



Winter 2018

# groupcircle

## The Large Group at AGPA: Being Together in Community

*Editor's Note: AGPA will offer a three-session Large Group (LG) experience as part of AGPA Connect. Conference registrants are welcome to attend any and all sessions. Faculty members from the Washington School of Psychiatry's National Group Psychotherapy Institute (NGPI) will serve as a Large Group Consultant Team for AGPA Connect 2018 and 2019. Active consultant team members include: Mary Dluhy, MSW, CGP, FAGPA; Leon Paparella, MSW, CGP; Bob Schulte, MSW, CGP, FAGPA; and Ayana Watkins-Northern, PhD. Observer consultant team members include Kavita Avula, PsyD, and Reginald Nettles, PhD, CGP. Members of the consultant team contributed to this article, along with non-participating NGPI LG team members Hallie Lovett, PhD, CGP, and Rosemary Segalla, PhD, CGP, FAGPA.*



### Educational Aims

The LG provides an encounter with contextual forces—conscious and unconscious—that are present in our societies, cultures, communities, and organizations. They impact all group life, including the work of group therapists and their groups. It is a powerful learning opportunity to sit in a group of 100+ members where the stated task is to give voice to one's thoughts and feelings in the service of creating a shared dialogue. Taking up this challenge in earnest is an effective way of identifying covert barriers to communication that often operate beyond our conscious awareness. Another educational goal is to increase our understanding of societal, systemic, and subgroup dynamics related to large group identities, such as race, gender, age, sexual orientations and identities, class, ability, professional discipline, and status, and to appreciate their potential impact on our therapy groups. Lamis Jarrar, PhD, CGP, a beloved, now deceased member of our NGPI faculty, stated that another essential goal of the LG is to foster authentic, reparative dialogue with the denigrated other (2003). When people are able to connect with each other and experience a sense of shared belonging in a large group environment, their capacity to empathize with the perspectives of others is increased. Recognizing the other within us is essential to providing a safe space for group therapeutic work.

### Here-and-Now of the Large Group

Initially, a predominant characteristic of members' experience in the LG is confusion, and difficulty connecting with one's thoughts and feelings and of speaking one's heart and mind in public. Both LGs and small groups share the aim to connect with others and to identify and distinguish oneself by speaking authentically. But in a face-to-face, intimate small group, more emphasis is placed on reinforcing personal speech, addressing individual concerns, and promoting cohesion among the members. Due to the increased size of the LG and a shift in focus, a timely and attuned response from others is more unpredictable and sometimes even absent.

Out of the chaotic experience of simply trying to be present and struggling to join the LG, a civic opportunity emerges—that of listening to one another as concerned

citizens of the world and being recognized and joined by other members. Within this daunting challenge is the opportunity to build community through constructive dialogue and to influence positive change to power structures and attitudes. Weinberg and Gilmore (2008) affirm that the LG offers group practitioners the challenge of "staying an individual amongst the crowd, feel the conflict of being involved in community, and explore social issues" of the day. Although one can experience threats to identity (Turquet, 1975), as well as other dangers like othering, the LG affords us a unique opportunity to become aware of our community and group-as-a-whole concerns (Wells, 1985) from an emotionally engaged perspective, rather than a distant and too intellectualized position.

### Basic Concepts

Here are some concepts that may facilitate a better understanding of large group psychology and the dynamics that arise in a large group educational experience.

**Social unconscious:** This concept was first coined in the mid-twentieth century by social psychologist and psychoanalyst Eric Fromm, an early recognition of the social and cultural influences on human development. Hopper (2003, p.126) describes the social unconscious as "the existence and constraints of social, cultural and communicational arrangements of which people are unaware; unaware, in so far as these arrangements are not perceived (not known), and if perceived not acknowledged (denied), and if acknowledged, not taken as problematic ("given"), and if taken as problematic, not considered with an optimal degree of detachment and objectivity...constraint is not meant to imply only restraining, inhibition, or limitation, but also facilitation, development and even...transformation...."

**Threats to identity:** Diffusion of individual identity is characteristic of LG participation. The task and vitality of the LG can activate the need or desire to speak. Yet the reactions of others to the act of speaking can leave someone feeling that he/she has disappeared, melted into the group, generating a subjective experience of a loss of individuality and even of existence. The participant who operates as a single individual by refusing to give any part of him/her self in a process of joining the group

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from the  
president

**Eleanor Counselman, EdD, CGP, LFAGPA**

This is my final column as your President. How quickly these two years have passed! It's been a wonderful journey, and I'm deeply grateful to all the people who have supported me in this role and made it a pleasure to serve an organization that I love.

I've been blessed with a wonderfully wise Executive Committee: Barry Helfmann, PsyD, CGP, DFAGPA, President-Elect; Nina Brown, EdD, LPC, NCC, FAGPA, Secretary; Darryl Pure, PhD, ABPP, CGP, FAGPA, Treasurer; Mary Krueger, MEd, CGP, Affiliate Society Assembly Chair; Karen Travis, LCSW, BCD, CGP, FAGPA, Chair of the Group Foundation for Advancing Mental Health; Tony Sheppard, PsyD, CGP, FAGPA, Chair of the International Board for Certification of Group Psychotherapists; and Marsha Block, CAE, CFRE, Chief Executive Officer. We have tackled some big challenges over these months together and functioned beautifully as a team. I'd also like to thank the whole AGPA Board for their many contributions and support.

As I write this column, I realize yet again how many people actively contribute to AGPA. I would like say thank you to:

The Affiliate Societies Assembly Chair Mary Krueger, MEd, LCPC, CGP, FAGPA, Chair-Elect Maryetta Andrews-Sachs, MA, LICSW, CGP, FAGPA, Member-at-Large Catherine Reedy, LCSW, LMFT, LCADC, CGP, and all the Affiliate Presidents and Representatives. The Affiliates provide vital local connections for our members and are often a first step to greater involvement in AGPA.

AGPA Connect Co-Chairs Alexis Abernethy, PhD, CGP, FAGPA, and Martha Gilmore, PhD, CGP, FAGPA, along with Co-Chair Designate Katie Steele, PhD, CGP, FAGPA, and the whole Annual Meeting Committee, for their ongoing hard work (hard doesn't begin to describe it!) in creating our wonderfully rich and diverse program each year. Under their leadership, we have had the pleasant problem of needing more rooms for institutes and workshops, as enrollment continues to grow.

In my last column, I expressed appreciation to Dominick Grundy, PhD, CGP, FAGPA, our retiring *International Journal of Group Psychotherapy (IJGP)* Editor for his work in guiding the *IJGP* through a transition to a new publisher and an online publication format. The whole Editorial

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**Steve Van Wagoner, PhD, CGP, FAGPA**

I would like to welcome Lee Kassan, MA, CGP, LFAGPA, as the new Editor of *Consultation, Please*. With Lee's help, we are working toward seeking dilemmas and responses from the Special Interest Groups (SIGs), in addition to our usual reader contributions, to broaden the kinds of dilemmas addressed, and to give the SIGs another voice in AGPA.

It is with sadness that we publish Susan Gantt's PhD, ABPP, CGP, DFAGPA, *In Memoriam* for Yvonne Agazarian, EdD, CGP, DLFAGPA, a significant contributor to group psychotherapy and AGPA. She was a tour de force in everything she touched and will be sorely missed.

The Large Group (LG) at AGPA Connect (formerly the Annual Meeting) in Houston will be facilitated by the consultants from the National Group Psychotherapy Institute at the Washington School of Psychiatry. They have generously provided an article that will aid all of us in approaching the LG with a framework through which to organize our experience this year. Moreover, the article guides us through their own process of developing the unique model they employ to consultancy in the LG.

Robert Klein, PhD, ABPP, CGP, DLFAGPA, and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, write an interesting piece about the impact of 9/11 on AGPA's community outreach and disaster and trauma response, nationally and internationally. Giorgio Tasca, PhD, summarizes meta-analytic research on group psychotherapy with eating disorders in the *Research Matters* column.

Eleanor Counselman, EdD, CGP, LFAGPA, delivers her last column as President. I have had the great pleasure to work with Eleanor through the *Group Circle*, and have appreciated her clear articulation of matters important to our organization and the field, as well as her dedication to leading us forward as a very large group.

And finally, this is the last issue that Vanessa Spooner, PsyD, will serve as liaison to the Affiliate Societies Assembly, and we have greatly appreciated her service these past years serving as the Editor of our Affiliate Society News column. 🍷

**FROM THE PRESIDENT**

Continued from page 1

Committee does a first-rate job of filling our *Journal* with up-to-date clinical and research articles.

Nancy Kelly, PhD, MSSW, CGP, FAGPA, Barbara Ilfeld, MSN, RNCS, CGP, FAGPA, and Carol Vaughn, LCSW, BCD, CGP, FAGPA, for co-chairing the Fellowship and Awards Committee that gives special recognition to our deserving members. One of my pleasures as President has been making the calls to let new Fellows and Distinguished Fellows know that they are being recognized in this way.

Cindy Hearne, PhD, CGP, and Paul Berkelhammer, MA, LMHC, CGP, and the entire Membership Committee for helping recruit and retain new members. Your outreach helps new members feel welcomed and find their place in AGPA. I've loved attending the New Member dinners and breakfasts and getting to know some of our new members.

Much appreciation to Steven Van Wagoner, PhD, CGP, FAGPA, for editing the *Group Circle*. Every quarter, the newsletter arrives with new and interesting information and articles. The new four-color design looks great! And to Nicole Millman-Falk, our Editorial Production Manager, for her helpful suggestions on these columns.

Les Greene, PhD, CGP, LFAGPA, and the Nominating Committee for preparing an excellent slate that will provide strong ongoing leadership for the future.

Barry Helfmann, PsyD, CGP, DFAGPA, Farooq Mohyuddin, MD, CGP, and Kathleen Ulman, PhD, CGP, FAGPA, Co-Chairs of the Public Affairs Committee, for keeping us informed about national policies affecting mental health care. Special thanks to Farooq for regularly representing AGPA at the monthly Mental Health Liaison Group meetings.

Craig Haen, PhD, RDT, LCAT, CGP, FAGPA, and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, Co-Chairs of the Community Outreach Task Force. I wish you were not so busy during these past two years, but your outreach to members in areas affected by natural or manmade disasters has been incredibly meaningful. More recently, Community Outreach has contacted our members in Colorado, Florida, Las Vegas, New York, Texas, Egypt, and Mexico.

Hank Fallon, PhD, CGP, FAGPA, and Paul Kaye, PhD, CGP, FAGPA, Co-Chairs of our Distance Learning Task Force, for creating such a spectacular schedule of offerings giving AGPA members year-round educational opportunities.

Philip Flores, PhD, ABPP, CGPP, LFAGPA (past Co-Chair), Les Greene, PhD, CGP, LFAGPA, Rebecca MacNair-Semands, PhD, CGP, FAGPA, and Martyn Whittingham, PhD, CGP, FAGPA, for co-chairing the Science to Service Task Force (S2S). S2S helps bridge the gap between research and clinical practice and provides clinicians with important supportive research.

Kathleen Ault, NP, CGP, and Shari Baron, MSN, CGP, FAGPA, Co-Chairs of the SIG Task Force, who have strengthened the role of the SIGs within AGPA, providing opportunities for connection with professionals with similar interests. And all the SIG Co-Chairs for providing leadership to these important groups within our community.

Patricia Barth, PhD, CGP, DFAGPA, and Lisa Mahon, PhD, CGP, FAGPA, Co-Chairs of the 75th Anniversary Task Force, along with their entire committee, for providing us a wonderful year of celebration. I'm still

laughing about the memorable skit, *Still Grouping After All These Years*, performed at our 2017 Annual Meeting.

Nina Brown for her persistence with the Group Specialty petition. Many others have contributed to the petition, but Nina is the project manager who perseveres. Bravo, Nina!

Bonnie Buchele, PhD, CGP, DLFAGPA, and Robert Klein, PhD, ABPP, CFP, DLFAGPA, for writing the history of AGPA's most recent 25 years. Available on the AGPA website: ([www.agpa.org/home/about-us/agpa/75-year-history](http://www.agpa.org/home/about-us/agpa/75-year-history)), I highly recommend all members read about our organization's development.

Angela Stephens, CAE, Diane Feirman, CAE, Leah Flood, MBA, Katarina Cooke, Mallory Crisona, and Jenna Tripsas, for your work in the AGPA office, supporting all of the above and for being so helpful when we call and email.

And last but certainly not least, our CEO Marsha Block. Her wisdom, vision, seemingly endless energy, and kindness are AGPA's GPS.

**And now in other news**

As always, the work of AGPA continued unabated over the summer and fall. In September, I sent a letter to the membership with updates on plans to support AGPA Connect as a safe and welcoming environment for all participants. A menu of diversity training is being prepared, and all faculty, as part of their agreement letter with us, will be required to participate in one training session each year. In addition, the AGPA Board has approved Safe Environment Practices that is especially timely given the events in the news recently.

Houston is one of the most diverse cities in the United States, and I know the local society is preparing a big Texas welcome for us! AGPA Connect 2018 now has new software that allows registrants to view the available capacity of each event. Once you have made your selections, you immediately receive a confirmation email, and you know what you are registered for. This new technological capability is a big step forward!

By the time you read this column, the results of the AGPA election will be announced. It is not easy to lose an election and in agreeing to be on the ballot, people assume that risk. Thank you to all who ran this year, providing choice for our members.

