

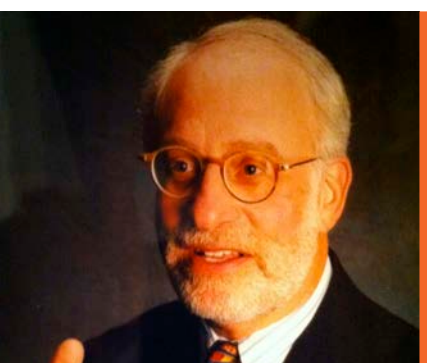


Summer 2017

groupcircle

The Use of the Training Group in Educating and Maintaining the Group Therapist:

An Interview with Elliot Zeisel PhD, LCSW, CGP, DFAGPA



Lisa Mahon, PhD, CGP, FAGPA, Co-Chair, Institute Committee

Editor's Note: Elliot Zeisel PhD, LCSW, CGP, DFAGPA, will present one of two Special Institutes at AGPA's 2018 Annual Meeting, to be held February 26–March 3 in Houston, Texas. Dr. Zeisel has served on the Boards of Directors of AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists. A founding member of the Center for Group Studies, Dr. Zeisel is also on the faculty at the Center for Modern Psychoanalytic Studies. An honorary member of the Israeli Institute of Group Analysis, he has lectured on various aspects of analytic group therapy both nationally and abroad.

LM: What is the title and topic of your Special Institute?

EZ: During my one-day Special Institute—*The Use of the Training Group in Educating and Maintaining the Group Therapist*—we will explore the role of the training group in the education and maintenance of group clinicians. The training group, like other psychodynamic groups, invites exploration of intra-psychic and interpersonal process. Additionally, I will encourage examination of case material and encourage the integration of verbal techniques and group leadership skills.

LM: How did you get interested in this topic?

EZ: I entered a treatment group at age 24, during my first year of graduate school, in search of love and freedom from depression. I knew very little about life outside of the rural, modern Orthodox Jewish community in which I was reared, but as a child of the '60s, I was determined to live a life of meaning. Individual analysis and group treatment became my passport to freedom. My grandparents and father were Eastern Eu-

ropean immigrants who mastered the English language. I entered group as an emotional immigrant into a more diverse world than the one I came from. I wanted to master a new language of emotion that better connected me to myself and that wider world. On Monday morning of each week, I attended group and remained a member for 24 years. At some point, I added a training group with my therapist on Fridays, so my week was bracketed by immersion in group. Group therapy taught me the language of emotion, and while the training group reinforced that experience, it also taught me the art and craft of effective group leadership.

LM: What will you cover in your Special Institute?

EZ: We have a great written body of theoretical work and we have an oral tradition that transmits the work experientially. Throughout the day, concise theoretical talks will be followed by a series of demonstration groups. The audience will then be invited into a question-and-answer exchange, where theory will be relat-

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from the
president

Eleanor Counselman, EdD, CGP, LFAGPA

Once again, it's summer! Gardens are growing, and conversations turn to vacation plans. It has been a cold and rainy spring in New England, but I have faith that the sun will come out eventually and the rhythms of the year proceed. AGPA continues with its annual rhythm too. A productive Spring Planning Meeting for the Annual Meeting was held in May, chaired by Martha Gilmore, PhD, CGP, FAGPA, and Alexis Abernethy, PhD, CGP, FAGPA, Annual Meeting Co-Chairs. They were joined by Annual Meeting Co-Chair Designate Katie Steele, PhD, CGP, FAGPA.

The timely theme for the 2018 Annual Meeting is *The Healing Power of Groups in a Fragmented World*. The meeting will be held February 26–March 3 in Houston, Texas. Committee members have reviewed many proposals, and as always, the program will have a marvelous array of offerings. The two Special Institute Presentations will be led by Elliot Zeisel, PhD, LCSW, CGP, DFAGPA, and Peter Fonagy, PhD. Plenary Speakers are Elizabeth Knight, MSW, CGP, DFAGPA, (Institute Plenary Address), David Allen, MD, MPH, (Mitchell Hochberg Memorial Public Education Event), and Pat Ogden, PhD (Conference Opening Plenary Session). Barry Helfmann, PsyD, CGP, DLFAGPA, will give his Anne and Ramon Alonso Presidential Plenary Address on Friday morning. As always, the Annual Meeting provides many and varied institutes, open sessions, workshops, colloquia, SIG meetings, the Friday night dance, and Saturday Foundation luncheon.

The 75th Anniversary Celebration Continues

Although the 2017 Annual Meeting was our official 75th Anniversary party, we are celebrating our 75th Anniversary throughout the year. If you have not yet read the online extra issue of the *International Journal of Group Psychotherapy* that was created in honor of this special year, I urge you to do so. It is a remarkable reflection on 75 years of group psychotherapy. In addition, a very interesting history of AGPA's most recent 25 years will appear soon on our website. Many of the audio recordings of the 2017 Annual Meeting are now available in

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The Technique of Mentalization-Based Treatment for Severe Personality Disorder:

An Interview with Peter Fonagy, PhD



Arnold Cohen, PhD, CGP, Co-Chair, Institute Committee

Editor's Note: Peter Fonagy, PhD, will present a Special Institute at AGPA's 2018 Annual Meeting in Houston, Texas, on *The Technique of Mentalization-Based Treatment for Severe Personality Disorders*. Dr. Fonagy is Head of the Research Department of Clinical, Educational and Health Psychology and Professor of Contemporary Psychoanalysis and Developmental Science, University College, London. He currently serves as Senior Investigator, British National Institute for Health Research; Visiting Clinical Professor, Harvard University; and Clinical Professor of Psychiatry, Yale University, School of Medicine. The recipient of more than 50 research grants, he is author or co-author of 16 books, more than 200 book chapters, and nearly 400 original papers. With Anthony Bateman, MA, FRCPsych, he regularly runs training courses in Mentalization-Based Treatment (MBT) at the Anna Freud National Centre for Children and Families, where he also serves as CEO.

