

# The Group Circle

Spring 2015

The Newsletter of the  
American Group Psychotherapy Association  
and the International Board for Certification of  
Group Psychotherapists

## Coupling in the 21st Century

Judith Coché, PhD, ABPP, CGP, L FAGPA

Thirty-seven states now sanction same sex marriages. This shift in the definition of legal coupling is a major cultural event in the 21st century, requiring expansion of our clinical model of couples assessment, education, and treatment. Dignity and freedom are now upheld in coupling choice, supported by research on the very definition of what it means to couple; research from positive psychology, attachment theory, and neuropsychology agree that to love is the greatest human need. To begin to address this issue, my colleagues David Hawkins, MD, CGP, DLFAGPA, Albert Neeleman, PsyD, and Thomas Suberman, MD, and I presented a brief open session at the 2015 AGPA Annual Meeting in San Francisco. We did not expect many attendees, but to our delight, about 70 people packed a room meant to hold no more than 60.

Dr. Hawkins began with personal reflection: "In 1986, at an AGPA Board of Directors meeting, Anne Alonso passed a note that said, 'It could happen here,' and the Special Interest Group in Gay, Lesbian and Bisexual Issues was established. It quickly became an energetic voice in our organization. In May 2014, my husband James and I decided it's not going to happen here in North Carolina, so we went to Connecticut and were legally married. And then in July, it did happen in North Carolina. We noticed, with surprise, that we became nicer to each other after we made it legal. I've heard many anecdotes from other couples surprised at the differences the change of legal status evoked for them. As Bob Dylan sang, 'the times they are a 'changin'.'"

They are changing rapidly, and for couples who have long dealt with the stress and pain of not being recognized as a legal couple, the change in the couple's dynamics reflects the relief and satisfaction at finally being legitimized by the state.

The topic has broad-reaching implications according to research. Data from partners of heterosexually married, gay cohabiting, and lesbian cohabiting couples explored whether members of heterosexually married couples differed on relationship quality and relationship outcomes. Relative to married partners, gay partners reported more autonomy, fewer barriers

to leaving, and more frequent relationship dissolution, while lesbian partners reported more intimacy, more autonomy, more equality, fewer barriers to leaving, and more frequent relationship dissolution. Research by Gottman et al. (2003) highlights that, in many ways, it may take heterosexual couples decades to create the level of successful coupling frequent among same sex couples.

The changing character of couples can be seen in the experiences of the following people: A lesbian in 1990s lost custody of her children. A couple found one judge in their state who permitted two women to adopt. A woman was inseminated with sperm from the brother of her partner so their child would be biologically related to both mothers. Another couple determined who would be the biological mother based on which of their parents would be less likely to attempt to take the child away. A man transitioning to a woman plans to live with her wife and children. A transgendered woman clearly identifies as female but not as heterosexual, homosexual, or bisexual. Someone identifies as both genders and prefers the pronoun *they* rather than *he* or *she*. A gay man with religiously conservative parents has difficulty imagining a family with two fathers.

To prepare attendees for the mock couples group that followed, I reviewed couples group basics (Coché, 2010). Based on theory, research, and practice in an integrated model of family systems and group psychotherapy, couples group psychotherapy uses principles from interpersonal architecture to restructure individual and couples experience of successful intimacy. The group becomes a hall of mirrors, a safe harbor in which members of couples can shift unsuccessful experiences and despair into deep mutuality. Small sample research corroborates general outcome research on couples and group therapy findings: Treatment is 80% more effective than being on a waiting list alone, and yet follow up greatly enhances overall effectiveness. Treatment tools with couples relies on a solid assessment and psychoeducation, as well as more conventional forms of couples counseling and psychotherapy.

The structure of the group consists of three to  
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## From the President Spring Forward

Les Greene, PhD, CGP, L FAGPA

As I write this column, the daffodils that I planted last fall are beginning to sprout and the Yankees are starting their



new season—my two favorite signs of spring. But, alas, the work of AGPA goes on regardless of the season. And work there is, all on the heels of a very successful and well-attended Annual Meeting in San Francisco.

Much of the current activity is designed to add value to your membership. You will notice on our website homepage ([www.agpa.org](http://www.agpa.org)), for example, some new and creative distance learning offerings, several formatted as a series of panel discussions by eminent group therapists on intriguing topics. These are now offered as a complimentary perk to all AGPA members. You will also see an invitation to join an online support group for those members running private practice therapy groups, a great way to counter the feelings of isolation often experienced by therapists in private practice.

A new publishing contract for our highly esteemed *International Journal of Group Psychotherapy* is being negotiated. The new contract will start with the 2016 volume year, and members will experience greater ease in accessing and searching current and past issues online, eventually all the way back to our first year issue in 1951.

Another benefit is the further development of our online capabilities (remember all those raffle tickets you bought to pay for these technology improvements?), such as increasing the ease and efficiency with which you access our continuing education  
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# Practice Matters!

## The Group Circle is

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## Editor

Steven Van Wagoner, PhD, CGP, FAGPA

## Editorial Staff

Michael Hegener, MA, LCP, FAGPA  
Kathy Reedy, MSW, MFT, BCD, CADC, CGP

## Managing Editor

Marsha Block, CAE, CFRE

## Editorial/Production Managers

Nicole Millman-Falk, CAE  
Angela Stephens, CAE  
AGPA  
25 East 21st Street, 6th floor  
New York, NY 10010  
phone: 212-477-2677  
toll-free: 877-668-AGPA  
fax: 212-979-6627  
e-mail: info@agpa.org  
www.agpa.org

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Eleanor Counselman, EdD, ABPP, CGP, LFAGPA,  
President-Elect, and Co-Chair, Public Affairs and Practice Development Committees

Practice Matters!, a new column sponsored jointly by the AGPA Public Affairs Committee and the Practice Development Committee of the International Board for Certification of Group Psychotherapists, will appear in alternate issues of The Group Circle and will highlight issues of direct importance to our members' group therapy practices.

## Group Psychotherapy as a Specialty

The biggest effort in the past year for both committees has been the petition to the American Psychological Association (APA) to have group psychology and group psychotherapy approved as a specialty. APA has a number of specialties, such as clinical, counseling, sleep, police and public safety, but has rejected group therapy three times. A small work group, called the Group Specialty Council, formed in August 2014 at the APA meeting in Washington, DC. It is chaired by Nina Brown, EdD, LPC, NCC, FAGPA, and represented by other AGPA members including: Sally Barlow, PhD, ABPP, ABGP, CGP; Misha Bogomaz, PsyD, CGP; Eleanor Counselman, EdD, ABPP, CGP, LFAGPA; Josh Gross, PhD, ABPP, CGP, FAGPA; Cheri Marmarosh, PhD; Kathy Ulman, PhD, CGP, FAGPA; and Martyn Whittingham, PhD, CGP. At that meeting, we learned that we needed to submit a new petition by December 31, 2014.

