



Information Submission Form

Los Angeles Outpatient Group Therapy Directory

James J. De Santis, Ph.D., C.G.P., Editor, 138 North Brand Boulevard, Suite 300, Glendale, California 91203-4618
(818) 551-1714 JJDeSantis@aol.com www.TheGroupList.org

The Group List is a concise directory of 1,900 therapy groups offered by 950 licensed mental health professionals throughout Los Angeles county, edited by a licensed psychologist & certified group psychotherapist. The Group List is a free community service.

Therapy groups should be (1) in the Los Angeles metropolitan area, (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. Groups do not have to be open to referrals at this time.

Only one line per therapy group is allowed in the directory (up to 40 characters and spaces). Please use simple descriptive group titles; the directory is alphabetical by first word. We do not list detailed information on 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 list, the user is cautioned that this list could include typographical errors and/or technical inaccuracies. Listings are subject to change without notification. This list 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 Type & Number:
Business Address (will not be published):
Business Phone Number:
E-Mail Address (will not be published):
Brief Title or Description of Group #1:
Brief Title or Description of Group #2:
Brief Title or Description of Group #3:
Brief Title or Description of Group #4:
Brief Title or Description of Group #5:
Brief Title or Description of Group #6:
Brief Title or Description of Group #7:
Brief Title or Description of Group #8:
Brief Title or Description of Group #9: