiple sources and perspectives and bringing together one's own opinions, perspectives, and impressions with those of primary participants to form a coherent model for evaluation. The basic characteristics of doing participant observation research are detailed below.

Qualitative Research Methodology

McCracken (1988) outlines the difference between quantitative and qualitative research thusly: "The quantitative goal is to isolate and define categories as precisely as possible before the study is undertaken, and then to determine, again with great precision, the relationship between them. The qualitative goal, on the other hand, is often to isolate and define categories during the process of research," (p. 16) with the expectation that

they will shift and change in the course of a study. He further outlines several points of contrast between these two methodologies, shown in Table 2.1 below.

Table 2.1
Quantitative vs. qualitative research

<u>QUANTITATIVE RESEARCH</u>	<u>QUALITATIVE RESEARCH</u>
Primary goal is precision	Primary goal is capturing complexity
Looks at well-defined relationship between limited number of categories	Looks at patterns of interrelationship between many categories
Best-suited for closed questions with ready, unambiguous responses	Best-suited for open-ended questions with broad, flexible, and imprecise answers
Work superficially with large sample sizes for maximum generalizability	Work intensively with small sample sizes to gain understanding of a particular aspect of culture

As seen here in Table 2.1, qualitative research is best utilized in instances in which the goal of research is mostly exploratory; that is, in studies in which there are not readily identifiable variables that can be isolated for precise research, but rather general and imprecise questions and hypotheses that might be expected to shift during the course of study. Further, it is also useful in cases of small sample sizes and subjective experiences. (McCracken, 1988) It is the primary research methodology chosen for this study, as the examination here worked with a small sample size and subjective experience better to understand relatively fluid relationships between imprecisely defined variables (the participating individuals and the larger organizations).

Another way in which qualitative research is distinct from quantitative research is that, in the former, the primary instrument of examination is the investigator himself. (Cassell, 1977; Guba and Lincoln 1981; Reeves Sanday, 1979) In fact, “the investigator cannot fulfill qualitative research objectives without using a broad range of his or her

own experience, imagination, and intellect in ways that are various and unpredictable.” (Miles, 1979, as cited by McCracken, 1988: p. 18) This is especially applicable in relation to the study at hand, as the author also participated in some of the program planning and implementation process. This offers the advantage of insight alluded to in the quote above, but it also brings with it issues related to being a participant observer, discussed in the literature review below.

Being a Participant-Observer

One of the unique and most difficult aspects of undertaking a study such as this one is navigating the role of being a participant observer. Jorgensen (1989) defines participant observation as featuring these 7 basic characteristics:

1. A focus on human meaning and interaction among members or insiders
2. Inquiry and method are located in the here-and-now
3. Theory stresses interpretation and understanding of human existence
4. Inquiry is open-ended, flexible, opportunistic
5. Research design is in-depth, qualitative, and in a case study format
6. There exists at least one participant who maintains relationships with members or insiders
7. Direct observation is part of the methodology

He further states that participant observation is especially useful in descriptive and exploratory studies, and is most appropriate when the following minimal conditions are present:

- Research is focused on human meanings and insider interactions
- Investigation is observable within an everyday setting

- Researcher can gain access to this setting
- Phenomenon being studied is limited enough in size and location to be appropriate for case study
- Research problem can be addressed by qualitative data

(Jorgensen, 1989)

With respect to participant observation, Merton (1972) distinguishes between an insider and an outsider primarily on the basis of access. An outsider is an individual who is detached from the group under examination and its commitments and practices, and who, as a result, may be more able to think and behave objectively. An insider, however, is one who possesses intimate information, knowledge, and understanding of a group, organization, or community as a result of a previous or continuing relationship with that entity. Labaree (2002) makes the point that this intimate knowledge offers insight to the insider not readily accessible to the outsider. Olson (1977) views the insider and outsider positions as offering two mutually exclusive frames of reference, whereas Surra and Ridley (1991) take the position that these positions are rather points on a continuum, and a researcher's place can be defined by the proximity of relationship to the community being studied. Christensen and Dahl (1997), finding these two views unsatisfactory, posit the notion that there are multiple levels of insiderness and outsidersness, and that one researcher may be both insider and outsider at different levels. This perspective has relevancy to the current project, as my position is one both of outsider (I was not part of the group that organized the initial creation and implementation of GPS) and of insider (I did, however, have close relationships with members of that initial group, and joined the organization as one of the coordinators a year later). It is the intention of this paper to

bridge these positions through the use of semi-structured interviews (wherein I am taking the position of relative outsider to the creative process) and of recounting of first-person experience (wherein I am taking the position of insider with my own perspective on the organization).

Summary

The history of psychology department clinics was briefly reviewed, and the development of the Psychological Clinic was surveyed as well, showing it to be an institution primarily focused upon improving the training of its students in research and clinical services and upon meeting the needs of the local and regional community. With regard to this latter point, it was shown to be incorporative of new programs as deemed necessary by the demands of both students and clientele. Group psychotherapy was shown to be an empirically validated treatment in comparison to no treatment and individual treatment conditions. Further, it was demonstrated that although there is growing demand for clinicians well-trained in its application, graduate level training in group psychotherapy historically has been inconsistent and widely varied, with some correlation of level of training with the type of graduate program. Several basic epistemological approaches to and models for program evaluation were reviewed, identifying a constructivist, participatory-oriented model as the one best suited for the research task at hand in this paper. The basic elements of qualitative research were reviewed, with a focus on its differentiation from quantitative research and on its unique potential benefits. Lastly, the basic characteristics of participant observer research were discussed, with an emphasis on insiderness and outsidersness (and the notion of varying levels of each) and their relevance to this study.

CHAPTER III

Methods

Participants

Participants were the graduate students, contributing faculty members, administrators, and clinical supervisors that had relevant involvement in the creation of Group Psychotherapy Services. This included two graduate students, four school administrators, one contributing faculty member, and four supervising psychologists, for a total of eleven interviews.

The two graduate students were finishing their second year when they initiated work on the project. They had both taken the Introduction to Group Psychotherapy course, one in the second semester of his first year and one in the first semester of his second year. During that second year, they co-facilitated a year-long interpersonal psychotherapy process group with mixed gender undergraduates from the university, under the supervision of a psychologist in the community. Following that experience, they decided that they wished to put together a practicum assignment for themselves for the following year in the form of co-facilitating psychotherapy groups. They approached various individuals the graduate school regarding this interest, and the process of creation of GPS began. One of the graduate students left after serving one year as Coordinator of Services to pursue other interests in his fourth year. The other student remained as

Coordinator of Services for 2 years before leaving for clinical internship. Both students were interviewed in February 2010 during their internship year.

Four school administrators were interviewed for this study. Collectively, their primary responsibilities at the school include overseeing the curriculum of the clinical psychology department, managing the Psychological Clinic, supervising the internship application process, overseeing the training and research operations of the school, and handling budgetary considerations. They were interviewed for this project in July 2009, April 2010, and June 2010.

One contributing faculty member at the graduate school was interviewed for this study. He has taught the Introduction to Group Psychotherapy course for over the past decade in addition to maintaining a local private practice. In the course of the development of GPS, he took over as Director of Services for the new program. He was interviewed in July 2009.

Four supervising psychologists were interview participants in this research. One is currently the director of the group therapy program at the college counseling center. The other three psychologists interviewed currently or have previously run psychotherapy groups in a variety of settings, notably in private practices that they have maintained. Several have had long-time connections with the school as clinical supervisors, contributing faculty members, and in administrative positions. All of the psychologists were interviewed in June and July 2010.

Procedures

Participants were scheduled for an interview at least one day ahead of time. At the time of the interview, they were explained the interview format and its purpose with

regard to the study at hand. Six of the interviews were conducted in person. Those interviewed in person were presented with a written consent form that provided a description of the study (Appendix A), a copy of which they were offered for their records. The other five interviews were conducted over the phone. In addition to a brief explanation of the study being conducted and relevant aspects of the interview format, those interviewed over the phone were advised that, with their permission, the interview would be recorded. Any questions or concerns were addressed. Participants were interviewed in a semi-structured format by the author of this paper. Questions were chosen ahead of time based upon the individual's participation in the creation, implementation, and sustaining of GPS. In general, each subject was asked about his or her knowledge of previous attempts to create a sustained place for graduate training in group psychotherapy at the graduate school, his or her understanding of the role that he or she has played in the creation, implementation, and continuity of the program, his or her understanding of its role in the school's overall training model, and his or her general experience in the process. Subjects were further asked if there was anything else that they would like to say about the program or their relationships to it. Interviews were audio taped for later transcription.

Treatment of Data

As noted above, each interview was audio taped. The interviewer took notes during the interview, and added to these notes his own personal thoughts and reflections following each interview. This was meant to aid in the process, detailed below, of identifying meaningful observations from the transcribed data. Six of the interviews were given to a professional transcriber, who returned the audiotapes and provided a hard

copy of each interview for analysis. The other five interviews were transcribed by the author himself. The data was treated using McCracken's (1988) five-step process for qualitative data analysis, with each step signifying a greater degree of generality:

1. Analyze each utterance without regard for its context (i.e., treat it on its own terms with no attention paid to its relationship to other utterances). This process will create observations.
2. Develop these observations (a) by themselves, (b) relative to the transcript, and (c) relative to the literature review.
3. Examine the interconnection of these observations, focusing more now on the observations themselves and not on the transcript.
4. Collectively scrutinize the observations for consistent themes, as well as for contradiction.
5. Bring together themes from each interview to form theses.

As one can see, with each step the information moves farther and farther away from the original interview transcripts toward the observations, thoughts, and ideas contained therein. Further, each step entails a move toward broader and more general observation, the notion being that this will facilitate drawing accurate and substantive conclusions from the raw data. This method of moving from raw data to theory and from the particular to the general is widely utilized in the field of qualitative research, and in particular with semi-structured research interviews. It is known generally as qualitative content analysis. (Schilling, 2006) The Results chapter will present the most important general themes that arose from this process.