AC: How did you get interested in Mentalization-Based Treatment for severe personality disorders?

PF: Psychotherapy for personality disorder (PD) has a complex history. Arguably, many attempts at offering help to these patients have resulted in a deterioration in their condition rather than generating the expected improvement. We have gradually evolved a technique that minimizes iatrogenesis based on the notion that the

capacity of individuals with severe personality disorder to understand and process complex explanations involving the language of mental states is limited. Further, the intensification of attachment to a therapist may undermine rather than facilitate an individual's capacity to understand and appropriately respond to mental state language. This general framework has given rise to a highly productive therapeutic approach with an emphasis on mentalizing. The overall aim is to strengthen individu-

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Steve Van Wagoner, PhD, CGP, FAGPA

At this writing, summer has arrived with a vengeance. Keeping the garden healthy in this heat has been quite a challenge, but so far so good. Usually the summer issue of the *Group Circle* requires some hustle on my part to get people to write, but this year has been quite the exception.

The 2018 Annual Meeting, although many months away, is already in the works, reflecting the amazing efforts of the Workshop, Open Session, and Institute Committees. To whet your appetites, we have two interviews with the Special Institute presenters—Elliot Zeisel, PhD, LCSW, CGP, DFAGPA, and Peter Fonagy, PhD. It will be a tough choice as both offer stimulating previews of what they will offer.

It is with great sadness that we mourn the loss of two longstanding members of our community—Nina Fieldsteel, PhD, CGP, DFLAGPA and Bernie Frankel, MSW, PhD, FAGPA. Please read Priscilla Kauff's, PhD, CGP, DFAGPA *In Memoriam* to appreciate all that Nina gave to AGPA and the field of group psychotherapy. We will publish an *In Memoriam* for Bernie in the next issue.

Sally Barlow, PhD, ABPP, ABGP, CGP, in *Research Matters*, reviews the more recent research on social anxiety, not just from a symptoms perspective, but with a careful examination of the interpersonal contextual factors like attention bias and interpretation bias. This issue I have filled in as the *Consultation, Please* editor with a dilemma involving co-leadership, which I hope is of interest. In the meantime, anyone interested in exploring taking on the *Consultation, Please* column, please contact me at slwagoner@verizon.net. 📧

THE TECHNIQUE OF MENTALIZATION-BASED TREATMENT

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al capacities for envisioning mental states, both in the self and in others. At the beginning of this journey, our target group were those with borderline personality disorder. As our approach has become more established, we have become increasingly interested in working with individuals with other conditions within the category of PD, particularly antisocial PD, but also other diagnostic groups where mentalizing problems were readily observed (e.g., severe depression, eating disorders, and substance use disorder).

AC: *What do you expect to cover in your Special Institute?*

PF: I anticipate covering a basic introduction to Mentalization-Based Treatment (MBT), including the therapist's stance, recognizing and addressing inadequate mentalizing, and enhancing mentalizing in the context of psychosocial treatment. I intend to keep the Special Institute almost entirely practical. Although much has been written about mentalizing as a theoretical framework, in this context I intend to focus on technique. Ideally, I would like to have participants roleplay patients with whom they are working who have a severe personality disorder; this would give me a chance to demonstrate how we work with these conditions.

AC: *How do you feel that the learning will be relevant for participants? Will this be useful for people of all levels of experience?*

PF: Experienced people can add it to their armory of skills, and less experienced clinicians can learn a new technique. The techniques of MBT can be readily adopted along with other modalities: Those working in systemic approaches, dialectical behavioral therapy, or psychodynamic therapies will particularly find mentalizing techniques a useful adjunct. Obviously, MBT approaches are particularly relevant for group work with quite diverse clinical populations. The Special Institute will offer the opportunity to explore the extent to which enhancing mentalization may be a legitimate aim for group psychotherapy.

AC: *How has your thinking on this topic evolved over time?*

PF: Originally, our ideas were cast in the framework of attachment theory. While our commitment to attachment remains strong, we are increasingly seeing

“MBT approaches are particularly relevant for group work with quite diverse clinical populations. The Special Institute will offer the opportunity to explore the extent to which enhancing mentalization may be a legitimate aim for group psychotherapy.”

attachment as a state that is only peripherally linked to mentalizing. At the heart of MBT is the need to identify individuals with whom one can trust; this decision is made by individuals on the basis of subtle interactional cues of which infant research and other developmental work continues to inform us. Communication studies inform attachment research, but attachment remains a critical component of ensuring interpersonal influence. The trust we have in the information we receive from others is a key marker of the efficiency of knowledge transmission from one person to another. Trust in knowledge (epistemic trust) is primed by sensitive responding—a marker of a secure attachment relationship. Equally, it is primed by mentalizing, or rather feeling mentalized—being treated as an intentional being. We have come to view the importance of mentalization in the therapeutic relationship not as an end in itself, but as a way of moving past the suspicion (epistemic hypervigilance) with which patients approach the therapeutic relationship. Improving the capacity for mentalizing also improves one's understanding of the social world, which in turn ensures that an individual develops more realistic relationships, and the more efficient transfer of information from himself to those who occupy important roles in his life.

AC: *What advice can you offer participants for getting the most out of this experience with you?*

PF: Be playful, and test the therapeutic model by asking questions about particularly challenging clinical situations, and where possible by roleplaying, resolve these challenges in the context of MB. 📧

FROM THE PRESIDENT

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the CE store. And please consider a special gift to the Group Foundation for Advancing Mental Health in honor of AGPA's 75th Anniversary, so that we can continue our robust Scholarship Program and also provide seed money to Affiliate Societies and agencies for more group therapy training initiatives.

Community Outreach and Other AGPA Activities

AGPA continues its community outreach. Whenever there is a traumatic event, local members are contacted to express our concern, ask what we can do, and remind them of the considerable references available on our website for disaster response. Sadly this year, we have already reached out to members in many locations, including: San Bernadino, California; Egypt; London, England (following four separate incidents there); St. Petersburg, Russia; and Sweden. The appreciative responses we receive are touching. AGPA also continues its involvement in the Mental Health Liaison Group, which is an important advocate for mental health coverage during the current health care debate.

Houston, Texas

I know there is considerable concern, as expressed in recent listserv discussions, in Board meetings, and in private correspondence I have received, about holding our Annual Meeting in Houston. We are living in divisive times, and my hope is that within AGPA, we

can use our knowledge as group therapists to avoid such polarization and instead find paths to respectful dialogue about differences as we work hard to address the safety concerns and make the 2018 Annual Meeting a safe and reparative experience for all.

AGPA is one of the most socially committed organizations I know. In Houston, we have the opportunity to reach many of those affected by socially unjust policies by offering training to clinicians working on the front lines and by serving as a safe haven for all. For those who have talked about boycotting the meeting, stepping back and staying away will hurt AGPA

much more than it will the State of Texas. I hope that members instead will come to the Annual Meeting and together find ways to promote socially just policies. I also want to stress that AGPA is committed to welcoming diversity—of race, sexual orientation, gender identity, ethnicity, gender, religion, and political belief.

If you read the history of AGPA, you will see that we have successfully navigated considerable social changes in the past, and I am confident that we will continue to do so now.

As always, I welcome comments about this column or anything else at EleanorF@Counselman.com. 📧

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IN MEMORIAM

NINA FIELDSTEEL, PhD, DLFAGPA

Nina Fieldsteel, PhD, DLFAGPA, died peacefully at her home in Rockport, Massachusetts, on May 29 at the age of 94 years. In true Nina fashion, she was prepared for her death as much as it is possible to be. She worked often with her son Adam Fieldsteel, who was beyond dedicated and caring, to put her affairs in exactly the order she desired. She is survived by Adam, and her other two sons Joshua Fieldsteel and Adam Noggoh. During this preparation, she stayed in touch with her wide circle of friends, colleagues, and relatives—most especially her eight beloved grandchildren.

I met Nina close to 40 years ago when I was an intern and she was a fellow in the Psychoanalytic Training Department of the Postgraduate Center for Mental Health in New York City. I also met her impressive and erudite husband, the Honorable Ira Fieldsteel, who in addition to being an Immigration Court judge, was an expert player of and scholar in early music. To honor him after his death, Nina organized a concert series of early music at the Shalin Liu Concert Hall in Rockport, where a memorial was held in her honor in July (according to a *New York Times* obituary). Nina was a regular contributor to Rockport Music, and served on its Board of Directors.

Nina was an outstanding member of the community of psychoanalysts, psychologists, and group psychotherapists for children and adults. She was a major contributor to the literature, as well as a teacher and supervisor during her long and illustrious career.

EDITOR'S NOTE: Nina Fieldsteel, PhD, DLFAGPA, had a distinguished career as an educator, clinician, and author, as well as an active member of AGPA's governance. She served on AGPA's Board of Directors, including as AGPA Secretary, and was on the Conference, Ethics, Institute, Journal Contract Review, and Publications Committees. She was a member of the Editorial Board of the *International Journal of Group Psychotherapy* for more than 15 years and was the Founding Editor of *Group*, the *Journal of the Eastern Group Psychotherapy Society*, serving on its Editorial Board for many years. Among her many positions, she was on the faculty of the Center for Psychoanalytic Studies at Massachusetts General Hospital and was an instructor at Harvard Medical School. She was on the faculty and a senior supervisor at the Postgraduate Center for Mental Health, and a Training Analyst at Blanton Peale Institute and the Institute for Psychotherapy and Psychoanalysis of New Jersey. She published numerous articles on ethics and termination in group psychotherapy and furthered her contributions to the field as Chair and Co-Chair of the Ethics Committee for the American Psychological Association, Division 39 as a member of APA National Ethics Committee.

Her reputation among her many hundreds of students was that of a devoted, concerned, highly intelligent teacher. She was sought after for her sensitivity, availability, and capacity to communicate the intricacies of treatment, theory and technique, as well as her ability to enable students to deal with countertransference.

Nina served on the Boards of both the American Group Psychotherapy Association and the Eastern Group Psychotherapy Society (EGPS) in many capacities, and was a member of AGPA's Institute Committee. She was a Founding Editor of *Group*, the journal of the EGPS, and served on the Editorial Board of the *International Journal of Group Psychotherapy*. She was elected Distinguished Fellow of the AGPA in 2008. One of her unique contributions to the field, which meant a great deal to Nina, was her participation in the development of ethical codes, which she began at the Postgraduate Center, and also pursued both as a member of the AGPA Ethics Committee and for the American Psychological Association.

Nina set a high bar for me and countless other professionals in terms of her intelligence, thoughtfulness, and integrity as a writer and as a clinician. She was my good friend and god-great-grandmother to my granddaughters. I will miss her every day. 🙏

Priscilla Kauff, PhD, CGP, DFAGPA

THE USE OF THE TRAINING GROUP

Continued from page 1

ed to the events that took place in the demonstration group. This blend of didactic and experiential learning will contribute to the consolidation of theoretical concepts that support psychodynamic group treatment and the verbal interventions that expand the group leaders effectiveness.

LM: *How is a training group similar and different from a psychotherapy group?*

EZ: Group treatment provides affect education: You learn to identify what you're feeling in the moment; why you feel that way; and what you can say to further connection to another person. Transference relationships get explored member to member and member to leader. Resistance gets explored.

The training group, like other psychodynamic groups, invites exploration of intra-psychic and interpersonal process, however, it also encourages examination of case material, the integration of verbal techniques, and group leadership skills. As a member recounts a challenging moment in practice, the group is invited to associate to the material. Inevitably, someone in the circle understands the conscious and unconscious experience of the clinician and his patient(s), and new understanding emerges. Frequently, a parallel process unfolds in the group, and additional meaning becomes available. All of these activities contribute to the formulation of an intervention that until that moment eluded the clinician. Often, he or she will be invited to engage in a role-play that consolidates the new learning. Understanding leads to a sense of competence, and the clinician emerges with an effective verbal tool. The training group also inoculates against fatigue and reduces the isolation of clinical practice. It refreshes and restores the clinician's psychic apparatus and extends practice life.

LM: *Will the learnings be useful for people of all levels of experience?*

EZ: The training group process is relevant to people on all levels of experience. I will teach and demonstrate a process that has lifelong benefits for any therapist interested in staying vital and connected.

LM: *Has your thinking on training groups and its importance to the group leader evolved over time?*

EZ: My work at past AGPA Annual Conferences and Institutes gave me a chance to connect with clinicians around the country, and I have also conducted training groups in New York City, Austin, Texas, and Rochester, New York, for years. I view the training group experience as a crucial part of a process for many of the participants to become skilled clinicians and teachers of group.

Training group gave me a much closer read of the underlying theory that supports the interventions that I witnessed in the therapy group. Modern Analysis is a theory of technique, and to master it requires an immersion as a patient and as a practitioner. When I arrived in training group as a member, I'd already been studying my group analyst's technique for several years. I had a passing acquaintance with the Modern Analytic method at that point, but I was still a novice in the work and didn't have much confidence as a young man. As I fluctuated between unconscious incompetence and conscious incompetence, I began to understand how much I didn't know and what I needed to grow into a more competent person and therapist.

Years later in this process, I got interested in understanding how my group analyst, Lou Ormont, developed into the man he was with the skills he possessed so I joined a treatment group run by one of his early group analysts, Hyman Spotnitz, the founder of the Modern Analytic

method. I'd run two blocks north on Central Park West to attend the training group with Lou after ending with Dr. Spotnitz. Sometimes I'd present the same material in each group and then watch how differently I was worked with both by the group and the leader. The contrast taught me a lot about each of these men, who in turn helped me find my own voice. All this contributed to my defining how I work and make use the Modern Analysis method of treatment. Years of evolution and a passing through conscious competence to unconscious competence.

LM: *What advice can you offer attendees for getting the most out of your Special Institute?*

EZ: Allow yourself to feel dumb; take notes if it helps you learn, but don't try to remember everything. I used to attend lectures and demonstrations with the goal of mastery, and after 10 minutes of listening intently, my I.Q. would drop precipitously. To address this issue, I'd suggest you listen, let the material wash over you, absorb what you can, and expect to repeat the process many times until it becomes part of you. In our work, like most professions that require a high degree of training, you have to go from unconscious incompetence, to conscious incompetence, to conscious competence, to unconscious competence (Burch, 1970s). You learn the rules of engagement, the techniques for studying resistance, and then you forget about them. You embody the work, and eventually, you acquire emotional muscle memory that serves you wherever life takes you. 🙏

Adams, L. (n.d.). *Learning a New Skill is Easier Said Than Done*. Solana Beach, CA: Gordon Training International. Retrieved from: www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done.

