



Information Submission Form

Los Angeles County-Wide Outpatient Group Therapy Directory

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The Group List is a free, independent, comprehensive directory of 700 therapy groups offered by 300 licensed mental health professionals throughout Los Angeles county, edited by a licensed psychologist, first published in 2003. There is no cost to be listed or to obtain a copy of this directory; this is a free community service. We are celebrating our 20th anniversary.

Groups should be (1) in Los Angeles county, (2) in an outpatient setting, (3) under the direction of a licensed mental health professional, (4) either supportive, process, psychoeducational, or consultative, (5) either currently running or in wait-list formation.

Only one line per therapy group is allowed in the directory (up to 40 characters and spaces). Please use simple descriptive group titles; the topic index is alphabetical by first word. Groups can specify A) a demographic group (women, teens age 14-17, etc.), B) a diagnostic group (OCD, anxiety disorders, etc.), C) a problem or focus (trauma survivors, divorce recovery, etc.), or D) a methodology/ approach (CBT, Jungian, process, etc.). The directory itself offers many examples.

We cannot list detailed information regarding dates, times, or fees for groups. Each group must be listed under the name, degree, and license number of an independently licensed mental health professional. Groups by pre-licensed facilitators must be listed under their licensed supervisor's name, degree, and license number. Groups cannot be listed under an organizational name only.

While the editor makes every effort to ensure the accuracy of information presented in this directory, the user is cautioned that this directory may include typographical errors and/or technical inaccuracies. Listings are subject to change without notification. This directory is provided with the understanding that the editor is not engaged in rendering a professional service in the form of a recommendation or an endorsement. The editor does not represent or warrant that any specific group is appropriate for any specific individual or specific purpose. Groups are presumed to be either facilitated by or supervised by independently licensed mental health professionals; however, credentials have not been verified.

You may submit this form via US mail to the office address above or via e-mail as a scanned document to the e-mail address above.

Full Name and Degree(s):	
License Numer & License Type:	
Business Address Including City/Zip (will not be published):	
Business Phone Number:	
E-Mail Address (will not be published):	Telehealth?
Brief Description of Group # 1:	Y N
Brief Description of Group #2:	Y N
Brief Description of Group #3:	Y N
Brief Description of Group #4:	Y N
Brief Description of Group #5:	Y N
Brief Description of Group #6:	Y N
Brief Description of Group #7:	Y N
Brief Description of Group #8:	Y N
Brief Description of Group #9:	Y N