CHAPTER IV

Results

Interview Results

The interviewer examined participants' perceptions and experiences in the development and implementation of Group Psychotherapy Services (GPS) at a graduate school in psychology at a large research university in the Northeast. During the interviews, each participant talked about their impressions of the history of group psychotherapy at the school, what he or she thought was successful (and not) with respect to GPS, and his or her own experiences in interfacing with the new program. Emphasis was also placed by the interviewer on each participant's view of his or her own role in the creation and expansion of the training clinic. The results of this research have been organized into the following sections:

1. Group Psychotherapy as a Modality of Treatment
2. Previous Efforts in Group
3. Program Creation by Students
4. Considerations in Program Planning
5. Administrators' Roles
6. The Supervisors' Experience
7. Future Continuity

Group Psychotherapy as a Modality of Treatment

This should probably come as no surprise, and might generally be assumed given the nature of this study, but it is important to note that all participants who were interviewed voiced their strong support of group psychotherapy as an essential, powerful, and effective form of treatment. One of the graduate students interviewed reflected on his experience in the program and its effect on his appreciation for group psychotherapy:

Anybody that gets involved in group and that experiences the power of group, either through [American Group Psychotherapy Association] or through running a group or being in a group, is going to fall in love with it. I don't know how they couldn't. Because it's so immersive, it tends to be emotionally and affectively evocative in a way that a lot of other therapies aren't.

School administrators focused on group therapy's potential to be useful and helpful as a clinical service to a broad range of clients. One administrator stated that she has been aware of the utility of group therapy since her days as a staff psychologist at the counseling centers, and that part of her motivation for supporting the program initiative was that she wanted this particular service to be available to "our clients...the campus and the state." Further, she stated that she viewed group therapy as a powerful adjunctive treatment to individual work, and saw the new program as a place for private practitioners in the community to refer their clients.

This administrator also touched on the usefulness of training in group psychotherapy to graduate students. She stated:

The skills that our students gain, and the comfort level being a therapist for more than one client in the room, will serve them forever, whether they're a member of a board or whether they're in a homeowners' association, or running a class, teaching part-time. It's just invaluable to develop a comfort level and to understand the processes of group. I just think it's—I'm very excited that our students can get that training and have it as a competency before they leave.

The individuals who served as clinical supervisors for GPS were unanimously in support of group as a treatment modality. One supervisor in particular talked about his own personal experience in a process group for first year students at the school, run by alumni, called RAP groups. He shared an anecdote from one of the group sessions, in which he stated that he received “the best feedback [he’s] ever gotten in [his] life.” He noted that this experience was “absolutely essential” in forming a tight-knit class cohort, and that it served as memorable catalyst for his own interest in becoming a group psychotherapist.

Previous Efforts in Group

Interview subjects were asked to comment on their previous experiences in groups and group therapy in connection with the graduate school and/or their knowledge and understanding of the school’s history of groups and group therapy, particularly as it relates to graduate psychology training, prior to their current experiences with the new training clinic in group psychotherapy. Almost all who were interviewed were aware that there existed a course in group therapy from the beginning days of the school, and many who were previously students at the institution had taken this course. Some of the interview participants remarked on the nature of this class, wherein students in the class observed a live psychotherapy group through a one-way mirror and used this experience to talk about the theory and technique of group therapy. Many were also aware of the current professor of this course. For some, this was the extent of their knowledge about group training at the school and/or their sole experience in group training during their time in graduate school. A notable theme that came up repeatedly in these interviews was that group work and group therapy has had a presence at the school from its very

outset, but that this presence often has been in the background or the periphery. Many interview participants talked about running a group or two in one of their practicum placements (such as at the university counseling centers), a singular group experience they got involved with during their academic tenure (such as a Saturday morning group for gifted students), or specialty programs with which they had some intersection (such as groups facilitated through the Tourette's Clinic, for example), but none talked about an integrative or comprehensive training experience in group psychotherapy. As one administrator who was interviewed stated, "It's always been there, but never really as a thing that said, 'Look, learn to be a group therapist.' That's really very new." Below are a few illustrative examples shared by interview participants regarding interactions they have had with the school and group psychotherapy.

As mentioned above briefly, one current GPS supervisor, who attended the graduate school as a student twenty-plus years ago, indicated that he participated in what were termed "RAP Groups"—process groups for first year students to help them "brave, assimilate, adapt to being in grad school." He noted that these RAP groups were ultimately discontinued (while he was a facilitating alum, incidentally), and he suspected that this was because students experienced them as "too touchy-feely," not concrete enough and not directly addressing student needs, and because they no longer seemed to fit with "the wider culture." When this supervisor was asked why he thought group therapy traditionally has not been an emphasized modality of treatment at this particular graduate school, he responded:

Well I think that is related to why it's not an emphasized modality of treatment in the universe, probably. I think there's just a lot of resistance, skepticism, ignorance, naiveté, anything you can think of. I don't have to tell how hard it is to get referrals.

Supervisors for Group Psychotherapy Services, all of whom either currently facilitate or have regularly facilitated psychotherapy groups in their private practice or in the institutions in which they work, were asked about their previous experiences supervising graduate students on therapy groups through the Psychological Clinic. Three of the supervisors responded that they previously had supervised a student running a group. One supervisor who had previously supervised a single student stated that his supervisee's group had ended when this student graduated because there was no other student able to assume leadership.

One of the supervisors interviewed reported that he and a faculty member in the organizational psychology program (this graduate school has traditionally offered graduate training in clinical psychology, school psychology, and organizational psychology) had met several times and had "talked informally" about the possibility of putting together a more cohesive and structured program in work with groups. He noted that this effort would not be focused merely on group therapy per se, but would have encompassed many different kinds of group work—therapy, teaching, organizational consulting. This supervisor also stated that he was aware of similar conversations between faculty members interested in more formal training curricula in group work. When asked his thoughts about why previous interest in expanding such training operations had not come to fruition as some had hoped, he stated, "That's a very good question, I'm not sure of the answer. I think after [the initial instructors in group psychotherapy] retired—group was much more recognized when they were around—when they retired, a lot of that fell by the wayside."

The current GPS Director of Services, who is a graduate of the school from the 1980s and who is also the current instructor for the introductory group psychotherapy class, stated that the introductory group psychotherapy course had ceased to exist at some point after the retirement of one of its initial instructors. He commented that he was asked to serve as instructor for a formal group psychotherapy class for graduate students in school psychology in conjunction with the dissertation proposal of a school psychology student, but that this class offering was merely a one-time event. He noted that a few years after that, he approached the dean about bringing back a formal class in group psychotherapy and allowing him to teach it, a request that was granted.

Program Creation by Students

One of the intriguing aspects of Group Psychotherapy Services is that it was largely originated through the work of two graduate students and ultimately was intended to serve as a lasting program. The graduate students and administrators interviewed for this project provided different perspectives on this notion.

The two graduate students were asked about how being graduate students affected their role in the development of the program that they helped to initiate. First and foremost, both students viewed their role as students as advantageous in their pursuit of program creation and development. One primary reason given for this perspective was that the usual systemic and financial pressures were not present as a result of being students. They would not be in a position to draw an income from their work, were not under the pressure of having to support themselves in the course of their work, and were not expected to turn a profit or to create a self-sustaining project overnight. Further, there was the possible availability of grant or scholarship money, which allowed them to work

essentially “for free.” One of the students stated that this effectively reduced the pressure on them to make their project an instant success and gave them freedom that they may not have experienced had they been a faculty member or licensed professional. The lessened pressure and perhaps lower expectations were also cited as one of the student’s primary motivations, as he stated that “it made me want to do something that I wasn’t expected to do and it made me more ambitious about getting it done in a way that maybe I wouldn’t be as motivated to do that if it was expected.” Further, he noted that, despite initial worries that being a student would mean that the professionals with whom he interacted would take him less seriously, his impression was that his evident motivation and surpassing of expectations compelled them to treat him as a peer.

Another cited benefit to being involved the creative and administrative process as students is that it provided “real world” experience that other practicum positions would not have allowed. Whereas other areas of training would put them in established programs with pre-defined roles and little freedom in terms of creation and development, the opportunity to build GPS from the ground up was particularly appealing, as it afforded them the chance to create something lasting and to gain applicable experience in program planning and administration at the same time. As one of the students put it, “That’s what psychologists do, right?”

One consideration that came up for these students in light of their roles within the graduate school environment was that it made it crucial to solicit the backing of higher ups at the school and in the local community. One of the students put it thusly:

I think the initial issues that [the two of us] saw were having basically leadership at [the school] that was willing to support what we wanted to do...As we began opening discussions...it quickly became apparent that it was also extremely important to receive permission from a number of sources in authority both at [the

graduate school] and at [the university], and that ended up including [the chairperson of the clinical psychology department], [the dean], and then even speaking to [the Vice President of Student Affairs], who was our tie-in to Student Life, and then even to begin talks with the [university counseling] program, who also ran groups, and all of this just being politically making sure important people were on board.

School administrators also commented on the program development undertaken by their graduate students. More than one of them spoke about the amount of preparation the students had done and groundwork they had laid in advance of their meetings with administration. The contributing faculty member who ultimately signed on to become the Director of Services for the new program talked at length about the effort they had already put into the project prior to meeting with him. He also commented on the pride that he sensed coming from the clinical psychology department about its having helped students initiate and develop a comprehensive training program. His comments:

When [the two graduate students] approached me, and they had already done some of the initial, you know, checking it out and getting support from the department. In fact I'm pretty sure that they're the ones that then went back to [the chair of the clinical psychology department] and said they talked with me about my working with them on it. That they had already negotiated—laid the groundwork for the program before they even talked with me about it...I think one of the things [the chair of the department] is most proud about about the program is that this was student driven. And I think she's absolutely right, you know, and I think she's—my sense was that on interview day she was very proud of the fact that she's the chair of a department that allowed a student motivated program to become a reality.

Another administrator added that “whenever students take initiative and try to change this place for the better somebody should support it. I thought this was definitely in that direction.”

One administrator remarked on her impression of these two students as possessing a higher level of professionalism than one might expect from second-year graduate students:

I was very excited while I was talking to—first, [they] were so competent, I mean way more competent than one would expect for a graduate student. In creating this new system, they were so good at knowing, and professional, at requesting a formal appointment to talk to me and other kind of gatekeepers and leaders on campus. They took serious notes, and I was busy learning how to be department chair, and so if they hadn't been so formal in requesting an appointment, I probably wouldn't have found a long time to sit and talk to them. So they were very expert and I could tell they were serious, because they walked in with specific questions, they took notes, and I could see that they really understood systems.

Considerations in Program Planning

As documented in the literature review of this paper, there are a number of different ways to approach program evaluation. The same is true for the program planning process. The individuals involved in the creation of Group Psychotherapy Services talked about the methodology they employed and the ways in which they approached this task.

In particular, the co-founding graduate students and the director of the program had much to say about the approach they took to getting new clinic off the ground as well as the aspects of this process that were successful. One of the graduate students talked about the model that the three of them had utilized in conceptualizing the program and the services that it might be able to offer:

We ended up using...a bit of a 'scatter gun approach.' We really just kind of reached out in whatever directions we could think of, thinking about trying to target the [university] community at large, in a way, that being sort of, I guess, triple faceted: one being, the [Psychological] [C]linic—literally just talking to clinicians through the Psychological Clinic and getting referrals through there; two being, really interfacing with [the counseling center] and trying to work with them, that they would refer clients into our groups when they did not have the space...and then, thirdly, working with Residence Life in the hopes to make our presence known as a clinic and to get RAs, hall directors...to be, one, aware of our presence, interested in our services, even potentially requesting groups...so that they would make student referrals to the groups.

This student noted that the work with the various aforementioned departments of the university was only “one arm” of the program. The other arm of the program focused on making the new training clinic’s presence known to the community outside of the university setting. In this group, he included among others private practice psychologists and local school systems. He remarked that reaching out to this group of potential referral sources was largely accomplished by organizing talks and workshops about group therapy and the ways in which it might be useful or helpful to the targeted audience. He added that most of this work was done in a trial-and-error fashion, that they took on a wide variety of tasks and approached a lot of different individuals and departments and sorted out after the fact whether that particular endeavor had been a success. Following that process, he felt that they would go forth armed with that new and increased knowledge.

The other student interviewed expanded upon this point of view. In addition to approaching a wide variety of people in search of building reliable networks and pools of referral sources, he also commented on the value of being willing to take risks and move forward with ideas and initiatives despite the fact that they may not lead to ultimate success. Further, he noted that while one can understand the difficulty of starting psychotherapy groups and initiating an entire training clinic in the specialty could be understood through the lens of group dynamics (in terms of allegiances, relationships, resistances, etc.), the fact is that it is a challenging task to originate any kind of new program within an already existing infrastructure of ideas, cultures, and ways of being. His thoughts about the need to persist in the face of possible (and perhaps inevitable) disappointments:

I think in terms of implementation, the most important thing is following through, and a willingness to take certain kinds of specific risks, namely to get involved with people who may or may not want to help us. I think there is a culture at [the graduate school], and maybe this is true of clinical psychology in general, but people don't like to risk going into a situation where they're going to be rebuffed or rejected or denied, and I think it requires a certain level of stick-to-it-iveness to see things through despite the fact that some people aren't going to like what you're doing.

A number of those interviewed commented on the amount of preparation that went into the early stages of the program, long before any groups were created or presentations were done. In the course of early meetings with school administrators and the director of the program, the two students talked about drawing up a five-year business plan that reflected, on a year-to-year (and sometimes month-to-month) basis, those aspects of the program that could and should be established and expanded. They noted that such a plan was vital for two reasons. First, it allowed the people with whom they were meeting to see the planning and preparation that they had done and the seriousness with which they took their ambitions. Second, it provided a structured, yet fairly flexible, model for building the program over time, permitting them to see the possibility of long-term growth in the form of small, manageable steps.

Administrators' Roles

The development of Group Psychotherapy Services involved the participation of several school administrators. Also included in this section is the perspective of the contributing faculty member whom the graduate students approached about supervising their program development, and who eventually became Director of Services for GPS. Each of these individuals was asked about their understanding of their roles in the creation and implementation of the new group therapy training clinic.

One administrator initially joked that he did not view himself as having been particularly instrumental in the program's inception. He said, "People seem to have said that to me that I was very supportive of it, and I'm happy to take credit for that, but I don't know exactly what I did to be supportive of it." He surmised that agreeing to go along with various ideas when approached about them constituted this supportive involvement. However, he did add later that he has provided notable assistance to the fledgling program:

Here's where I can say that I've made a contribution. And that is I've raised money for the group therapy program—clinic, whatever you want to call it—but we've established the...Group Psychotherapy Fund. And we have raised, or are about to have, a full complement of \$100,000 to endow that fund. Which means we'll have a certain amount of money in perpetuity, which is wonderful. We'll get about \$4000 or \$5000 a year from that. It will support a student or it will support a contributing faculty member to teach a course or whatever the needs will be.

He commented that this money-raising project was easier and more readily available than in other areas, because "people came forward in this area" and expressed their interest in donating money to fund the program and make it viable going forward.

Another school administrator shared her thoughts about the way in which she viewed her role in the proceedings. She highlighted one suggestion she made to the graduate students in their early meetings, and said that she talked to them about the importance of assessing needs and appreciating the complexity of systems, specifically the structure of the university. She stated:

I've always thought if somebody's trying to create something, they will fail unless it meets a specific felt need already. I don't think there's much success in telling the world you need this. I think instead, one needs to find something the world needs, and then offer it. And I had a feeling that [the university] needed some groups for students...I figured that was still the case, and suggested they talk to—I suggested it was residence halls, and maybe academic advising that might need the groups to be run—and so I suggested that they talk to people in those areas to

see if they had students to refer. And they took the ball from there. They knew enough about Residence Life and the Vice President for Student Services that they just went ahead and contacted those people.

In addition to this contribution, this administrator stated that she felt she had three primary agenda items as it pertained to her role in the implementation of Group Psychotherapy Services. First, she stated that she believed it necessary to maintain the Director of Services for the new clinic, to make sure that “he will stick with this effort, so that he will continue to be a resource for [the school], and so that he will be able to direct this program in a responsible way,” and so she went about trying to make sure he could receive additional compensation for this added role. Second, she stated that when she was approached about the possibility of adding an advanced supervision course to the group therapy curriculum, she advocated for its addition to the school’s academic calendar. And third, she remarked that she believed in funneling students early in their graduate school tenures to the program, so she advocated for giving 1st and 2nd year students priority to get into the class and has met with a number of 1st year students to encourage them to take the course if their schedules allow.

The Director of Services talked about his own role in the process of development of the program. He likened his role to that of “a facilitator,” much as one might talk about a group therapist. He stated that he saw his primary work in facilitating thought and discussion among the student coordinators that would shape the direction of the program and lend structure to the creative process. Further, whereas students often focus on the immediate issues—such as the functioning of this particular group or the relationship with that particular university department—the director stated that he feels his role has been to support the overall development of the program as a whole. He

provided two concrete examples for illustration. One was the possibility of videotaping some of the psychotherapy groups facilitated by graduate students in the program. He noted that this not only would have positive effects for the students running the group (in terms of more intensive supervision) and for the group itself (the ability to devote more attention to the subtle group dynamics and processes) but also for students taking the introductory group psychotherapy course, in which more inexperienced students could observe the work of more experienced ones. Another example he provided was the possible development of a listserv or message board for students, graduates, and supervisors with an interest in group therapy. He suggested that this has the dual benefit of helping current students in their training while also expanding the boundaries of the program.

The Director of Services also commented on how his role has changed since the program's inception. He noted in particular that more recently he has had to increase his level of involvement:

Because I do think in the first year there's so much energy and so much enthusiasm that needed to almost run free. Plus there was a lot that needed to be done. I probably didn't get as involved in the forming of those things as I could have, but I know more now. So I think that the odds of—I do know a little bit about systems, and I do know a little about organizations, and I think you need for me to be more actively involved in, let's say, the direction we go with [the university's Residence Life department] this year is important. So I think that would be an example of some changes.

Another administrator in the school talked about the role that he envisioned for himself. He noted that he felt the three primary ways in which he could serve the fledgling program were in supporting the students in their organizational and systemic planning, supporting the director and his continued presence, and working to secure funding. He commented that he viewed himself as

just sort of being a person [the students] could consult with about how they were going and making sure that they fit into the [school's] structure. So I think that's what my role was really, in supporting their efforts, but also in saying you got to have a plan and sort of pushing them to sort of conceptualize it before they would just go and do the work. It's not easy, but it's less complicated to try and just get people, patients, who would be in a group and do group psychotherapy, then it is to really think about, 'Ok, how do you sustain this, how do you make it part of the...scene, how do you make it so it won't go away just because the students go away whose idea it is?' That happens a lot here...And also I think in encouraging [the director] to do it. And I think the idea, you know, finding money within the program or within either generated by Group Psychotherapy Services or by [the school] to recognize his contribution...I don't want it to be forgotten. I don't want—you know, if you have to decide on how to save money, I don't think this is where the money should be saved. So I think my role will be to just to—you know, politically around here make sure that this isn't threatened.

The fourth administrator interviewed also shared his thoughts about the role he has played in the development of Group Psychotherapy Services. He stated that his first involvement with the program was to "say yes, our clinic should have such a program." Beyond that, he remarked that his role was fourfold. The first part involved working with the co-founding graduate students to develop new ideas, to structure the new training clinic, to help to publicize and promote it, and to get other graduate students involved. The second part involved lining up experienced group psychotherapists to serve as clinical supervisors. He commented that these aspects of his involvement were largely in the planning stages of Group Psychotherapy Services. The third part, the most important as far as he was concerned and one in which he said he expects continued involvement, was to recruit and sustain patients in the existing groups, as well as to fill out the ones being created. He remarked that his administrative position gives him significant influence over how patients get referred once they are within the Psychological Clinic system, and that this has allowed him to be a strong advocate for group therapy as a primary as well as adjunctive treatment for many of the people seeking psychological

services. He declared that the fourth aspect of his role in the creation and maintenance of GPS has been to provide funding for various aspects of the program. He noted that he advocated utilizing some of the clinic's available budget to print promotional brochures and business cards. He said that he also helped to secure yearly grants from the state psychological association for the Coordinators of Services in the new program, which he thought would make that particular practicum position more appealing in the future. He also remarked that he was able to divert money to the director of the program that, though perhaps falling short of fully reimbursing him for his time and effort, does serve as a "symbolic" gesture of recognizing his leadership.

The Supervisors' Experience

Though the administration of the school was invaluable in setting up the necessary infrastructure that would allow for the creation and expansion of the new group psychotherapy training clinic, in order for the graduate students participating in the program to get the necessary training in group therapy theory and technique, there needed to be a sufficient pool of qualified supervisors. Supervisors were culled from the local community, and included individuals who were currently or had previously run psychotherapy groups in their private practices and those who were group leaders in several different organizational settings. Many of them have had long-established relationships with the school, both as supervisors, contributing faculty members, and in some cases as former students. Below is a sampling of their perspectives in collaborating with GPS and supervising the participating graduate students.

The primary themes that came up in all interviews with the supervisors were an appreciation for the existence of a program that will train students in what they consider

to be an important treatment modality and an impression of students that have had quality training in it. One supervisor, a graduate of the program in the last 20 years, remarked on it being quite rewarding to be able to give something back to the school by contributing her time and expertise to a fledging program. She commented that it has been a wonderful experience to be able to delve so deeply into group work in a way that has not always been possible in her role as a staff psychologist at the counseling center. She added further that she has been impressed by the training in group therapy demonstrated by the supervisees she has had, training that she noted is broader and more extensive (“and not just more recent”) than that possessed by many of her colleagues. She noted that this has made the supervision experience that much more enriching.

Another supervisor, also a graduate of the school in the last 20 years, talked about not having had such a program available to him when he was a student, and his experience supervising:

One of the thoughts that I had was like, I wish this had been there when I was there (laughter). I really do love group and [one of my supervisees] used to record the sessions on his iPhone and download it, put it on a CD, and I think I listened to, I think, every one he gave me. They didn't always record them, because they couldn't always do it, but they were always amazed that I actually sat through the hour-and-a-half recording. But I loved it, and I was able to do it while I was eating dinner or something. And I just loved being, you know, sort of in the room. And, so I loved that.

This supervisor also provided another perspective on the program's existence. He talked about the conflict he experienced between the enjoyment he got from supervising the graduate students running therapy groups and the fact that he was essentially competing against them for client referrals. He stated, “You know, I don't know, it just felt like, gee, you guys have got like five groups going and I'm struggling with mine.” He noted that while it was “great” to have attended the monthly luncheon of the county

organization of professional psychologists on the resistances to and benefits of group psychotherapy, it emphasized for him the fact that this program has “the imprimatur of [the graduate school]” behind it in soliciting referrals from the community, making his own job of getting clients to fill his psychotherapy groups that much more difficult.

Another supervisor remarked that he felt there has been a noticeable shift in attitude about group and group psychotherapy since the inception of GPS. He said he felt that group therapy has long been considered a “second class treatment” at the school (though he noted that this has long been the universally prevalent attitude in the field at large). He stated that since the group therapy training program has become more formalized, he has “been impressed with the change in attitude.” A different supervisor added similar thoughts:

I’m delighted that there’s more focus on group therapy and group therapy training. There didn’t used to be in the past, and I know the student who wanted to run a group...that I supervised in prior years found it very hard to do, particularly hard in getting the group started because there wasn’t a lot of support or focus.

Future Continuity

Though the two founding graduate students may initially have envisioned for themselves merely a yearlong practicum in running psychotherapy groups, their idea quickly blossomed into much more than that—a group psychotherapy training clinic that (ideally) would continue to exist after they left the program. In order for this to occur, however, the program would need to be structured in such a way that, at some point, it could be transitioned to people who had no connection to its initial creation and implementation. Interview participants were asked about what they thought was

important and how they viewed their role in the continued existence of the program.

Between them, they identified five basic principles, as follows:

1. Maintain consistent leadership presence
2. Secure funding
3. Attract students early in their tenure
4. “Institutionalize” the program
5. Plan early and often for transitions

Maintain consistent leadership presence.

All of the school administrators who were interviewed cited the importance of maintaining the presence of the current Director of Services for GPS for the foreseeable future. One put it thusly:

There must be continuity since students come and go. There must be one leader that is here all the time. And it’s a primary goal. So I’ve tried very hard to, in whatever small ways I can, to support [the director].

Another administrator highlighted the significance of this stable leadership presence by speculating about the potential challenge of replacing the current Director of Services.

He remarked that this would be a significant litmus test regarding organizational support for the program:

I think the challenge will be if, you know, if at some point [the director] decides he’s gonna move to the beach or something and you know, not do this anymore, to replace him. And that will be the sort of the ultimate test. Will [the school] reach out to, you know, some people I’d recommend, to continue the work and to continue to support that person? And, you know, it’s hard to know that at this point. You know, I don’t hear [the director] making any noises about retiring, so you don’t have to worry about that yet. But that will be an important transitional point.

Secure funding.

The interview participants, in particular school administrators, perhaps because of the nature of their positions, reflected on the future of GPS as largely being a function of its being able to secure a consistent and reliable funding source. Administrators noted that there has been more of an emphasis on recruiting faculty who can support themselves and their programs via their own grant money, and, with the nature of the graduate school's tightly restricted budget, there are many tough choices to be made about monetary support for training programs. As noted above, one administrator made clear that his primary contribution to the program was working to establish a yearly endowment fund in support of the program, which he felt would be invaluable in meeting some GPS' future needs. Notable in his comments was that it seemed to him that more people came forward in financial support of this fund than in others on which he has been working recently, an indication to him that there is significant interest in the program's ongoing economic viability. Another administrator talked about his desire to see GPS elevated to the status of other programs at the school in terms of funding support:

To grow this, to make these contacts, to recruit students, to really push group psychotherapy as a cost conscious but scientifically sound approach to helping people, so I—that's what I would like to see. I don't think it can happen unless we spend more money and really have an equivalent person to run the group psychotherapy program as we do for our other programs. It's not there yet. We don't have a funding source. So, that's what I would add in terms of sustainability and growth.

One of the students interviewed commented on the necessity of consistent funding for GPS to be a viable entity for time to come. The perspective he shared highlighted the importance of the program being as self-sustaining as possible so that it does not have to rely on political or administrative decision-making for its survival:

That in some way the clinic can generate even—not a humongous sum of money—but just some somewhat substantial sum of money that it's seen as either floating on its own accord or even generating a little bit of money for [the university], be that through research efforts, through clients paying for services—even in a low cost clinic that there's enough clients that could generate some revenue. And I think that if it's a revenue-generating clinic or a clinic that's doing research or somehow has this bigger presence, then that would be the thing that would maintain it into the future.

Attract students early in their tenure.

Many of the interview participants talked about the fact that after the first couple of years of the program, many of individuals who were heavily involved in its creation and implementation were going to be leaving the program, as they were fourth- and fifth-year students. For them, this highlighted the necessity of getting students involved in the program early in their academic tenure—taking the class as early as the spring semester of first year and beginning to co-facilitate a psychotherapy group during that time or in the fall semester of second year. Students following such a course could then potentially fill leadership positions in the program during their third and/or fourth years. One administrator talked about the need for students to continue to step up to leadership roles:

I just hope that [the director] and competent students will be able to keep this going at the level that [the two founding graduate students] kept it going. I really think it's very important, and know that students are going to be essential, because [the director] can't do it by himself.

“Institutionalize” the program.

Several of those interviewed talked about the need for GPS to move beyond its identity as a specialty program that had been created by two current graduate students with a strong passion for groups and group therapy, and become a program that has a recognizable, structured presence within the graduate school and the Psychological Clinic. One supervisor, who stated that he has supervised graduate students since the

school's inception over 30 years ago and who has been a practitioner of group psychotherapy for longer than that, remarked that "this program has to be institutionalized, so that when people leave" there are others who are prepared to take their place. He noted that he felt there were signs that this had begun to happen, and that he is "happy to see enough student interest for this program to become an integral part of [the school]."

Several of those interviewed talked about the ways in which the program could be "institutionalized" to a greater degree. One administrator stated that he thought that, going forward, research would need to be an integral component in order for it to be more fully cemented as a permanent fixture in the school's landscape. He observed that more formal program evaluation would be essential in validating GPS' presence as a training clinic. He also posited that outcome research on group therapy and future student dissertations devoted specifically to the study of group under the auspices of the program would help to prove its value alongside other already recognized entities.

One of the graduate students interviewed talked about the need for Group Psychotherapy Services to be recognized as "a vibrant training program that really makes sense and people, students coming in have quick opportunities to become involved." He added, with regard to the "institutionalization" of the program, that there needs to be a continued shift in mindset at the school, so that referrals for group are not so hard to come by:

A shift in mentality that hopefully has been and will continue to occur where referrals are not sought one at a time through efforts that really just get—like, a lot of effort might get one or two referrals, but instead that there's relationships with various entities outside of the clinic that prove to be sort of consistent occasional referral sources. So within the outside therapeutic community or within the schools or within the [university] counseling system already in place or

within the [Psychological] Clinic, but where there's a mentality that becomes more group minded, and more willing on their own accord to make referrals, so that there are students available for groups.

One of the graduate students added a similar perspective:

The first and most important consideration when generating continuity, I think, is history. If you have a history of something having been there for a while, then there's a sense in which it will always continue. If you have a program that's been extant for 15 years, then it's much more likely that it will continue for a 16th than if it's only been existing for one year, and you have no idea whether or not it's going to happen the next year.

Plan early and often for transitions.

The fact that students are constantly cycling through their involvement in GPS, by virtue of their rather limited time at the school itself, presents the challenge of frequently transitioning between group leaders and student coordinators, a challenge felt particularly in the early years of a program's existence. In connection with this notion, the Director of Services for GPS commented on his own role in the future continuity of the program. He remarked on his unique position as someone who has been present from its inception, and that this has provided him a perspective that has potential to be helpful to students as they move into leadership roles. His comments:

I have to be more actively involved in the transition period, which is, you know, a real learning process; what's important in that piece. So I think it's going to require a little bit more active involvement on our part this year. Plus the fact that students this year, you know, have their own vision of where they want the program to go, but have their own fantasy of what's been done, and what kind of shoes they need to fill. So, while the students that came to me initially came with a lot of excitement, the students that are now taking over come with both excitement and I think a higher level of anxiety, because there's a desire on their part to meet up to some standard or expectations that the students before them had created for themselves. And so that becomes a role, kind of helping them to negotiate that. Helping them feel comfortable with the role that they're taking on and their fantasy of what took place before that.