Anxiety Research: Examining the Interpersonal Context

Sally Barlow, PhD, ABPP, ABGP, CGP

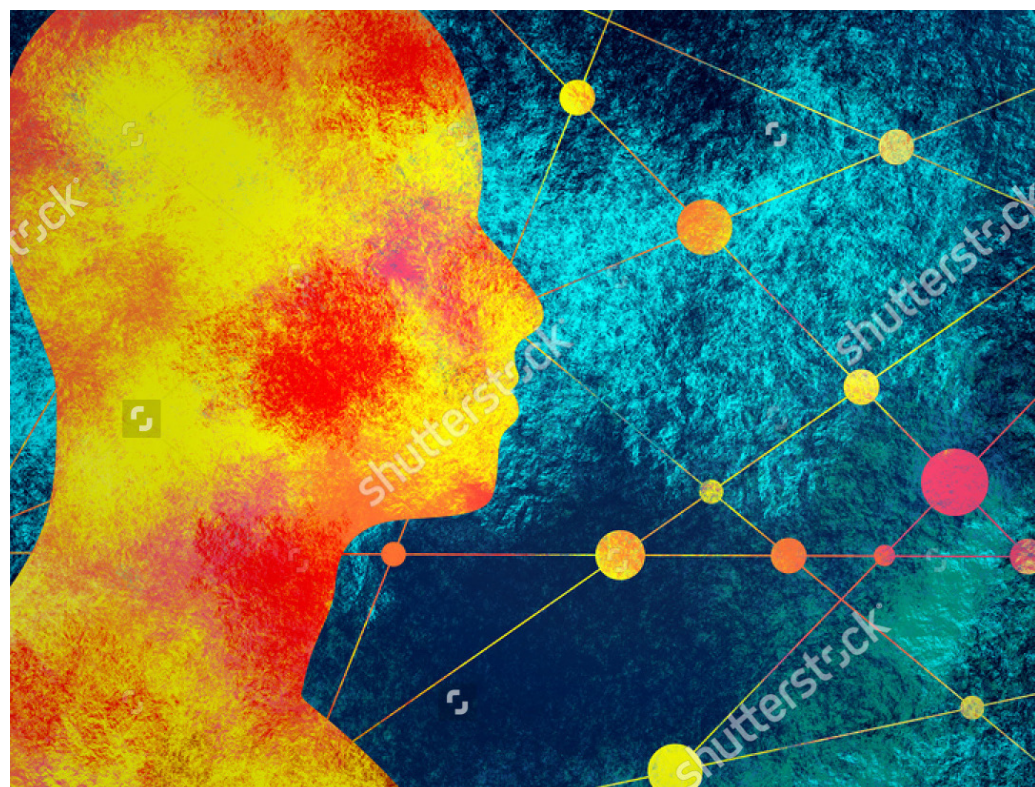
Harry Stack Sullivan stated over half a century ago, “A much more practical psychotherapy seems to be possible when one seeks to find the basic vulnerabilities to anxiety in interpersonal relationships, rather than to deal with the symptoms called out by anxiety to avoid anxiety” (Sullivan, 1953, p. 11). In other words, there exists anxious persons-in-relationship, not individuals housing a homunculus of anxious traits.

The most recent Annual Review of Clinical Psychology and anxiety research suggests that:

Social anxiety (SA) is a common human experience characterized by an intense fear of evaluation from others in social situations. When it reaches a pinnacle of severity such that functioning is impaired, we refer to it as social anxiety disorder (SAD) or social phobia. The prevalence of SAD and its chronicity, personal/economic/societal costs, and comorbidity with other disorders have been well documented. Several researchers have proposed explanatory models; the most widely cited and applied of these models have been those of Clark & Wells (1995) and Rapee & Heimberg (1997) (see comparison of these models by Schultz & Heimberg, 2008). Here, we focus on our model of SA/SAD, which delineates the processes by which individuals with SA are affected by their fear of evaluation in social situations (Morrison & Heimberg, 2013, p. 250.)

Further, recent meta-analyses clearly support the presence of biased attention threat across anxiety disorders. Most research has been correlational; however, researchers have manipulated attention bias using a variation of the attentional probe task to train attention toward or away from threat stimulus resulting in an increase or reduction of symptoms—showing a causal role in the maintenance of social anxiety. We must also pay attention to interpretation bias, where there is a tendency to interpret ambiguous or neutral stimuli as threatening. Recent work has also examined interpretations of positive social information in SA—a failure to see others positive reactions at face value. In fact, it appears that individuals with SAD were slower to generate images of neutral stimuli. Treatment implications suggest that individuals with SAD grossly underestimate the quality of their social performance. Emotion regulation problems have been found with the majority of anxiety disorders. SAD has been characterized by reduced emotionality, perhaps related to a poor understanding of human emotions. Treatment implications suggest one’s ability to effectively deal with social anxiety symptoms is effectively influenced by one’s sense of self-efficacy. Finally, these impaired reactions to all things positive appear to lower the quality of life of the person with SA, which makes him or her less appealing to others.

What’s a clinician to do? Perhaps it is wise to start with attachment, given the robust literature (Marmarosh, et al, 2013). Attachment styles are relevant for each group leader to consider. Anxious and avoidant attachment styles are the most troublesome in group psychotherapy. Useful leader interventions, given attachment styles are represented in the table below.