The group worked hard over the fall and created a substantial petition of 105 core pages with 300 pages of supporting appendices. The petition was submitted on December 26, 2014. The next step was that the petition was posted online for two months for public comment. Many AGPA members posted supportive comments. As of press time, AGPA had not yet learned of APA's decision.

Why is this so important when AGPA is a multi-disciplinary organization encompassing the field? The answer: Once group therapy is a designated specialty by APA, it is affirming that group therapy has a specialized set of skills and training needs. This produces more incentive for training programs to offer group therapy. As many of us know, fewer training programs are offering group therapy as a

required course, or even as an elective. Being a designated specialty would help reverse that trend. Also, in many instances, untrained or minimally trained people are leading groups, and that can create risk or negative outcomes and a public perception of ineffectiveness of group therapy. All group therapists benefit from any movement that supports group therapy as a specialty and prevents untrained professionals from serving as group therapists.

Although we have narrowly focused our efforts on psychology, our hope is that if this effort succeeds, similar efforts can be applied to other disciplines where group therapy training is also being reduced. The petition itself is useful to both AGPA members and the public, as it summarizes up-to-date research on the effectiveness of group therapy and its usefulness in many settings. In preparing it, we were grateful for the existing work of the AGPA Science to Service Task Force and for the Practice Guidelines for Group Psychotherapy that are on AGPA's website. We do expect to have the petition available on the website in the future.

## CPT Code Change

Another initiative recently begun is to reopen the question of whether we can achieve a CPT code (90853) review and change. This is a very complicated endeavor, and a previous effort hit a dead end in 2012. Thanks to Mel Stern, MD, CGP-R, FAGPA, Immediate Past Co-Chair of AGPA's Public Affairs Committee, we were able to have a conversation with the American Psychiatric Association and explored the possibility of petitioning for modifier group codes. AGPA will continue to explore what this process would involve and report back to the membership. ●

## Member News



Dallinga



Markham



McEneaney

**Carol Dallinga, LCSW, CGP, EMDR**, spoke on *Build a Flourishing Group Psychotherapy Practice with Marketing and Networking Skills* at the Annual CGPA Conference. This workshop was designed to motivate group psychotherapy professionals in various settings to build their unique practice with proven marketing and networking techniques.

**Donna Markham, OP, PhD, ABPP, CGP**, was among 150 leaders from communities of faith across the country invited by President Barack Obama and Vice President Joe Biden to participate in an Easter Prayer Breakfast at the White House. Dr. Markham, who was recently named President and CEO of Catholic Charities USA (CCUSA) was asked to be one of five who led the service. Part of her work will be to build collaborative bonds between not-for-profit health systems and CCUSA so that together they might better serve

some of the neediest people in the country. Said Dr. Markham, "My ongoing belief in the power of groups, both large and small, to catalyze transformative change makes this opportunity especially meaningful. I look forward to exploring how quality group work can provide a solid foundation for our service to marginalized and vulnerable people."

**Anne Slocum McEneaney, PhD, ABPP, CGP, FAGPA**, delivered the keynote address—*25 Years of University Mental Health in the United States: Complexity, Multiculturalism and Globalization: One Psychologist's View*—at the 12th Chinese National College Student Mental Health Education and Counseling Conference in Beijing, China, May 27-June 2. Dr. McEneaney also led a workshop on *Basics in Group Psychotherapy*. This is her third trip to China in the past five years to conduct group psychotherapy training.



# In a Troubled, Violent World, What Can Group Therapists Do to Help?

Robert Klein, PhD, ABPP, CGP, DLFAGPA and Victor Schermer, MA, LPC, CAC, LFAGPA

*Editor's Note: The following article is a call to colleagues for awareness and action to address the epidemiological problem of social violence. The need to do something about such concerns was stimulated when the authors co-edited two consecutive Special Sections in the most recent volume of the International Journal of Group Psychotherapy (Volume 65, Nos. 1 & 2) devoted to furthering our understanding about the antecedents and causes of violence, the sociocultural and historical context in which violence breeds and grows, and what group therapists have to learn, as well as contribute toward the treatment of violence in our society (to access and read the Journal, go to <http://guilfordjournals.com/loi/ijgp>). Dr. Klein is a Clinical Faculty member at the Yale School of Medicine, a Diplomate in Psychology, a Past President and Distinguished Life Fellow of the American Group Psychotherapy Association, and in private practice in Westport and Milford, Connecticut. Victor Schermer is a psychologist in private practice in Philadelphia, Pennsylvania and a Life Fellow of the AGPA. Both have authored numerous books, book chapters, and articles on group psychotherapy. Together with the Community Outreach Task Force, they will be sponsoring a Distance Learning series on violence that began in May.*

**W**e live in a troubled and sometimes violent world, a world that impinges on us and our therapy groups. To understand and help our groups, we need also to grasp the context and significance of our collective lives, which includes how violence in the world impacts our lives, fantasies, wishes, and fears. Violence in America and elsewhere is in the news on a daily basis. A couple of years ago, shortly after the massacre of both children and staff at Sandy Hook Elementary School in Newton, Connecticut, shook everyone to the core, we had a conversation about how violence was a major problem in our society today, and that group therapists could contribute to the national dialogue about it. We convened a group of distinguished colleagues who in one way or another have addressed issues related to violence in their research and practice, and asked them to write about their findings, experiences, and understanding, and what they could tell us about violence and how it could be addressed and explored in our groups and potentially ameliorated in society. Their in-depth responses are now published in the *IJGP* (see Editor's note above).

The *IJGP* articles cover multiple perspectives. The January edition includes: discussions about social disconnection as the seedbed of violence (Victor Schermer, MA, LPC, CAC, LFAGPA interviews Daniel Gottlieb, PhD, psychologist and host of the National Public Radio show *Voices in the Family*); the history and dynamics of violence in our society and our groups (Cecil Rice, PhD, CGP, DLFAGPA); silence as a factor that perpetuates trauma and aggression (Suzanne Phillips, PsyD, ABPP, CGP, FAGPA); violence in language and metaphor and the benefits of restorative justice (Nina Thomas, PhD, ABPP, CGP); and group therapy for prison populations (video review by Bill Roller, MA, LFAGPA).

The April edition includes articles on: the use of group process and a *Violence Reduction Training Program* to facilitate treatment and management of aggression (James Gerhart, PhD, Krista Holman, PhD, Bailey Seymour, BA, Brandy Dinges, BA, George Ronan, PhD); a multi-tiered model for treating domestic violence in groups incorporating

recent neurobiological science on violence and on group relationships (Leslie Lothstein, PhD, ABPP, CGP); and the group psychology and collective identity of terrorism and extremism in the United States, with an emphasis on lone-wolf terrorism (Jerrold Post, MD). Bonnie Buchele, PhD, ABPP, CGP, DLFAGPA and Zachary Green, PhD, provided astute commentaries on the articles in both issues. We, the guest editors, were informed and deeply moved by these articles, and we recommend them to you. Our own ideas are shared in the introductions to the two volumes.

We are writing this current article now because because the epidemiological problem of social violence has become even more pervasive over time, and with terrorist groups extending their reach, violence has become a concern of global proportions. Unfortunately, even some of our own citizens are attracted to these groups. We believe that group therapists need to think seriously about these concerns for three reasons: 1) our daily lives are affected by the world in which we live, and that affects how all of us, patients and therapists, relate to one another; 2) some of the populations we treat are either violent themselves or, more commonly, are victims of violence, so we need to know how best to treat them; and 3) violence is a mental health issue of increasing importance. Our understanding of its dynamics and treatment should be part of the national dialogue. We would like to see AGPA and our national and international colleagues engaged in writing, speaking, developing, and implementing active interventions to promote a broad-based healing of violence in our culture, leading to a more peaceful and less traumatic world.

We believe it is important to reduce the gap between our clinical work and the lives we lead as concerned citizens of our society. Too often, these domains remain disconnected. The challenge for us is to recognize that our valued and protected practices cannot and should not remain insulated from the world around us. Even though we provide a protective boundary for our patients and groups, the real world inevitably impinges on them. We need to know what to do when disturbing social realities impinge upon the secure base of the treatment process. We also need to determine how the insights and understanding we carefully arrive at in our group work can be exported and applied to the larger group/society within which we exist. We would argue that, as clinical practitioners we need not just be passengers on that societal train, but we can contribute what we are learning to shape things for the better.

So while we are not advocating that people take to the streets, we are asking you to become involved. Think about these issues. Talk about them with your colleagues. Raise concerns and present your views on Facebook, Twitter, and appropriate websites. Go to your communities, politicians, and leaders, and share your views and ideas with them. Develop pilot programs for using groups to heal victims and perpetrators of violence. Try to bring what you know about groups, alleviating aggression and trauma, and mental health to the national dialogue in any way you can.

AGPA's Annual Meetings, distance learning programs, and Community Outreach Task Force can also provide forums and opportunities for promoting understanding and tools for addressing the problem of violence that haunts us today. Be peacemakers. ●

## From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

**I**t still seems like yesterday that I took a ferry across San Francisco Bay to Sausalito, or roamed the neighborhoods of Haight Ashbury and Pacific Heights. I imagine a factor in my immediate recollections of the beautiful week spent at the 2015 AGPA Annual Meeting is that the weather here in Washington, DC, has finally caught up with California. As I look out my window at a deep blue sky and plentiful sun, I am reminded of our gathering, and if I gaze into the distance, I might even be able to see Les Greene's daffodils, at least in my mind. If only I could send some of our rain to some of you in the parched west, as I imagine by now stormy weather would be welcome.

I am certainly revealing something about the days I played hooky, or participated in something other than teaching and learning about group psychotherapy, or attending Board meetings and engaging in strategic planning, but all of it reflects the kaleidoscope of experiences (and feelings!) that many of us come away with after a week at the Annual Meeting.

The current issue of *The Group Circle* celebrates the accomplishments of many of our new AGPA Fellows approved by the AGPA Board this past year. Unfortunately because of space, we will have to split up the Fellows announcements into two issues, but between now and the summer issue, we will recognize all of you!

Three current articles reflect on issues that arise in our learning and in the broader society that should garner our serious attention and thought, two of which were stimulated by sessions presented at the Annual Meeting.

**A new Practice Matters!** column premieres in this issue. This important column is designed to keep us abreast of important issues that affect our practices and work. The hope is that the column will alternate with one on research, perhaps a current finding or a new trend or challenge in group psychotherapy.

Ideas for columns like these come from our members, so if you have thoughts for a column, or even an article, I would love to hear from you. The Summer issue is a perfect venue for your articles, given that our Fall and Winter editions are so devoted to the Annual Meeting. And if my calendar is correct, it is only 10 short months until the 2016 Annual Meeting to be held in New York City! Hope to see you there. ●

# Congratulations New Fellows

*Editor's Note: AGPA annually recognizes outstanding professional competence and leadership in the field of group psychotherapy. Because we did not have enough space to salute them all in this issue, the following Fellows will be featured in the summer issue of The Group Circle: Joseph Acosta, MA, LPC, CGP, FAGPA; Katie Griffin, MA, LPC, CGP, FAGPA; Justin Hecht, PhD, CGP, FAGPA; Leonardo Leiderman, PsyD, ABPP, CGP, FAGPA; Rebecca MacNair-Semands, PhD, CGP, FAGPA; Oona Metz, LICSW, CGP, FAGPA; Andrew Pojman, EdD, CGP, FAGPA; Deborah Schwartz, MD, CGP, FAGPA; and Mary Sussillo, LCSW, BCD, CGP, FAGPA.*



**Alexis Abernethy, PhD, CGP, FAGPA** (Pasadena, CA), an AGPA member since 1991 and a Clinical Member since 1996, has been a member of the Diversity SIG, Chair of the Membership Committee, and member and Co-Chair of the Institute Committee. She is the Annual Meeting Co-Chair Designate and will serve as Co-Chair 2016-20. The numerous workshops, courses, open sessions and specific interest institutes that she has presented at AGPA provide a

sense of her broad range of interests: *Integrating Parallel Process and Co-therapy Supervision Models; Women and Leadership—Catching Up With the 21st Century; Spirituality in Group Therapy; The Use of Metaphors in Bridging Cultural Difference; and Working with Racial Themes in Group Psychotherapy.*

Dr. Abernethy has given numerous presentations both nationally and internationally, more recently in China. She is Professor of Psychology, Graduate School of Psychology, Fuller Theological Seminary in Pasadena, California. There she has promoted group therapy by recruiting 25 group therapists to lead process groups for their students, deepened the faculty's involvement with psychological services, and created a group psychotherapy and psychology post-doctoral fellowship. Before her time at Fuller, she taught and supervised group therapy at the University of Rochester School of Medicine.

Some of Dr. Abernethy's research activities include: cultural factors in cancer screening; forgiveness and spiritual distress in an inpatient psychiatric setting; the role of spirituality in the treatment of eating disorders; and breast cancer among African-American and Latina Survivors. Her professional publications are too numerous to list.



**Shari Baron, MSN, CNS, CGP, FAGPA** (Havertown, PA), an AGPA member since 1985 and a Clinical Member since 1994, has been on the AGPA Board of Directors since 2012. She is Co-Chair of the Special Interest Groups Task Force and was Co-Chair of the Groups in Private Practice Special Interest Group. She participated on the Annual Meeting Workshop

Committee and the Community Outreach Task Force, and has presented multiple AGPA and EGPS workshop presentations.

Ms. Baron is Clinical Associate, Department of Psychiatry, University of Pennsylvania School of Medicine, and Co-Leader of the Experiential Training Group for psychiatric residents. She has led groups in private practice for over 26 years and has published articles on group therapy in *Group*, as well as in nursing journals. Ms. Baron has a Professional Nurse Licensure in Pennsylvania and New Jersey and is certified as a Clinical Specialist in Adult Psychiatric and Mental Health Nursing.

Ms. Baron is a member of the Philadelphia Area Group Psychotherapy Society and has been President of the Pennsylvania Chapter of the American Nurses Association. She received the 2006 award for Excellence in Leadership and the 2002 Mary Ann Artz Legislation Award from the Pennsylvania State Nurses Association,



**Molly Walsh Donovan, PhD, CGP, FAGPA** (Washington, DC), an AGPA member since 1991 and a Clinical Member since 1995, has led four Process Group Experience Institutes, one workshop, and has participated in nine Open Sessions at AGPA Annual Meetings. She co-taught the *Core Course in Group Psychotherapy* for the Mid-Atlantic Group Psychotherapy Society.

Dr. Donovan is Assistant Clinical Professor of Psychology, George Washington University. From 2004-2009, she was Clinical Assistant Professor, Department of Psychiatry, Georgetown University Medical Center, where she served as Clinical Supervisor in the residency program.

She has held several leadership positions, including: Dean, and currently Program Chair, National Group Psychotherapy Institute and Group Program of the Washington School for Psychiatry; Co-Founder and Co-Director, Washington Women's Psychotherapy Center; Co-Founder and Co-Director, Conversation between the Arts and Psychotherapy; Treasurer, President, and Advisory Board Member, Washington Society for Psychoanalytic Psychology; Co-Founder and member, National Chapter of Psychotherapists for Social Responsibility; and President and Executive Board member, Division 39, American Psychological Association.

Dr. Donovan has served on the Editorial Board and as Book Review Editor of *Voices*. Her publications include book chapters, articles, book reviews, and two co-edited issues of *Voices*.



**Shelley Korshak, MD, CGP, FAGPA** (Chicago, IL), an AGPA member since 1998 and a Clinical Member since 2003, co-authored the impressive 458-page curricula *A Group Therapist's Guide to Process Addictions*, published by AGPA in 2014. Dr. Korshak has been a frequent presenter at the AGPA Annual Meeting. She served on the Board and the Membership Committee at the Illinois Group Psychotherapy Society, and was awarded the Special Gift for service for the latter.

Dr. Korshak teaches, supervises, and is a training group facilitator for residents in the Department of Psychiatry, University of Chicago. She has presented guest lectures on group psychotherapy at Loyola University and Roosevelt University.

Dr. Korshak has given many presentations, workshops, process groups, and courses at the American Society of Psychotherapy and Psychodrama and the A.K. Rice Institute. These offerings have covered a wide variety of topics: intimacy, wisdom and social change, fathers and daughters, the large group, attachment and trauma, addictions and psychodrama.

She has published several articles on group therapy and served on the Editorial Board of the *Journal of Psychodrama, Sociometry, and Group Psychotherapy* and as Editor for *Storyline*, the quarterly newsletter of Alcoholics Anonymous. She is Co-Founder and Medical Director of the Child and Adolescent Program at Gary Methodist Hospital. In her private practice, she presently runs four long-term psychotherapy groups.



**Neal Spivack, PhD, CGP, FAGPA** (Bronx, NY), a Clinical Member since 2002, has served the Eastern Group Psychotherapy Society (EGPS) as President-Elect, President, and Past-President. He has been on the EGPS Board since 2003 and also served as Membership Co-Chair, Member-at-Large, Managing Editor of *Group*, and Treasurer. He is Co-Chair of EGPS's Website Task Force. He served as Co-Chair of the Severe and Persistently Mentally Ill SIG and as a member of the Disaster Outreach leadership pool.

Dr. Spivack graduated from and taught for six years in EGPS's One Year Training Program in Group Therapy. He has also completed AGPA's National Instructor Designate Process Group. He has presented 25 workshops on a variety of topics at EGPS and AGPA conferences. Dr. Spivack has continued his personal and professional development in on-going training groups with Stewart Aledort and Yvonne Agazarian and currently serves on the SCT Newsletter Committee. His paper, "Subgrouping with Psychiatric Inpatients in Group Therapy: Linking Dependency and Counterdependency" appeared in the *International Journal of Group Psychotherapy*.

He has worked as a full-time psychologist at Bellevue, Woodhull, and Lincoln Medical Centers and, since 2008, at New York Harbor Health Care System in Primary Care. In each of these places, he taught and supported group therapy and expanded the hospitals' group offerings. ●



# Harold S. Bernard Group Psychotherapy Training Award Presented to Haim Weinberg, PhD, CGP, FAGPA

Paul LePhuoc, PhD, CGP

The International Board for Certification of Group Psychotherapists (IBCGP) presented the 2015 Harold S. Bernard Group Psychotherapy Training Award to Haim Weinberg PhD, CGP, FAGPA, at the 2015 AGPA Annual Meeting in San Francisco. Established in 2001, the award is given annually to an individual or organization whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. Dr. Weinberg was recognized with this award due to the quality, breadth and scope of his group psychotherapy training outreach and education. He is Adjunct Professor at Alliant International University and Director of International Programs and Senior Tutor at The Professional School of Psychology in Sacramento, California, an international program with students in Israel, Singapore, and Indonesia. Through the international school program, Dr. Weinberg has created a unique and pioneering distance-learning doctorate; this cutting-edge training program and its international faculty teach aspiring group psychotherapists across the world. The first two Israeli cohorts were awarded their PsyDs through this program. He has published widely, including many journal articles and books on the social unconscious, the large group and Internet groups.