Further, the director also talked about his position as a “historian” in the program, and the influence that he can have in the future by maintaining awareness of what has worked and what has not:

I think I need to this year have more of a role in what directions we expand because I have—I carry around a certain amount of history that new coordinators don't have, and we don't want to wind up reinventing the wheel. So the question then becomes what role do I play in, you know, not just redoing what we've done before, but helping to cultivate new directions and new activities. So, for example, you have two coordinators who are coming on board—or two and a half coordinators coming on board—who need time to settle in, but they're in the process of getting accustomed to being in their role; they can't really be thinking too far into the future. Since I have a history and I know what's been done, and I have a sense of what could be done, then it becomes more my responsibility of looking into the future. I think [the original student coordinators] had these ideas about where [they'd] like things to go from the beginning. I think the new coordinators are more in a position of trying to figure out how they're going to sustain what's been created, and it becomes my responsibility to think more in terms of the future...I think I'm the one consistent factor in the program...but primarily I would imagine that I'm the historian. I'm the one that, you know, is responsible for maintaining some degree of continuity. And so I bring with me some knowledge of what's worked, maybe what hasn't worked, you know.

The Author's Observations

Yalom (2005) presents a basic outline for the creation and early maintenance of a successful psychotherapy group. He states that much of the work toward maintenance of a group is done long before the first therapy session and that it is the expertise of the leader in the selection and preparation of group members that will bear most heavily on the group's ultimate fate. He puts forward four general steps toward successful group creation and maintenance:

1. Selection of clients
2. Group composition
3. Preparation
4. Formative group development

It was my experience, both from an observational and participatory standpoint, in the origination of Group Psychotherapy Services that the process closely mirrored that of starting a psychotherapy group, as outlined above. The attempt below is to capture some of these observations and experiences in a loosely structured manner by presenting them according to Yalom's basic stages of group creation. The goal is not to adhere strictly to Yalom's steps or to describe the two processes as if they were identical, but rather to organize these bits of first-hand knowledge in a moderately coherent way that further elucidates the manner in which originators of this group training clinic met a number of potential obstacles and challenges in the course of creation of the program.

Selection of Clients

Before one may have a group psychotherapy training clinic, one must have enough individuals interested in group psychotherapy to make such an endeavor possible. In the case of a graduate program in clinical psychology, this includes not only graduate students, but also professors, supervisors, and (perhaps most importantly) administrators. How does one go about deciding whom to approach to begin the task of structuring this enterprise? Perhaps Yalom (2005) provides some wisdom in this regard in sharing his thoughts about the process of client selection: "Given a pool of clients, experienced group therapists determine that certain ones cannot possibly work in a therapy group and should be excluded. *And then they proceed to accept all the other clients.*" (p. 233; italics his) It was readily observed that what was beneficial to the creation of GPS was similar to Yalom's notion, in that, after pruning away only those individuals who were very unlikely to be involved in Group Psychotherapy Services' creation, it proved beneficial to approach just about everybody else. Early on in the process, this included

all of the primary school administrators and the professor primarily associated with group psychotherapy. This branched out, however, through the contacts and suggestions of the aforementioned parties, to include the director of the counseling centers, the coordinator of group therapy services at the counseling centers, the Executive Director of Residence Life, and the Vice President for Student Affairs at the university, as well as a host of others. Not all of these contacts led substantially to the starting of a particular therapy group; in fact, most contributed only indirectly at best. It should be noted, however, that approaching such an array of individuals in such a wide variety of places and positions allowed the network of possible referral sources to grow considerably, and perhaps more importantly, gave GPS a number of different options when deciding how its resources would be most efficiently utilized. This idea is well embodied in the quote offered by one of the graduate students who referred to a “scattergun approach” and by the other student who talked about the importance of following through in all directions despite some likelihood of initial disappointment. In the long run, this process gave the program needed flexibility in determining the composition of services offered.

Group Composition

Yalom (2005) makes the case that understanding the nuances of group composition is still a “soft science.” (p. 265) Nonetheless, he goes on to say that “group behavior can be predicted from a pretherapy encounter.” (p. 269) For the purposes of creating a training clinic in group psychotherapy, the pretherapy encounter might be most analogous to the initial meetings with the various individuals and departments that Group Psychotherapy Services undertook early in its existence. As noted above, this provided flexibility in determining the most efficient utilization of the fledging program’s

resources. More importantly, it provided information about the entities with which GPS would have the most mutually beneficial and productive relationships, or as Yalom might suggest, a “direct sampling of group-relevant behavior.” (p. 266) Gathering this data was vital in determining the course taken by the program and the composition of services offered, which were ever evolving, especially at the outset. As examples, at various points during its first two years of existence, GPS had repeated internal discussions and/or meetings with other programs at the university or in the local community with an eye toward the following ideas for therapy or support groups:

- Local school districts
- An employee assistance program
- A wide range of specialty groups—trauma survivors, bereavement sufferers, roommates, men, couples, LGBT individuals, etc.
- University transfer students
- University resident advisors
- Local medical centers/clinics

Some of these ideas went no further than a few casual discussions. Some went no further than a meeting or two with a representative from the soliciting department or agency. Some were earnestly attempted (sometimes repeatedly). A couple have since been developed more fully into promising therapy group opportunities.

These are just a few examples of the many different avenues down which GPS could have channeled its somewhat limited resources. There were several different considerations in making such decisions. Obviously, one was the level of interest. Is this a therapy group or project or presentation that will be interesting, rewarding, and

beneficial? Another one, touched upon several times in this section, was the amount of available resources. These included effort, time, money, and person power. A third consideration, one probably unique to the training clinic environment, was whether a particular opportunity offered the possibility of good education and training for the individuals involved. This included not only thorough clinical experience but administrative work as well.

These decisions were sometimes difficult. One hugely beneficial aspect of the program's model was a weekly meeting between the director and the two current coordinators that focused largely on shaping the program's direction. Much like the "soft science" of understanding group composition, deciding on the package of services that GPS could and would offer was a bit of an artistic, trial-and-error affair. In trying to decide upon an ideal composition of members for a therapy group, the group therapist might ask: How will these two people interact? Do I have the energy to manage what I think is going to be a very anxious, dependent group? Should I put these three highly avoidant personalities in the same group? Similarly, the individuals that created and administrated GPS asked: Can we run a group with this population? Will we get cooperation from this administrator? Do we have sufficient resources to satisfy this department's request for a group if we also plan on taking on this other particular project? Questions such as these were helpful in determining the makeup of services offered by the program as it grew and expanded.

Preparation

Yalom (2005) emphasizes the importance of establishing the boundaries of time and space in the creation of a therapy group. For group therapists, this means finding and

securing an inviolate room in which all group members can gather in a circle and see each other and establishing a regular time to meet for which all can be fully present. This paradigm was similarly true in attempting to establish a group psychotherapy training clinic. With regard to physical space, this process was complicated somewhat by the fact that it meant negotiating with the larger, already existing Psychological Clinic. Getting support from the clinic director and school administrators was invaluable in this regard, and allowed GPS to get a separate voicemail number and mailbox, print brochures for the clinic and business cards for the coordinators to promote and advertise services, get a linked page on the clinic website, regularly secure clinic therapy rooms that were big enough in which to run groups, and to work toward office space for the service coordinators.

Psychological space was at least as important as physical space in establishing a presence for GPS, both within the clinic and at the school. This process again was buffeted tremendously by support from the clinic director and the school administration. This meant, for example, that some grant money for the clinic was directed to GPS, providing partial funding for the service coordinators, that GPS was given increased priority in incoming referrals, and that a GPS representative was present for the clinic's weekly intake review meeting. These actions and events allowed the new program's institutional presence to grow.

Yalom (2005) makes the case that, although there is a fair amount of variability in clinicians' approaches to preparing an individual for group therapy, there is probably no more important task when it comes to the group's eventual success. He outlines particular goals that a therapist should hold in mind during the process, namely to answer

questions, clear up possible misconceptions, help to identify and negotiate unrealistic hopes or expectations, anticipate and confront potential future problems, and provide a basic cognitive structure that will allow for constructive participation and an effective group therapy experience.

Likewise, the process of preparing individuals for group therapy was one of, if not the most important part of the work taken on by the new clinic. The most significant preparation for group that took place, however, was often directed toward the local community of clinicians and administrators: fellow students, clinic coordinators, area psychologists, college counseling staff, university administrators, and others. Just as clients have significant anxiety, conscious or otherwise, about joining a group, so do therapists in referring their individual clients to group. Members of the new clinic found out quite quickly that it is one thing to offer potentially very beneficial clinical services; it is another thing entirely to make this potential benefit known to and sought by others. Doing so evolved into a threefold process: assessing and identifying needs, educating possible referral sources about the benefits of group, and addressing underlying anxieties about referring people to a therapy group.

A needs assessment has been defined as a process that “determines the gaps between current outputs or outcomes and required or desired outcomes or outputs; places these gaps in priority order; and selects the most important for resolution.” (Kaufman and English, 1979) Early on in the existence of Group Psychotherapy Services, there was quite a bit of enthusiasm and optimism regarding the potential for a wide variety of therapy and support group opportunities. After every new meeting with a program administrator, there were several new ideas for a group. These ideas were not lacking in

thoughtfulness or creativity. As time passed, however, it became clear that what they sometimes lacked was necessity, a realization that at times was only had in hindsight. Looking back, this phenomenon is not too surprising, as there was a great deal of eagerness to promote group therapy and to accept all opportunities for fear that there would not be enough to sustain the program's early growth. This process of learning a bit by trial-and-error and the experience of failure was not a bad thing, as over time it led to more selective decision-making that put more emphasis on identifying and accurately assessing the existing need. This development was aided by the gradual expansion of the program, which decreased the fear of lack of sufficient opportunity.