Perhaps most notable in 50 years of anxiety research is the paradigm shift represented by Lorna Smith Benjamin regarding the miscued affects for threat and safety in the presence of others, which underlie anxiety disorders (Benjamin, 2017). We locate ourselves in relationship to the other. Group therapy provides a most promising venue to address whatever it is that makes us interpersonally afraid, whether from early attachment figures or current attachments. A sense of threat is acquired by proximity to our main mothering figure (calling to mind Harlow’s experiments with comfort versus nutrition-giving monkey mothers). Both fear and anxiety are pathological when there is no real threat. Nevertheless, many of us are captivated early by the fears expressed by our early caregivers, which we absorb automatically, that then feels like real threat to us later on. The question is, “What initiates the anxiety?” Is it the perception of threat linked to specific affects and defensive behaviors? Clearly duration and age of exposure matter, evidenced by studies of resilience (Masten & Narayan, 2012). Phobia involves a fear of something specific that is inappropriately perceived as a threat because of maladaptive threat signals from family-in-the-head (Benjamin, 2017) or from internal working models (Bowlby, 1969).

What do we know from the recent anxiety Cognitive Behavioral Group Treatment (CBGT) studies (randomized controlled trial experiments that garner all of the research attention because their dependent variables are so much easier to study than say, psychoanalytic studies given the greater ease in operationalizing finite variables)? First we must consider group type. Is this a structured group of like-minded anxiety sufferers, perhaps a psychoeducational group that addresses anxiety-related topics that all group members understand? Or is it a group of other adults

THERAPEUTIC FACTORS	ANXIOUS ATTACHMENT	AVOIDANT ATTACHMENT
Installation of Hope	Address ambivalence and anxiety directly	Engage group members
Universality	“Everyone is in the same boat”	“Even you”
Imparting information	“Is it ok if I tell you . . . I need information on bipolar”	“We all have attachment styles. What is yours?”
Altruism	Initially reward development of the real self	Develop altruism through imitative behavior
Corrective recapitulation of primary family process	Watch to see what elicits anxious behavior—deal with specifically	Watch for withdrawal. Address this
Socialization techniques	Encourage role plays	Encourage homework
Imitative behaviors	Copy securely attached	Copy securely attached
Interpersonal learning	“You don’t have to be right”	Observe until you feel okay
Group cohesiveness	Belonging doesn’t lead to loss	Belonging doesn’t equal hurt
Catharsis	Express feelings of anxiety	Express anything
Existential factors	Which existential factor is scariest—being alone or death?	Coax mortality salience; encourage group talk



with problems in living, where anxiety disorders take their place alongside major depression, personality disorders, and perhaps even psychotic disorders? Many anxiety-related group members can profit from topic-related discussions about how to handle anxiety, both didactic and dialectical (Barlow, 2013). If, however, anxiety-burdened individuals are mixed within a group of other adults (depression, BPD, NPD, Schizoid, etc.) then their struggles will necessarily take place within the group arena of conversations about depression, personality struggles and the like. All of these contexts are important to take into account.

Positive effects of CBGT have been confirmed related to primary outcomes of social phobia, commonly based on the Leibowitz Social Anxiety Scale, as well as on depression scales and several secondary outcomes (e.g., general anxiety, perfectionism, and post-event processing (Burlingame, et al., 2013). The overall efficacious treatments for social phobias continue to encompass CBGT, although not all patients benefit. There is compelling evidence that adults as well as children and adolescents diagnosed with social phobia can be effectively treated with CBGT. “Moreover, patients treated in groups improve at the same rate as those treated in individual therapy. Exposure and Response Prevention (ERP) offered in a group format shows reliable improvements in the primary symptoms of OCD.” (Burlingame et al., 2013, p. 648).

Therefore, given the current state of empirical research, the AGPA website information regarding anxiety disorders offers a main treatment strategy—CBGT—for anxiety disorders (often in the style of anxious person-homunculus rather than anxious person in social contexts.) Basic categorical distinctions are social anxiety, panic disorder, and obsessive-compulsive disorder for which there is substantial empirical support for cognitive behavioral treatments. Clearly, learning about anxiety as a human condition in a fairly structured environment with specific skill-building is key to helping group members apprehend and eventually comprehend what it is that makes them so anxious, especially as they practice with each other. Nevertheless, we all have colleagues who run long-term psychoanalytic groups where dealing with anxiety is fundamental to the group process. We await that data to confirm that there exists more than one way (CBGT) to confront being human given that transfer of CBGT protocols to naturalistic practice settings appears to be associated with reduced rates of improvement. Issues of diversity (most studies are conducted in North America and Europe) may need to be addressed in the future to further understand this reduced effectiveness. There is evidence to suggest that groups emphasizing group dynamic’s properties (communication patterns, hierarchy, intra- versus inter-group interactions) produce similar levels of improvement, arguing for a broader understanding of mechanisms of change. Finally, everything in between Cognitive Behavioral Therapy and Psychoanalytic Therapy—for instance,

Interpersonal Reconstructive Therapy, (Benjamin, 2017), Emotion-Focused Therapy (Johnson & Greenberg, 1985), Interpersonal Psychotherapy (Prochaska & Norcross, 2010)—remain to be examined for effectiveness in treating anxiety.

In this author’s opinion, one must take with a grain of salt the notion that one anxiety disorder treatment is as good as the next in groups. As Wittgenstein said, “context is everything” *Philosophical investigations*, 1953). All anxiety conditions are not equal. Each must be handled carefully within the context of family-in-the-head (Benjamin, 2017) or internal working models (Bowlby, 1969). 🙄

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member NEWS



Jennifer Joseph, PsyD, CGP, has been elected President Elect of the New York State Psychological Association Group Division.