Dr. Weinberg also created and maintains the Group Psychotherapy Resource Guide website and Group Psychotherapy Listserv, innovative resources that are utilized internationally. His website contains a wealth of information and resources for professionals and the general public, and his group psycho-

therapy listserv hosts robust discussions about group psychotherapy and provides a worldwide learning community. Dr. Weinberg has also long been an outstanding leader, educator, and trainer within the AGPA community and his local society, the Northern California Group Psychotherapy Society.

“As a consultant, Dr. Weinberg is deeply attuned and present in a rare way that holds sheltering space for the most sheepish confession as a group facilitator or discussion of the most intractable group dynamic. I consider him a venerable teacher and a warm and wise human,” said Amanda Yoder, LCSW, CGP.

“Dr. Weinberg is a voice for the group psychotherapy field that reaches deeply into the international professional community, as well as the larger community of potential group participants, and his vision and innovation is a model on how to expand outreach for training, education and services,” said Tony Sheppard, PsyD CGP, FAGPA, IBCGP Chair. “This combination captures the essence of the Harold S. Bernard Group Psychotherapy Training Award.”

“Receiving this award encourages me to expand my program. I plan to open the first American cohort in Spring 2016,” said Dr. Weinberg.” You can read more about the program at [www.grouptherapydoctorate.com](http://www.grouptherapydoctorate.com). ●



## Coupling

*continued from page 1*

five couples, led by one or two leaders deeply trained in both family and group therapy intervention for four to six hours monthly for 11 months, with one overnight workshop to intensify the learning. A here-and-now process function is evident throughout most of the 75 hours of group treatment. Adjunctive psychoeducational and individual work is required to deepen the learning. Training standards for couples group therapists are based on the CGP standards, and on clinical standards for marriage and family therapy.

Dr. Neeleman travelled to the Annual Meeting from the Netherlands to share his insight into why couples group psychotherapy is so much fun to lead. He reflected that the work touches on existential levels, tension between individuality and connectedness, creating a sense of awe and respect for the courage of the partners (group members) to put in jeopardy what is closest and most important to them, and to open up about what is most private. The mood is one of lots of energy and laughter, which creates reflective space for the therapist(s). The power of the group is that it takes advantage of the presence of other couples utilizing the power of the intersubjective space between members who feel interest, empathy, and tolerance for other couples. The group enables members to see themselves more clearly in the foibles of other members, evoking the insight, “Oh my god; I do that too!”

Therapist(s) can choose to intervene on more levels, what Coché (2010) calls isomorphism: Interventions target the level of the individual member, the couple, the subgrouping of two or more members, and the group-as-a-whole. Dr. Neeleman and I co-led a mock couples group with scripted actors playing couples consisting of gay, lesbian, heterosexual, and transitioning members. The room was electric as eight colleagues gathered to demonstrate how powerfully this diverse group of coupled adults could work with issues involving the dynamics between them all.

The couples sprang to life within seconds of beginning the group:

- One couple consisted of two women, ages 40 and 55. Only one wants to marry. The teen-aged son, bitter that his mom “treats that woman better than me,” is critical of their coupling choices.
- Another couple consisted of two men, ages 66 and 70. An attorney, socially

ebullient, needs variety in his life, and does not want to retire. A shy, retired social worker needs monogamy and time alone with his partner. Legal changes in marriage definitions have created additional financial benefits for them.

- A 26-year-old woman with a history of sexual abuse is a dysfunctional caretaker who takes charge of treating the anxiety and depression of her 23-year-old trans-gendering male partner, who until recently, was a deeply introspective and brilliant woman. The woman wants children, but the couple has dangerous pets that have bitten neighborhood children, which creates conflict between them.
- The last couple consisted of a heterosexual married couple, ages 28 and 36, who have children. He is driven in his globally based career and rarely home. His beautiful, lonely wife earns money working at home so she can care for the children, who get angry at their distant father. The emotionally starving mother has ended a long affair to give therapy a chance.

In the mock group, the couples introduced themselves, then dove head first into their issues. The air crackled from the quick moves and multi-leveled interventions surrounding them. The audience attended to various group variables (cohesiveness, roles, norms or leadership) and were abuzz with questions about interventions, assessment, and how to conceptualize the group dynamics, and a lively discussion ensued. Many requested additional training and seemed to thirst for knowledge about how to conduct these groups. The treatment of couples has turned a corner in history as we redefine now outdated definitions of what it means to couple. Each of us in AGPA is privileged to be part of this advance.

As Dr. Hawkins so wisely told us in San Francisco, “This is not about whether a couple is married, or from what varieties of identities they are composed. It is about how we can welcome different couples’ need for help and change in their relationship into our consulting rooms and our groups, and open ourselves to learn from their diversity.”

As we look forward to gathering at AGPA’s 2016 Annual Meeting in New York, I invite each of us to consider what we need to learn to help our many clients who choose to couple. And, I invite us all to consider what these changes in the status of gender in coupling might help us understand about ourselves. ●

# Distance Learning Task Force Establishes Book Club

Barbara Dazzo, MSW, PhD, CGP, FAGPA, Paul Kaye, PhD, CGP, FAGPA, and Esther Stone, MSW, CGP, DLFAGPA, Co-Chairs, Distance Learning Task Force

AGPA's Distance Learning Task Force is launching a Book Club. The Book Club is designed to provide opportunities for narratives between select authors and our members via teleconference or videoconference formats. In most instances, the exchange will involve one session, planned for an hour and a half on a Sunday night. The initial format will involve a half hour formal presentation by the author(s) followed by a Q & A exchange related to a book or article of choice. We will attempt to provide club members with ample time to obtain the books or articles prior to the event date. By 2016, our goal is to offer three events a year. These events are one of many benefits provided to AGPA members without cost, beyond the purchase of the book or articles. CE credit will be available at a nominal fee (\$15/hr).