Another vital facet of preparation for group was educating potential referral sources about the potential benefits of a therapy or support group for the people with whom they were involved. This meant different things in different situations. The following are a few examples of opportunities GPS took to educate the local community about the potential benefits of group:

- An experiential group workshop for university resident advisors that promoted the power of group in addressing potential conflicts in their job/student roles
- Sociogram training for university Residence Life staff aimed at helping staff members identify undergraduate students who were struggling with particular mental health issues and how they might be helped by a therapy group
- Multiple experiential group workshops for university hall directors that utilized small groups to discuss different ways of problem solving and conflict resolution

- Multiple trial groups with university transfer students related to issues of differentness, belonging, and transition and the ways in which groups can help in addressing them
- Meetings with the administrator of a local employee assistance program to discuss the ways in which group psychotherapy could best address their identified issues

This list represents a relatively small percentage of the ways in which GPS has sought to promote the power and effectiveness of groups in addressing a wide variety of issues. As one might notice, many of these efforts were directed at individuals or departments that are not often or readily linked to psychological services.

The third, and perhaps most difficult facet of preparation for group was in addressing the underlying anxieties, fears, and misperceptions held by clinicians about therapy groups. MacKenzie (1997) has identified common misperceptions that clients have about group therapy. These include the notion that group is a second class treatment in comparison to individual therapy; that a therapy group serves as a forced confessional in which one must reveal all intimate details of one's life; that group therapy is prone to contagion in which all members get worse from being around each other, that the treatment is akin to "the blind leading the blind;" that other members (or the individual client him- or herself) will lose control and become violent; or that the prospective group member will be criticized, rejected, judged, or alienated because of who he or she is. Morris Nitsun (2006) has written extensively about what he terms "the anti-group," a concept that he frames as the potentially harmful or destructive aspects of groups. He notes that anti-group attitudes in individuals not infrequently have their origin in previous adverse group encounters in which significant harm by the group was experienced—

perhaps, for example, with family or peers. Lasky (2006) has identified a number of myths associated with group therapy that have been propagated by popular culture, largely as depicted in Hollywood films. She notes that such portrayals characterize groups as lacking in positive relationships, as focusing largely on the individual members, as forcing participation and often even membership itself, as a place for leaders to disclose their own issues, and generally as an unsafe place in which little attention has been paid to appropriate selection of members or to preventing harmful attacks.

The literature noted above, as is true with respect to much of the literature devoted to misperceptions about group psychotherapy, has been written with the prospective group client in mind. Experience at GPS in dealing with other clinicians—fellow students, counseling center staff, area therapists—suggested that many of the same anxieties, fears, and myths about group were just as present in these prospective referral sources. This provided an excellent opportunity for the new program to address these issues, as doing so might dramatically increase the likelihood of producing fertile referral sources in the local community of therapists. The following are a few examples of the ways in which GPS attempted to undertake this preparation for group:

- A presentation to the local county association of psychologists regarding the unique benefits of and resistances to group psychotherapy
- An experiential workshop, including the facilitation of a demonstration therapy group, to the counseling center staff regarding basic issues in group psychotherapy, with special emphasis on issues related to co-therapy
- Informal training with the Psychological Clinic coordinators regarding clinic clients' potential candidacy for group

- A presentation to first year graduate students about introductory issues in group psychotherapy and the services offered by GPS

Such opportunities, as well as others, had the dual benefit of providing the new program with needed exposure in the community while simultaneously correcting some of the misperceptions and addressing some of the fears and anxieties held by individual therapists. Much like the eventual success of a therapy group is dependent upon the therapist carving out sacred time and space (both physical and psychological) and preparing new members by acknowledging and addressing any fears, anxieties, and misperceptions they might have about joining a therapy group, so too it was that GPS at was well-served by taking this same stance toward potential new referral sources.

Formative Group Development

Yalom (2005) states that, in a newly formed group, the members' primary task is the purpose for which they joined the group in the first place. He adds that the other significant task for members early on in the life of a group is to attend to the relationships formed in the group so that they will have "the comfort necessary to achieve their primary task but also gratification from the sheer pleasure of group membership." (p. 311) It may seem a bit strange to say so, but both of these notions have some relevance to the formation and early development of Group Psychotherapy Services.

What was perhaps most singularly helpful with regard to bringing participants in the new program together, providing them with a sense of pleasure in belonging to a group, and, of course, helpful in allowing these participants to achieve their primary task—creating and facilitating psychotherapy groups—was the weekly supervision group. As noted above, this supervision group was facilitated by the Director of Services

for GPS, and its members included the two service coordinators and all co-therapy dyads operating under the auspices of the group therapy training clinic. The advantages of such a group in the process of program development were significant, beyond its clinical utility discussed previously. In many ways, the developmental stages of the supervision group mirrored both the stages being navigated by the groups run by its members (giving them an appreciation for what their clients were thinking and feeling) but also the developmental stages of the GPS program itself. The supervision group provided a venue for some of the more complex administrative and programmatic issues (Who should be included? What type of services should be offered? Which individuals should work together as co-therapists?) to be talked through and understood as part of the developmental process of the group and the program as a whole.

Another benefit of the supervision group was that it gave its members a sense that they belonged to something that was new, different, and important. Introducing the concept of a group psychotherapy training clinic at a graduate program at which there had been mixed prior success in group treatment and rarely more than introductory training (which, based on the available empirical literature and anecdotal experience of those interviewed, are characteristics common in the vast majority of settings) was a difficult task, one that may have had the potential to put the program's participants somewhat outside the norm. The supervision group, however, allowed them to feel the sense of membership and belonging, which seemed to be an important experience for those who might otherwise be on the outside looking in because of their interest in something new and different. In addition, the ability to claim an association with the program at its ground level and to have a hand in building and expanding it was appealing to many, and

this connection was strengthened by the presence of a weekly group in which all participants could come together.

CHAPTER V

Discussion

The Results chapter of this paper covered the general themes that arose from the interviews of individuals who participated in the creation of Group Psychotherapy Services. This section will bring together some of those general themes to discuss their possible implications for the field of psychology. A loose model for expanding group psychotherapy training operations at other graduate psychology institutions will be proposed. The limitations of this particular study, as well as potential avenues for future research will also be discussed.

Implications for the Field of Psychology

This study sheds light on a couple of important notions that have relevance to the field of psychology. First, the existing literature suggests that there is some resistance to offering graduate training in group psychotherapy. Despite this fact, there is clearly ample need for more widespread training in this treatment modality. Further, the data gleaned from the interviews in this study point to sufficient interest and significant potential benefit, both to graduate students and to clients, of more extensive training opportunities. It also highlights some of the possibilities available for graduate students in clinical psychology who are interested in initiating their own programs and for training programs to expand the areas in which they offer substantial education.

Graduate Training in Group Psychotherapy

This research points to a conspicuous need for more substantive training curricula in group psychotherapy, and the literature cited suggests that there is some resistance to such entities in the field, as it documented an inconsistent and uneven state. The need was further demonstrated by the review of the literature that portrayed group psychotherapy as an expanding treatment modality now and in the future. The way in which GPS was received by graduate students in the course of its creation implies that there is sufficient demand for such training at the graduate student level. The perspectives offered by the participants in this study underscore the notion that such a program can be created at an institution that, despite having had group therapy in its midst for much of its existence, historically has not made training in group a particular priority, both in terms of focus and support. Again, based on the available literature, this would describe the status of group therapy training most graduate psychology institutions. Those interested in group therapy having a higher profile at their own institutions in particular and in the field of psychotherapy general likely would be well served to follow the example of the individuals cited in this study, who made many efforts to promote the value and importance of group psychotherapy.

Graduate Student Program Initiatives

There is probably good reason to be skeptical about the potential of students to originate lasting service programs during their time in graduate school. After all, they are often pulled in many different directions with a wide variety of tasks and responsibilities, often do not have access to many important resources (such as valuable contacts in the community or sufficient funding), and are only in the academic setting for a few years.

Further, they often lack the professional polish that can be helpful in gaining access to funding sources or gaining final program approval. This study suggests that, despite these notions, students with sufficient interest and motivation in a particular program or area of psychology and who present themselves in a prepared, professional manner are capable of program initiatives that have a chance at sustained existence. Further, it also suggests that administrators at graduate training institutions would be well served to take such students seriously, for they offer significant potential benefit to the overall program.

A Brief Model for Expansion

The community psychology literature is well stocked with examples and models of program planning, creation, and evaluation. (e.g., Dalton et al, 2001) What follows here are some of the ingredients for creating an expanded training program in group psychotherapy. These are based upon the observations, offered by participants in the initiative that resulted in GPS, regarding what was instrumental in contributing to the program's origination. They are offered with the idea that they could be useful in creating a similar program at another graduate psychology training institution.

A couple of important assumptions are being made. First, that other training institutions in applied graduate psychology are at least mostly similar in structure—that is, with a departmental psychology clinic in which its students train; a basic and relatively uncomplicated administrative infrastructure; a current presence for group psychotherapy training, even if minimal; and psychologists in the local community who have experience in the field and are capable of offering competent supervision. And second, that there are individuals interested in creating a greater space for group therapy training, be them students, professors, or school administration.

1. Identify a leader

The graduate students involved cited the importance of having someone who could help them shape the direction that they wanted to take the emerging training clinic. School administrators talked about the importance of having a faculty representative who will be around for a while to establish a sense of continuity for the program. Many of the supervising psychologists reflected on the fact that it was someone who was well established in the community and in the field of group psychotherapy who approached them for their participation. Having an individual to serve as an established and lasting presence in a position of leadership seems to have been a vital contributing factor to the implementation of GPS.

2. Garner administrative support

This may go without saying, but a program initiative without the support of those in charge would seem to have little chance at any lasting success. The two graduate students who originated the program both talked about how being graduate students made it crucial to get the support of administration in their efforts. A number of the administrators talked about their reasons for supporting the program. They offered several different reasons for doing so; for example, many discussed their belief in group psychotherapy as a treatment modality. They almost all remarked, however, on the eagerness, enthusiasm, and preparedness of the two students who approached them. These attributes seem to have been instrumental in soliciting the backing of the school administrators in their efforts.

3. Increase awareness

This study has documented the inconsistent state of graduate training in group therapy. It has also touched on some of the negative attitudes, misperceptions, and anxieties associated with groups and group therapy. Several of the participants interviewed for this study talked about the importance of combating these countervailing factors by promoting the myriad benefits of group therapy. This was accomplished by offering a variety of presentations and experiential activities to students, counseling center staff, and local psychologists.

4. Establish a presence

This refers not only to physical but to psychological presence as well. The graduate students interviewed talked about the value of being visible in the Psychological Clinic and frequently talking to the clinic coordinators and fellow students about possible referrals, as well as to answer questions. As a more concrete example, several individuals implied that in making and distributing promotional material, such as brochures and business cards, they created a sense of definitive existence for the new clinic.

5. Cast a wide net

Groups and group therapy have a wide variety of applications. As was noted several times in the course of this study, the graduate students involved approached a wide variety of programs, departments, and individuals about bring the presence of group to their institutions. These included university Residence Life, the counseling centers, local school districts, and a local

employee assistance program to name just a few. Offering the services of group in such a broad spectrum of places likely made the chances of success higher than if the program had possessed a narrower conception of its utility.

Limitations of This Study

The purpose of this study was to provide a largely descriptive assessment of the manner in which a graduate psychology training clinic in group psychotherapy services was originated, implemented, and structured for future continuity. The primary data for this study was provided by semi-structured interviews with the graduate students, professors, administrators, and supervisors who had a substantive role in the creation and development of this program. The use of these interview data to create an open-ended, exploratory examination resulted in a number of study limitations, among them a small, somewhat arbitrary sample, researcher bias, and a fairly narrow scope of research.

The size and nature of the sample of individuals selected for participation in this study can be considered a limitation. Regarding the sample size, though it is certainly appropriate for the open-ended, qualitative approach taken in this study, it is relatively small in comparison to *all* of the individuals who had a hand in the creation and implantation of the program. This is related to another limitation of the study, the selection of the individuals to be interviewed. The selection of participants was done somewhat arbitrarily, based entirely on the first-hand experience of the author. Though it should be noted that the author had a significant presence during the entirety of the first two years of GPS, there is no doubt that the selection of study participants excluded some individuals who did have some meaningful relationship to the new program (for example, individuals working at Residence Life or the counseling centers or fellow graduate

students who have facilitated groups under the program's auspices). The decisions about who to include in the study were made based on the specific goals of the study, efficiency of time and effort, and relative importance to the creation of the program itself. It is entirely possible, however, that in making these participant selections that different and important (and perhaps contradictory) viewpoints were not included. As a result of the small sample size and rather arbitrary selection of participants, there may be limited generalizability. The hope and expectation of this study was to provide a basic understanding of the important factors that contributed to this program's creation, as well as its various early successes and failures, so that such an enterprise might be repeatable elsewhere (such as at another graduate training program in clinical psychology). The limited number and nature of study participants, however, may lessen the extent to which this understanding is applicable to other environments.

Another limitation of the study is researcher bias. As someone with a keen interest in the promotion and practice of group psychotherapy, as someone with meaningful relationships with the individuals who were involved in the creation and implementation of GPS, and as an involved participant in this creation process, the author certainly has a personal interest in the topic at hand. This should be further evident from the personal observations and experiences shared previously in the Results section. The author designed the interview protocol based on the guidelines set forth by empirical literature on qualitative research and semi-structured interviews and on his own experience. The author also did some of the transcription himself and analyzed the data. As a result, it is to be expected that some researcher bias will have influenced the collection of data and interpretation of results.

Another limitation of this study is its fairly narrow scope of interest. This was not a study that sought to evaluate the success or failure of this newly developed program or to delineate the costs and benefits of establishing such a training clinic or to assess the outcome of group psychotherapy for the clients served. Rather, this was an attempt to understand, in an exploratory and descriptive manner from the perspective of those participating, the course of creation, implementation, expansion, and planning that transpired in the development of Group Psychotherapy Services. The result of such an approach is that the determination of the new program's success or failure, its cost feasibility, its efficacy as a treatment model, and a host of other similar evaluative questions are left for future research. As noted several times above, the particular approach taken here involved tradeoffs—depth for breadth, constructivism for objectivism, exploration and description for more black-and-white evaluation—and these tradeoffs were made based on empirical support from the existing literature regarding program evaluation for psychology department clinics and community-based agencies. A result of these choices, however, is that more objective evaluations of the program's existence and of the efficacy of its interventions were not included.

Implications for Further Research

The aforementioned limitations of this study are a good place to start with regard to future research. Given that GPS has managed to sustain itself through a third year, with new student coordinators and group facilitators in place and a variety of new agenda items for a fourth year, there is certainly potential for a more formal, objective approach to the evaluation of this program. This assessment might choose to focus on the most efficient utilization of department or Psychological Clinic resources, the particular

aspects of the program that have been most successful, the observable benefits to clients treated by its services, or on one of any number of other more quantifiable outcome measures.

The field of group psychotherapy as a whole could benefit from more extensive research, and GPS provides several unique opportunities. Though there is certainly ample empirical evidence for the benefits of group psychotherapy as a treatment modality, this evidence base could only be strengthened by more outcome data, especially those produced in groups led by graduate students in training. Further, there is scant literature devoted to the observable benefits to clinicians of extensive graduate training in group therapy. This is probably not surprising given the literature cited above that indicated that such training is highly varied and inconsistent across programs. While some anecdotal observations were included in the course of this study, a more formal and detailed examination of the ways in which thorough training in group therapy might benefit clinicians in the future is warranted.

Lastly, the establishment of a group psychotherapy training clinic provides a laboratory for more specific research in the realm of group therapy. One of the difficulties in doing substantive research in group psychotherapy is often the lack of sufficient infrastructure to provide enough individuals or groups for study. Group Psychotherapy Services may one day have enough of a client base to pursue such research realistically. This research might go any number of different directions. One might find quantitative ways of measuring the impact of different co-therapy dyads upon the functioning of a group. Or one could examine the process of transition in the group when one co-leader leaves and another one takes his or her place. One might find a way

to measure group composition more objectively or quantitatively and compare the development of different groups based on these identified factors. These are just a few examples of the many different research possibilities that could become feasible should the training clinic continue to expand.

Conclusion

This study reviewed the existing literature that supports group psychotherapy as an effective, efficient treatment at least on par with individual therapy. It documented a need for more consistent training in group therapy as the demand for its clinical application is currently expanded, and is predicted to do so at an even greater rate in the future. It utilized a qualitative, interview-based research methodology to understand, from the participants' perspectives, the process by which the creation, implementation, and future planning of a group psychotherapy training clinic at a graduate school in psychology took place. This data was combined with the author's own observations, which detailed the ways in which certain aspects of this program's creation have mirrored the processes inherent in the beginning of a psychotherapy group. The study's limitations and its implications for the larger field of psychology and for future research were reviewed.

REFERENCES

- Bion, W.R. (1960). *Experiences in groups*. New York: Basic Books.
- Brotmarkle, R.A. (1947). Clinical psychology 1896-1946. *Journal of Consulting Psychology, 11*, 1-4.
- Burlingame, G.M. & Krogel, J. (2005). Relative efficacy of individual versus group psychotherapy. *International Journal of Group Psychotherapy, 55*, 4, 607-611.
- Burlingame, G. M., MacKenzie, K. R., & Strauss, B. (2004). Small group treatment: Evidence for effectiveness and mechanisms of change. In M. J. Lambert (Ed.), *Bergin & Garfield's Handbook of psychotherapy and behavior change* (5th ed., p. 647-696). New York: Wiley & Sons.
- Burlingame, G.M., Fuhriman, A., & Mosier, J. (2003). The differential effectiveness of group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice, 7*(1), 3-12.
- Burlingame, G.M., Fuhriman, A., & Anderson, E. (1995). Group psychotherapy efficacy: A meta-analytic perspective. *Paper presented at the Annual Meeting of the American Psychological Association*. New York, NY, August 1995.
- Cassell, J. (1977). The relationship of observer to observed in peer group research. *Human Organization, 36*, 4, 412-416.
- Counselman, E.F. (2008). Why study group therapy? *International Journal of Group Psychotherapy, 59*, 4, 265-272.
- Dalton, J.H., Elias, M.J. & Wandersman, A. (2001). *Community Psychology: Linking Individuals and Communities*. Australia: Wadsworth.
- Dies, R. (1992). Models of group psychotherapy: Shifting through confusion. *International Journal of Group Psychotherapy, 42*, 1-17.
- Dore, M. M. & Lightburn, A. (2006). Evaluating community-based clinical practice. In A. Lightburn & P. Sessions (Eds.), *Handbook of Community Based Clinical Practice*. (pp.3-18). Oxford University: New York.
- Golden, B.R., Corazzini, J.G., & Grady, P. (1993). Current practice of group therapy at university counseling centers: A national survey. *Professional Psychology: Research and Practice, 24*, 2, 228-230.
- Guba, E.S. & Lincoln, Y.S. (1981). *Effective Evaluation*. San Francisco: Jossey-Bass.

- Hoag, M.J., & Burlingame, G.M. (1997). Child and adolescent group psychotherapy: A narrative review of effectiveness and the case for meta-analysis. *Journal of Child and Adolescent Group Therapy*, 7, 2, 51-68.
- Hoch, E.L., Ross, A.O., & Winder, C.L. (1966). *Professional preparation of clinical psychologists* (Eds.). Washington, D.C.: American Psychological Association.
- Jorgensen, D.L. (1989). *Participant Observation: A Methodology for Human Studies*. Thousand Oaks: SAGE Publications.
- Kaufman, R.A. & English, F.W. (1979) *Needs Assessment: Concept and Application*. Englewood Cliffs, NJ: Educational Technology Publications.
- Kincade, E.A. & Kalodner, C.R. (2004) The use of groups in college and university counseling centers. In DeLucia-Waack, J.L., Gerrity, D.A., Kalodner, C.R., & Riva, M.T. (Eds.), *Handbook of Group Counseling and Psychotherapy* (p. 366-377). Thousand Oaks: SAGE Publications.
- Labaree, R.V. (2002). The risk of 'going observationalist': Negotiating the hidden dilemmas of being an insider participant observer. *Qualitative Research*, 2, 97, 97-122.
- Lasky, G.B. (2006). How Hollywood's Myths about Group Psychotherapy Can Benefit Beginning Group Therapists. *International Journal of Group Psychotherapy*, 56, 3, 383-388.
- MacKenzie, K.R. (1997). *Time-Managed Group Psychotherapy: Effective Clinical Applications*. Washington, D.C.: American Psychiatric Press.
- MacLennan, B.W., & Dies, K.R. (1992). *Group Counseling and Psychotherapy with Adolescents*. New York: Columbia University Press.
- Markus, H.E., & King, D.A. (2003). A survey of group psychotherapy training during pre-doctoral psychology internship. *Professional Psychology: Research and Practice*, 34, 2, 203-209.
- McCracken, G. (1988). *The Long Interview*. Newbury Park: Sage Publications.
- McRoberts, C., Burlingame, G. M., & Hoag, M. J. (1998). Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory Research and Practice*, 2, 101-117.
- Merton, R. (1972). Insiders and Outsiders: A Chapter in the Sociology of Knowledge. *American Journal of Sociology*, 78, 9-47.