Robert Pepper’s, LCSW, PhD, CGP, FAGPA, new book, *Some People Don’t Want What They Say They Want: 100 Unconventional Interventions in Group Psychotherapy*, is now available as an e-book through Amazon.



Martyn Whittingham, PhD, CGP, FAGPA, has been elected President of the American Psychological Association’s Division 49 (the Society of Group Psychology and Group Psychotherapy).

AGPA Annual Meeting Kicks Off 75th Anniversary Celebration





consultation, please!

Dear Consultant:

I have been co-leading a therapy group for three years. When we started the group, my colleague and I met frequently to share our thoughts and theoretical similarities and differences, discussed our styles of leadership, read articles on co-leadership, and discussed potential patients to refer to group from each of our individual practices. The first two years went very well as we navigated our differences openly. More recently, I have been trying out new techniques I've been learning attending a group therapy training program, which has caused a greater schism in our leadership styles. My sense is that the members value the immediacy I have been facilitating in the group, while also appreciating the more interpretive and group-as-a-whole approach of my co-therapist. I am confused about how to work around these differences and hurt that my co-leader seems resistant to some of the new strategies I have learned. I am worried about the distance developing between us and could use guidance about how to talk to him.



Signed, Hurt and Confused

Dear Hurt and Confused:

Your situation presents an opportunity to deepen the work for everybody in the group. Your co-leadership relationship is a model for the kinds of relationships your members can develop with each other. If you and your co-leader explore what underlies your differences, you will be helping your members to do the same with each other, even if the work you do is mostly behind the scenes.

When this type of split happens between co-leaders, it can be tempting for each of you to polarize, valuing your own approach while dismissing that of your co-leader. It requires concerted effort to name and appreciate what you each offer the group that perhaps the other can't or doesn't. This can decrease polarization and help you both focus on identifying the moments in group when one approach may be more appropriate than the other.

Share the feelings you both have as you notice each other's differing responses in group. Express any irritation, fear, and hurt you feel, as well as any feelings of jealousy and competition for control of the group. Equally important, name what you want to focus on in group, why you value it, and how it might relate to your own family of origin issues. For example, you might thrive on helping the group have a more immediate here-and-now experience because in your family this type of communication was staunchly avoided and you were left managing difficult feelings alone, while your co-leader might prefer group-as-a-whole interpretations because there was nobody in his family who could provide a broader perspective on difficult family dynamics to help bring down the intensity when interactions were too heated.

While it is frustrating to navigate the tension created by your individual styles, the group members benefit from having both of your strengths and perspectives. Deeply exploring and communicating personal issues underlying your differences can also help you both further appreciate and value your differences. Eventually you and your co-leader may feel comfortable enough in the group to refer to ways you have struggled in your relationship

to keep growing, modeling healthy conflict resolution. My group members have many fantasies about my co-leader relationship, and are acutely interested when we discuss aspects of our relationship in group as it relates to something the group is working on. Members have responded with comments like, "You have struggles, too? And the relationship survived?" This awareness can increase trust in the durability of the container, which then allows group members to take more risks with each other and with you.

*Christina Oliver, MA, LPC-MHSP
Nashville, Tennessee*

Dear Hurt and Confused:

It is possible that your co-leader is feeling competitive with you and is unable to freely communicate that to you? In fact, it's quite common and perhaps inevitable that competitive feelings arise between co-leaders, and is actually desirable both for the co-leader relationship and for the group.

As Melanie Klein wrote, envy is perhaps our first reaction to our awareness that we are in a relationship (Klein, 1984). In co-leading a group, differences become apparent that will give rise to desire and envy. It can materialize in the form of envy about professional skills, how many of each leader's own individual patients comprise the group, whether or not the economics of the leaders' compensation feels equitable, and many other practical and logistical considerations involved in the frame of the group. If one or both leaders are working on themselves, acquiring new personal or professional insights, or skills, it's also inevitable that there will be envy and competitiveness between the leaders.

There will also be competitive feelings in the group between the members themselves and between the members and the leaders. Emotionally receptive leaders might experience their members' competitive feelings induced in them, and there will also be a risk of splitting when the leaders are induced to compete for the approval and attention of members.

With all of the myriad ways envy develops in a co-leading relationship, it's important to remember that those feelings, when given attention, provide opportunities for both the leaders and the group to come alive. Leaders are occasionally on different pages, and the fact that you and your co-leader tend to focus on different aspects of group dynamics is extremely beneficial. While you may be able to focus on individual members, your co-leader is able to focus on group-as-a-whole interventions. Each leader brings his or her own rich knowledge and unique history to bear on the group dynamics.

My co-leader and I have been in ongoing consultation since before our first group started, and have found it extremely helpful to our relationship, as well as to our groups to identify and explore feelings of envy and competitiveness. We use the information learned in consultation to provide insight into what's going on in the group, explore our countertransference, and resolve resistances that interfere with our effectiveness with each other and the group.

Competitive and envious feelings that are acknowledged and accepted can be used constructively and creatively, so long as leaders confront and resolve their resistance to their own envy. Talking to your co-leader about any feelings of envy you have for his competence and skill might create openness to explore these feelings with you and with the help of a consultant.

*Allen Lambert, LCSW, CGP
Austin, Texas*

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Members are invited to submit questions about issues that arise in your group practices. They will be presented anonymously, and two AGPA members will be asked to respond to your dilemma. Email: slwagoner@verizon.net.