The first planned event, to be held Sunday June 14 from 8-9:30 PM, will be with Cheri Marmarosh, PhD, Associate Professor at George Washington University

in Washington, DC. Dr. Marmarosh will discuss her newly published book, *Attachment in Group Psychotherapy*, co-authored by Rayna Markin, PhD, and Eric Spiegel, PhD. (In February, Dr. Marmarosh presented the Louis R. Ormont Lecture to a packed audience at the AGPA Annual Meeting in San Francisco).

The second Book Club event, scheduled for Sunday December 6 from 8-9:30 PM, will be with Jerry Gans, MD, CGP, DLFAGPA, Associate Clinical Professor, Harvard Medical School, Boston, Massachusetts. Dr. Gans will discuss his book, *Difficult Topics in Group Psychotherapy—My Journey from Shame to Courage*. Dr. Gans is a Past Editor of *The Group Circle* and a frequent lecturer.

The Distance Learning Task Force welcomes members to send book and author suggestions to Paul Kaye at pkexpress@aol.com.

We hope the Book Club provides a new, exciting opportunity for the AGPA membership. ●

## Hot Topics at an AGPA Open Session on Boundaries

Robert Pepper, LCSW, PhD, CGP

Hot topics that garnered the most interest at my 2015 Annual Meeting Open Session, *The Seven Dangers of Blurred Boundaries in Group Psychotherapy*, were gaslighting, the double bind<sup>1</sup>, the controversy about combining treatment and teaching under the same roof, and the conspiracy of silence. Despite the fact that the session was only an hour long, a passionate and intense discussion ensued. While many attendees had very positive training and treatment experiences, some did not. There were some participants who were eager to share their concerns and to get feedback about their involvement when the boundary is blurred between therapy and not therapy.

Combining treatment and training goes all the way back to the beginning of the psychoanalytic movement. Freud disdained academia and created a free-standing institute where treatment and training took place under the same roof with decidedly mixed results. Perhaps the first case of an iatrogenic treatment reaction as a result of blurred boundaries was that of Victor Tausk, a colleague and rival of Freud. Tausk committed suicide after Freud refused to treat him, referring him instead to his protégé Helene Deutsch, who was also Tausk's colleague (Pepper, 2014, p. 25-26). Obviously, not all cases of dual relationships are this tragic. Nevertheless, the implications of boundary crossings and boundary violations are worthy of our professional and personal attention.

Gaslighting occurs when a person's perception of reality is invalidated. This term comes from the classic movie of the 1940s, *Gaslight*, in which the husband (Charles Boyer) attempts to drive his wife (Ingrid Bergman) insane by causing her to question her hold on reality. R.D. Laing was known to have said that the fastest way to drive someone mad is to undermine his view of reality. Just as the wife in the movie is saved by an outsider, so, too, can at-risk patients/trainees be spared iatrogenic reactions to compromised training environments when professional organizations, like AGPA, encourage and support the open airing of the risks and hazards that can occur when teaching and training are offered under the same roof to the same population.

One attendee described an incident of being gaslighted when he complained to his group therapist supervisor about the incidence of symbolic incestuous relationships at his analytic group training institute and was told that he was delusional. When the attendee threatened to quit, he was told that his life would fall apart if he did. This man said "I did feel psychotic for a long moment while my reality was rejected." As a result of this treatment, he suffered iatrogenic symptoms of anxiety and depression. This person's strong emotional ties to professionals outside of his training institute validated his perceptions of the contaminated training milieu and supported his decision to leave it resulting in his symptoms subsiding.

In another example, an Institute attendee was caught in a double bind when she was intimidated into silence after she questioned the wisdom of both

a patient and the patient's own therapist attending the same AGPA Institute. Double bind refers to "a damned if you do and a damned if you don't" contradictory message prevailing in a social system. Bateson et al. (1956) postulated that mental illness developed in an environment characterized by clashing, non-verbal communications where responding to one message invalidates the other. The double bind describes the dilemma faced by some patient/trainees who as patients are told to say everything, but as students know that doing so amounts to political suicide (Kassan, 2010). This double bind mirrors R.D. Laing's famous quote about schizophrenic families: "They are playing a game. They are playing at not playing a game. If I show them I see they are, I shall break the rules and they punish me. I must play their game, of not seeing I see the game." (Laing, 1970)

This was not the only incident of this kind. Another attendee reported being attacked by several members when questioning the same issue in another training institute. Despite the directive to say everything in the institute, this participant was led to question his own feelings and perceptions by the institute leader and other like-minded participants of the institute. A groupthink environment prevailed that silenced dissent and shamed anyone who had a legitimate, but differing, point of view from the others. Groupthink can lead to a conspiracy of silence because it feels unsafe to disagree with a kind of cultural norm held by a powerful subgroup.

While it is well known that some famous analysts have been treated by their own patients, this arrangement is considerably more complicated in the group setting. Who is the patient? Whose needs come first? What happens to the group dynamic when a transference parent morphs into a transference brother, or a leader overly supports one subgroup over another? In an environment where saying everything might become dangerous, at-risk members may regress and decompensate if they passively acquiesce to the unspoken norm of the group.

These scenarios sound an alarm. Even if these are isolated cases within our profession, which I highly doubt, this matter needs to be publicly addressed. Toward that goal, I recently posted a listserv request on the AGPA website asking for volunteers to serve on a panel, at the 2016 Annual Meeting to be held in New York City, to discuss the pros and the cons of combining treatment and training. So far, I have received several responses from AGPA members who would like to discuss the cons. As yet, no one has come forward to address the pros. ●

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<sup>1</sup>After having submitted the proposal for this Open Session, I covered an eighth danger—the double bind.

**Dear Consultant:**

**C**assie is a college student finishing up a degree in counseling, who has been an active member of my group for a year. She often takes risks and stretches her limits in making connections with others. She recently wrote me an e-mail, telling me she is having financial difficulties that make it hard for her to pay for group. While she wants to stay in the group, she also struggles to achieve financial independence and save money for continued education. Cassie asked if I would consider reducing her group fee so that she can stay in the group. I am inclined to grant her request, but unsure how to handle this. If I do, should I bring this up in the group or keep any arrangements between us?