- Miles, M.B. (1979). Qualitative data as an attractive nuisance: the problem of analysis. *Administrative Science Quarterly*, 24, 590-601.
- Peterson, D.R. (2005). Practice and Research: A History of the Graduate School of Applied and Professional Psychology at Rutgers University. *Written in anticipation of the 30th anniversary celebration of the founding of GSAPP at Rutgers University*.
- Peterson, R.L., Hodge, E.A., Kafer, L.G., Matthews, S.R., Pfeifle, H.H., & Van House, C.L. (1981). A group counseling emphasis at a university counseling center. *Psychotherapy: Theory, Research, and Practice*, 18, 525-535.
- Piper, W. E. (2001). Commentary on my editorship (1993–2001). *International Journal of Group Psychotherapy*, 51, 165–168.
- Psychological Clinic 1929-1954. Rutgers University. Unpublished.
- Reeves Sanday, P. (1979). The ethnographic paradigm(s). *Qualitative Methodology*, 24, 527-538.
- Rutan, J.S., Stone, W.N., & Shay, J.J. (2007). *Psychodynamic Group Psychotherapy* (4th ed.). New York: The Guilford Press.
- Scheidlinger, S. (1993). History of group psychotherapy. In H. I. Kaplan & B. J. Sadock (Eds.), *Comprehensive group psychotherapy* (3rd ed., pp. 2–9). Baltimore: Williams & Wilkins.
- Schilling, J. (2006). On the pragmatics of qualitative assessment: Designing the process for content analysis. *European Journal of Psychological Assessment*, 22, 1, 28-37.
- Seeman, J. (1968). The psychology center: A historical note. *American Psychologist*, 23, 522-523.
- Serafica, F.C. & Harway, N.I. (1980). The psychology department clinic: Its organization and development. *Professional Psychology*, 11, 5, 741-748.
- Spaulding, D.T. (2008). *Program Evaluation in Practice: Core Concepts and Examples for Discussion and Analysis*. San Francisco: Jossey-Bass.
- Sullivan, H.S. (1953). *The Collected Works of Harry Stack Sullivan*. New York: Norton.

- Walsh, J.A., Wollersheim, J.P., Bach, P.J., Bridgwater, C.A., Klentz, B.A., & Steblay, N.M. (1985). Program evaluation as applied to the goals of a psychology department clinic. *Professional Psychology: Research and Practice*, 16, 5, 661-670.
- Weinstein, M., & Rossini, E. D. (1998). Academic training in group psychotherapy in clinical psychology doctoral programs. *Psychological Reports*, 82, 955-959.
- Weinstein, M., & Rossini, E. D. (1999). Teaching group treatment in doctoral programs for counseling psychology. *Psychological Reports*, 85, 697-700.
- Yalom, I.D. & Leszcz, M. (2005). *The Theory and Practice of Group Psychotherapy* (5th ed). New York: Basic Books.
- Zohn, J., & Carmody, T. P. (1978). Training opportunities in group treatment methods in APA-approved clinical psychology programs. *Professional Psychology: Research and Practice*, 9, 50-62.

APPENDIX A

Participant's Statement of Informed Consent

CONSENT FORM

An Exploratory Study of the Creation of a Group Psychotherapy Training Clinic

INTRODUCTION

The purposes of this form are to provide you (as a prospective research study participant) information that may affect your decision as to whether or not to participate in this research and to record the consent of those who agree to be involved in the study.

RESEARCHER

Benjamin Mueller, Psy.M., an advanced doctoral student at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University, has invited your participation in a research study.

STUDY PURPOSE

You have been selected for participation in this study based on your involvement in the creation, development, implementation, and future continuity of Group Psychotherapy Services (GPS). There has been little prior research examining graduate training in group psychotherapy and the development of group psychotherapy programs at graduate school training clinics. The purpose of this research is to look at the important issues and considerations that arise in the creation of a new program within a graduate training clinic and to examine some of the benefits of group psychotherapy training program for graduate students in clinical psychology.

DESCRIPTION OF RESEARCH STUDY

If you decide to participate, then you will take part in a study involving research examining the creation of a group psychotherapy training program within the larger Psychological Clinic. All those who have been selected to participate have had and/or will continue to have significant involvement in the development of this program based upon their roles and responsibilities at the graduate school, their interest and involvement in group psychotherapy, or their involvement as supervisors of graduate students providing services in the area of group psychotherapy. All those who have been selected for participation will be offered the opportunity to be interviewed by me

If you say YES, then your participation in this study will last for the duration of one interview with me, ranging in time from about 15 minutes to one hour, regarding your involvement in, as well as any thoughts and reactions about that you would like to share, the development of the aforementioned program. If you decide not to participate, you will not be interviewed for this study. Your decision whether to participate will have no bearing on your connection or involvement to GPS in the future.

RISKS

There are no known significant risks from taking part in this study, but in any research study, there is some possibility that you may be subject to risks that have not yet been

identified. If you feel that in the course of this study that you would benefit from counsel because of exposure to presently unforeseen risk, do not hesitate to contact the principal investigator, who will help you in this regard.

BENEFITS

Group psychotherapy can be quite effective in helping people better understand the way in which they react to situations and other people. Graduate students as well can benefit from training in group psychotherapy. In addition, the development of subspecialty clinics within larger graduate school training clinics is not well understood. It is the purpose and goal of this study to understand better some of the benefits of training in group psychotherapy and to clarify the issues and considerations that arise in such a program's creation and development so that it can be duplicated in other settings.

CONFIDENTIALITY

All information obtained in this study is confidential. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you by name. It is important to note, however, that while you will not be identified by name, for purposes of the study your roles and responsibilities within the graduate school may be briefly described and the transcript of your interview may be published. It is possible that your identity will be known to those who have some working knowledge of the school's organizational structure. Given the nature of the interview questions, it is not anticipated that this will pose any significant risks or problems. In order to maintain the theoretical confidentiality of your records, all notes and records relevant to this research study will include only the minimal necessary identifying details.

WITHDRAWAL PRIVILEGE

Participation in this study is completely voluntary. It is okay for you to say NO. Even if you say YES now, you are free to say NO later, and withdraw from the study at any time. There is no penalty for choosing not to participate, and doing so will not affect your future connection to or involvement with GPS.

COSTS AND PAYMENTS

There is no cost to you for participation in this study. There is also no payment for your participation in the study.

VOLUNTARY CONSENT

Any questions you have concerning the research study or your participation before or after your consent, will be answered by:

Benjamin Mueller, Psy.M.
The Graduate School of Applied and Professional Psychology
Rutgers University, The State University of New Jersey
152 Frelinghuysen Road
Piscataway, NJ 08854-8020
(732) 445-6111 ext. 811

If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:

*Rutgers University Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: (732) 932-0150 ext. 2104
Email: humansubjects@orsp.rutgers.edu*

This form explains the nature, demands, benefits and any risk of the project. By signing this form you agree knowingly to assume any risks involved. Remember, your participation in this study is voluntary. You may choose not to participate or to withdraw your consent and discontinue participation at any time. In signing this consent form, you are not waiving any legal claims, rights, or remedies. A copy of this consent form will be offered to you.

Your signature below indicates that you consent to participate in the above study.

Subject's Signature

Printed Name

Date

INVESTIGATOR'S STATEMENT

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. I have offered the subject/participant a copy of this signed consent document."

Signature of Investigator _____

Date _____

APPENDIX B

Interview Questions for Graduate Students

What was your understanding of the history of group and group therapy at the graduate school prior to beginning your work on GPS?

When, how, and why did you begin work on the creation of GPS?

Before beginning, how did you initially conceptualize GPS?

What issues and considerations do you see as having been relevant to the creation of GPS?

What issues and considerations do you see as having been relevant to the implementation of GPS?

What issues and considerations do you see as relevant to the future continuity of GPS?

What aspects of the GPS' development do you rate as having been particularly successful?

What aspects of the GPS' development do you rate as having been particularly unsuccessful?

How has being students affected your role in the development of GPS?

Is there anything else you would like to add?

APPENDIX C

Interview Questions for GPS Director of Services

What is your understanding of the history of group and group therapy at the graduate school prior to beginning your work on GPS?

When did you first become aware of GPS?

How do you view your role in the creation of GPS?

How do you view your role in the implementation of GPS?

How do you view your role in the future continuity of GPS?

What issues and considerations do you see as having been relevant to the creation of GPS?

What issues and considerations do you see as having been relevant to the implementation of GPS?

What issues and considerations do you see as relevant to the future continuity of GPS?

What aspects of the GPS' development do you rate as having been particularly successful?

What aspects of the GPS' development do you rate as having been particularly unsuccessful?

Is there anything else you'd like to add?

APPENDIX D

Interview Questions for Administrators

What is your understanding of the history of group and group therapy at the graduate school prior to beginning your work on GPS?

When did you first become aware of GPS?

Why did you support it?

How do you view your role in the creation of GPS?

How do you view your role in the implementation of GPS?

How do you view your role in the future continuity of GPS?

What role do you see GPS having in the school's training model now and in the future?

Is there anything else you'd like to add?

APPENDIX E

Interview Questions for GPS Clinical Supervisors

Prior to the creation of the new group psychotherapy training clinic, what has been your experience with group therapy in connection with the graduate school?

How and when were you approached regarding your participation as a supervisor for GPS?

What has been your experience as a supervisor for GPS? Positives? Negatives?

Is there anything else you'd like to add?