NEWSLETTER OF THE
AMERICAN GROUP
PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR
CERTIFICATION OF GROUP
PSYCHOTHERAPISTS



groupcircle

25 East 21st Street, 6th floor
New York, NY 10010

See *Group Assets* insert

affiliatesociety NEWS

The **Atlanta Group Psychotherapy Society** is holding its annual Fall Workshop—*Group Psychotherapy as a Neuro-Exercise: A Polyvagal Theory Perspective*—on October 21. To be led by Philip Flores, PhD, CGP, FAGPA, and Lisa Mahon, PhD, CGP, FAGPA, the workshop will describe and demonstrate how Polyvagal Theory provides a neurobiological framework to understand the processes involved in successful group psychotherapy. Group psychotherapy, conducted and guided by the insights of Polyvagal Theory, can help therapists craft an ideal neural exercise regimen for promoting the biobehavioral adjustments for the regulation of emotions, interpersonal engagement, resilience, health, emotional attunement, and behavioral flexibility. This workshop will feature didactic presentations, group demonstration, and discussion regarding how the innovative perspectives of Polyvagal Theory can enhance group work. CEUs have been applied for with GAMFT, GPA, GALPCA, and GSCSW. Additional workshop and registration information are available at www.atlantagps.org.

The **Carolinas Group Psychotherapy Society** Fall Workshop will be held November 11-12. Jeffrey Hudson, MEd, LPC, CGP, FAGPA, will present *Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders*. In addition to the small process groups to be held throughout the two-day workshop, he will present didactic information, including: enriching the group experience; focusing on emotional availability; and understanding the five principles of modern psychoanalytic treatment; and the role of acceptance in effective group leadership.

The **Colorado Group Psychotherapy Society's (COGPS)** Annual Conference will be held November 11-12 at UHealth Center for Dependency, Addiction and Rehabilitation in Denver, Colorado. *Desire: Wishes, Fears, and Impulses in Group Psychotherapy* will feature Lucy Holmes PhD, LMSW,

CGP, as keynote speaker. COGPS will be offering a 10% discount to members of other Affiliate Societies who attend the meeting. To learn more about COGPS or to buy early bird tickets, visit www.COGPS.org.

The **Eastern Group Psychotherapy Society's (EGPS)** annual Spring Event was co-chaired by Tzachi Slonim, PhD, CGP, and Hilary Levine, PhD, CGP. *Living History in Our Groups: Survival During Dangerous Times* featured a presentation of *Decoding the Tablecloth*, a play written and performed by Gabriela Kohen, MFA. After watching the play, Ronnie Levine, PhD, ABPP, CGP, FAGPA, led a large-group discussion, which allowed attendees to process their reactions and to ask questions of the performer and writer. EGPS's bi-annual fundraising event honored Dan Raviv, PhD, CGP, FAGPA, Neal Spivack, PhD, CGP, FAGPA, and Mary Susillo, LCSW, CGP, FAGPA, for their significant contributions to EGPS and to the group therapy community. EGPS hosted a *Why Group?* event to explore experiences and attitudes about running groups.

The **Illinois Group Psychotherapy Society (IGPS)** will feature Katie Steele, PhD, CGP, FAGPA, on November 4-5, in *The Promise of Real Play Group Psychotherapy*. The Real Play format is useful in dual relationship environments, such as in a group psychotherapy class or a college counseling center. The conference will consist of didactic presentations and experiential components including process groups. Breakout groups will be conducted by: Mary Krueger, MEd, LCPC, CGP; Paige LaCava, MA, LCPC, CGP; Kathy Reedy, LCSW, LMFT, BCD, CADC, CGP; and Britt Raphling, LCPC, CGP.

The **Louisiana Group Psychotherapy Society (LGPS)** acknowledged Jeffrey Hudson MEd, LPC, CGP, FAGPA, for his overwhelmingly well-received presentation, *Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders*, offered at its Spring Conference.

The **Mid-Atlantic Group Psychotherapy Society** Fall Conference, to be held October 20-22 in Shepherdstown, West Virginia, will feature Earl Hopper, PhD, CGP, DFAGPA, who will present *Navigating Consequences of Traumatic Experiences in the Unconscious Life of Groups, Especially Large(r) Ones*. Dr. Hopper will explore the conscious and unconscious patterns that operate in all groups. He will also consider the variable of traumatic experience and the assumption of incohesion.

The **Westchester Group Psychotherapy Society's (WGPS)** September 15 meeting on *Grounding Therapeutic Work in the Language of the Body* will be led by Jean Seibel, LCAT, BC-DMT. On October 29, Mary Nicholas, PhD, LCSW, CGP, FAGPA, will present on *Why People Repeat Abusive Relationships and How Group Therapy Can Help*. On November 11, WGPS will hold a 25th Anniversary Gala Celebration at CV Rich Mansion, The Women's Club of White Plains, 305 Ridgeway, White Plains, NY. The special guest of honor is Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA. For presentations and Gala Event reservations, contact: globatkahn@gmail.com or 914-428-0957.

PLEASE NOTE:

Please note: Affiliate Societies may submit news and updates on their activities to Vanessa Spooner, PsyD, Editor of the *Affiliate Society News* column, by e-mail to: vanessaspoonerpsyd@icloud.com.

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