*Signed,  
Unsure*

**Dear Unsure:**

**W**hile I love that you are open to granting Cassie's request because it may be important for her ongoing participation, her communication can be viewed as a way to help her better understand her relationship to money rather than just a reality-based plea for financial assistance. You might explore, "what would it be like for you to bring the dilemma you e-mailed me about into group?" It is a fair question to pose to the group while leaving the exact content of the e-mail up to Cassie to reveal. If she is not able to bring it into the group, you might encourage her to schedule an individual session with you to pose it there first. Either way, it is important to explore the emotional significance of the decision given that she appears to struggle with financial independence outside of group.

In the exploration itself, you might pose the question, "Would reducing your group fee be helping you or hurting you, and how would we know?" Encouraging her to imagine how it could be hurtful may help her to understand her struggles to achieve financial independence. I might ask: "What would it mean to you about our relationship if you were paying less?" Additionally, you might explore the length of time a fee reduction would be in effect, the circumstances that would lead to returning to your full fee, and how she might be affected emotionally both during that time and after paying less than other group members. Since she is planning to enter our field, it may be helpful to explore how the decision might affect her decisions with her own clients in the future. After you and she really understand the risks and benefits of such a decision it can be appropriate to change the financial arrangement with clear boundaries and expectations.

Your question was specifically about group fees as group business, but in the service of better understanding everyone's relationship with money and the feelings often evoked by money, such as greed, jealousy, deprivation, guilt, and shame, discussions about the fee can be used as a springboard to discussions about money and financial matters in general in group member's lives.

Your inclination to grant her request seems important for you to explore as countertransference. Your desire to rescue her from her financial struggles and consider protecting her from the group's knowing about an arrangement may relate to her history. Your desire may reflect feelings her parents had towards her or vice versa as she faced challenges around individuation as a child. Perhaps there are important secrets in her family, and this is how she can tell you. Just as easily, these dynamics may reflect your fear of losing her and your group falling apart evoking fears of abandonment that may mirror your emotional memories.

Money is a powerful transference object for both client and therapist. When we take time to explore our client's relationship with money we often hit therapeutic gold.

*Michelle Bohls, LMFT, CGP  
Austin, Texas*

**Dear Unsure:**

**Y**ou raise an important issue, one that I imagine many clinicians find perplexing. We know that it is essential to maintain the therapeutic frame and agreements, including the financial ones. Where we run into difficulty is when maintaining the boundaries appears to be the antithesis of being supportive and helpful to our clients, though we know that attending to the boundaries and agreements can reveal some useful clinical information. When faced with a difficult dilemma such as yours, it is often useful to keep in mind all of the group psychotherapy agreements. One essential agreement to have in place is that communication pertaining to the group that occurs outside the group time be raised during the group session whenever possible.

Your question about whether or not to bring the issue up in the group is key. It would be best to encourage Cassie to raise her request during the group time. You could reply to her e-mail or call her and say something like "I think yours is an important concern, so please make sure to raise it during the next group meeting."

At the beginning of the next meeting, I recommend that you announce that you "received a communication regarding a request." This would prompt Cassie to address the details of the communication while leaving open the possibility that she may choose not to do so. If she chooses not to do so, this is important information. It may indicate that the reason for the original e-mail was less about finances and more about something along the lines of shame, dependence, wanting a special relationship with you, and so on. It may be the case that your concern about whether or not to bring this up in the group is evidence that you are being induced to collude with Cassie's underlying difficulties.

You can trust that eventually the group will help Cassie articulate her concerns, as they will be curious about the announcement. If she chooses to state her request, then the group can discuss its meaning. For example, how or why is Cassie struggling to achieve financial independence? Helping her to address her finances directly during the group session would most likely promote a healthier way of being financially independent, including getting the assistance she truly needs, rather than shifting her dependence (i.e., dependent attitude) from a parent or partner to you.

*Russell Hopfenberg, PhD, CGP, FAGPA  
Raleigh, North Carolina*

*Members are invited to contact Michael Hegener, MA, LCP, CGP, FAGPA, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Michael can be reached by fax at 512-524-1852 or e-mail at hegener.michael@gmail.com.*

# Consultation, Please

## President

*continued from page 1*

tion online library or submit journal articles.

And the work goes on, including: a thoroughly updated review of the research evidence on group therapy effectiveness soon to be published on the website; the generation of new training manuals, including a revision of our popular Core Principles manual; the exciting progress in establishing what should be our first Center of Excellence designed to recognize those organizations that

have established the highest level of group psychotherapy services for its consumers; greater visibility and acknowledgement by AGPA of the work of our Affiliate Societies and our help in supporting newly forming Affiliates such as the Hawaiian Islands group (Go Hawaii!); our ongoing services (initially established following 9/11) to provide our unique group-based mental health services to communities in need; and our renewed efforts to inform the larger community—other professional organizations, governmental bodies, insurance companies—that group

psychotherapy is an evidentiary-based, successful, and cost-effective modality that requires unique therapist competencies to be done well, most recently demonstrated when AGPA and the International Board of Certified Group Psychotherapists collaborated with the American Psychological Association's Division 49 in filing for recognition of Group Psychotherapy as a designated specialty. Much appreciation goes to the members who worked on that 100+ page petition filing: Sally Barlow, PhD, ABPP, ABGP, CGP, Mikhail Bogomaz, PsyD, CGP; Loretta Braxton,

PhD; Nina Brown, EdD, LPC, NCC, FAGPA; Eleanor Counselman, EdD, CGP, LFAGPA; Joshua Gross, PhD, ABPP, CGP, FAGPA; Cheri Marmarosh, PhD; Kathleen Ulman, PhD, CGP, FAGPA; Martyn Whittingham, PhD, CGP; and members who supported the filed petition with their comments online. We expect to have the decision on that filing sometime this spring.

I am looking forward to having another productive year in providing for all of AGPA's constituencies. So I need to get back to work; no time to stop and smell the spring flowers. ●





American Group Psychotherapy Association, Inc.

25 East 21st Street, 6th floor

New York, NY 10010

**See Group Assets insert**

## Affiliate Society News

The **Atlanta Group Psychotherapy Society's** (AGPS) November meeting featured D. Thomas Stone, PhD, CGP, FAGPA, from San Antonio who presented a three-hour workshop entitled *Values & Ethics: A Group Dialogue About Our Personal and Professional Beliefs*. Dr. Stone engaged the participants in a thoughtful group process that invited a lively discussion about how our field is changing as it integrates technology into ongoing practices. Also highlighted was the differing attitudes between younger and older therapists regarding that integration and the ethical issues that can arise. Dayle Hosack, MA, LMFT, and Philip Flores, PhD, ABPP, CGP, LFAGPA, presented a three-hour workshop in May on *Emotionally Focused Therapy and the Hold-Me-Tight Couples Group Process*, which highlighted fundamentals of EFT concepts, stages, steps, and core therapeutic skills through the lens of a Hold-Me-Tight intensive Structure. The AGPS Board is actively focusing on involving younger therapists in the Metro Atlanta area and is reaching out to other organizations in Atlanta interested in group therapy to see if it can engage a wider audience and grow the membership.

The **Carolinas Group Psychotherapy Society** kicked off its Fall Workshop with *The Responsive Leader: Overcoming Obstacles to Group Development Using Martial Arts Principles*, led by Russell Hopfenberg, PhD, CGP, FAGPA, and Sensei Cole Hopfenberg. Participants learned gentle martial arts techniques, relating these as metaphors to neutralizing impediments to group development. There was a deepening of the experience through small process group participation throughout the weekend, as well as getting into deep waters in the ocean as the sessions were at the beach! Pictures are available at [www.carolinasgps.org](http://www.carolinasgps.org). A Spring Workshop on Courage, Anxiety and the Group Leader was led by David Hawkins, MD, CGP, DLFAGPA.

The **Group Psychotherapy Association of Los Angeles** (GPALA) began 2015 by offering *The Principles of Group Psychotherapy*, led by a faculty of Elinor Grayer, MSW, PhD, BCD, CGP; Nancy Fawcett, MFT, CGP; Michael Frank, MA, MFT, CGP, LFAGPA; and Keith Rand, MA, MFT, CGP, FAGPA. It was the second consecutive year of selling out all 45 seats. In March, Rand presented a workshop on *Preparing and Screening Prospective Group Members*, which also sold out. The workshop investigated the importance of member selection and preparation. GPALA's annual two-day conference was presented by Haim Weinberg, PhD, CGP, FAGPA. *Connection, Not Perfection: The Power of Authenticity and the Group Therapist* focused on how to be both authentic and boundaried, both relational and containing, and both imperfect but connected. The conference was designed to especially appeal to therapists who work in area treatment centers and in clinic settings. GPALA will offer three Group Institutes, each a 12-hour group therapy experience led by one of our more seasoned local group clinicians. The first of these will be led by Fawcett on May 30-31. Vanessa Pawlowski, PsyD, has been elected President-Elect. She will assume the presidency in January 2016.

The **Hawaiian Islands Group Psychotherapy Society** hosted a potluck Meet & Greet on the island of Oahu. Members and potential members, with their family and friends, learned more about AGPA and its newest Affiliate Society. Thomas Glass, PhD, CGP, led a *Gestalt Therapy Workshop* in March. This experiential training is applicable to small groups where the participants explore immediate reactions and feelings to one another in the group. The focus is on minimizing unproductive interactions; instead it is on being more responsible for sharing present experiences in the group and taking more responsibility for one's own current thoughts, feelings, and behavior.

The **Illinois Group Psychotherapy Society** (IGPS) is finally able to provide CEUs to psychologists in Illinois where such a requirement for licensure has been enacted for IGPS conferences and training programs. IGPS's Fall Conference, October

23-24 will include *Modern Gestalt Group Therapy: A Relational Approach to Growth and Healing*, with featured presenters Peter Cole, LCSW, CGP and Daisy Reese, LCSW, CGP. Experiential break out groups will also be part of the program.

The **Louisiana Group Psychotherapy Society** (LGPS) welcomed Philip Flores, PhD, ABPP, CGP, LFAGPA, to New Orleans in May for its Annual Meeting. Dr. Flores presented *Addiction as an Attachment Disorder: Implications for Group Psychotherapy*. Also presenting at the Annual Meeting was Mark Skellie, PsyD, who spoke on *Ethics in Practice: Managing Boundaries Within the Therapeutic Relationship*, furthering LGPS's commitment to quality training for the group community.

The **Philadelphia Area Group Psychotherapy Society** hosted April Fallon, PhD, CGP, who presented a session on *Interpersonal Problem-Solving Model of Group Psychotherapy*, originally developed by George Spivak. The workshop covered the theory, empirical support, and application of this model with adults, children, and adolescents in a variety of clinical settings. It also included video demonstration, participant discussion, and didactic portions.

The **Puget Sound Group Psychotherapy Network** (PSGPN) hosted a QPM with Douglas Hansen, PhD, on *The Group Unconscious: Can We Surrender to It?* Hansen used Jan Panksepp's list of relational needs to examine the group leader's own resistances and needs in the process. PSGPN hosted its three-day Annual Conference in April. Jeffrey Hudson, MEd, LPC, CGP, FAGPA of Austin, Texas, presented *Emotional Availability of the Leader in Group*. The weekend began with an all-day institute for group therapists. The next day included a didactic and group process demonstration, and wrapped up on the final day with attendees having the opportunity for consultation with Hudson.

The **Rochester Area Group Psychotherapy Society** hosted Macario Giraldo, PhD, CGP, who presented on *Listening to the Dialogues IN and OF the Group: Between the Subject that Speaks and the Ego that Pretends—A Lacanian Perspective*. Dr. Giraldo explored the Lacanian approach to listening to patients in group by distinguishing the dialogue *in* the group, what Lacan calls the "imaginary," from the dialogue *of* the group, what Lacan calls the "symbolic." On June 5, Nancy Kelly, PhD, LCSW, CGP, will present *Exploring the Erotic in the Clinical Hour*. The workshop will explore how to work with the appearance of sexual feelings and fantasies in clinical work, as well as the ways in which we welcome or resist working with erotic clinical material. Visit [www.ragps.org/spring\\_conference\\_2015](http://www.ragps.org/spring_conference_2015).

The **Westchester Group Psychotherapy Society** (WGPS) hosted Margaret Postlewaite, PhD, CGP, FAGPA, who presented a workshop on *The Individual In The System: How an Understanding of Group Dynamics Can Deepen Individual Psychotherapy*. The Affiliate hosted its first *Professional Speed Networking Happy Hour*. On June 5, WGPS will have its end of the year annual dinner and membership drive.

Please note: Affiliate Societies may submit news and updates on their activities to Kathy Reedy, MSW, MFT, BCD, CAD, CGP, Editor of the Affiliate Society News column, by e-mail to: [KReedy57@gmail.com](mailto:KReedy57@gmail.com).

Visit AGPA's website at [www.agpa.org](http://www.agpa.org) for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.