When I was asked to run for President, I talked to several Past Presidents as part of making my decision. I was told: "It's a great experience. You'll learn so much!" Truer words were never spoken. I have learned a lot about the serious challenges that mental health services in general and group therapy in particular face on the national level, and I plan to keep working in this area. I also appreciate even more what an amazing organization we have. AGPA has a kind heart and a personal touch. I smile every time I call AGPA and a live person answers; there is no "Listen carefully, for our menu options have changed." A lot of people work very hard and with a collaborative spirit. We're far from perfect, but we do our best to talk about problems and create paths to change. We try hard to welcome newcomers and help them find their place in the group. Our new Annual Meeting name, AGPA Connect, could just as easily describe our whole culture.

It was a great privilege to serve as President during AGPA's 75th Anniversary. Reading its history, I marveled at how the societal changes that have occurred in the past 75 years have been absorbed within the organization. AGPA has moved from a largely white male psychiatrist-dominated organization to leadership that includes other disciplines, women, gay and lesbians, and increasing cultural diversity. We rose to the challenge of 9/11, and that has led to our ongoing community outreach. In an increasingly isolated society, we—and groups—offer the chance to connect.

But we must take care of this organization to make sure it stays healthy. Please do not take AGPA for granted! Bring in and mentor new members. Renew your own membership and pay your membership dues on time; donate to the Group Foundation; serve on committees; participate in the educational offerings. Let's keep AGPA vital for another 75 years!

As always, I welcome comments about this column and anything else. [EleanorF@Counselman.com](mailto:EleanorF@Counselman.com) 🍷

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# IN MEMORIAM

YVONNE AGAZARIAN, EdD, CGP, DLFAGPA

Yvonne Agazarian, EdD, CGP, DLFAGPA, who died October 9, 2017, was a brilliant theoretician and an exceptionally skillful therapist, who devoted her life's work to group therapy and developing a systems theory that produced a common language for both group and individual therapy. AGPA was integral in supporting Yvonne's work, providing a forum in which to try out her theory at presentations and institutes over many years. This culminated in her theory of living human systems and its systems-centered therapy and training with its innovative method of functional subgrouping.

Many of us remember first meeting Yvonne at AGPA, hearing her present or listening to her strong voice in the large group. Others met her through her books and articles. I first met Yvonne in an AGPA Institute in 1991, and was awed by where and how the group was able to work. It was very exciting and different than anything I ever experienced.

Yvonne's voice was clear and distinctive. She had a sharp, quick mind, and a big heart. She was fierce, determined, disciplined, strong willed, and courageous in speaking to what she saw. She would easily grasp new ideas and then integrate them into her theory so that it was always developing. She would authentically join with anyone being scapegoated, as she knew it was much harder to scapegoat a subgroup than a single person, and she recognized that scapegoating is destructive and keeps out differences, something she saw as essential for development.

A friend, D, recently told me a story that captures both the force of Yvonne's energy and the delight of being with her. Yvonne had asked D to drive her to Lou Ormont's home. D was pleased as she rarely spent time with Yvonne. They set off. The traffic was heavy. Yvonne told D to turn.



**D:** That is not the right way to get there.

**Y:** Turn anyway. (D turned, and they were then free of traffic).

**Y:** Isn't this better?

**D:** Yes, except we are not going the right way.

**Y:** It's a nicer way, and we'll get there.

They did get there—90 minutes later! Of course, the trip was meant to take 20 minutes. This story captures so much about Yvonne, who could be determined, yet used her force to help find new ways to the goal. She found her way, which made the experience easier and reached the goal. This is what she gave to group therapy, a new way of working and seeing groups, which makes the journey to the goal a different kind of experience.

Some of us loved her and sometimes hated her, both of which she cherished as part of being in a real relationship. She was fond of saying that marriage required surviving the hate and opening to the love. Yvonne deeply valued being present authentically and making a real connection

whenever she was relating to someone, and she required that of herself and others.

The last few years of her life were physically challenging, yet she kept going, doing what she loved—working and writing. The strength of her life force energy took Yvonne a long way. She has left for all of us her theory and practice to support our own life force energy and that of the groups with which we work.

At AGPA's Annual Meeting last February in New York, Yvonne and I once again led an open session on Systems-Centered Therapy and Trauma, together with Les Greene, PhD, CGP, L FAGPA, and Phyllis Goltra, PhD. Yvonne and I have done many AGPA open sessions together over the years. Though we seemed to say it every year, we both said this was our best ever. And it was our best, and it was our last one together. 🙏

**Susan Gantt, PhD, ABPP, CGP, DFAGPA**

Borrowing from Charles Daniels\*:

**A brief candle; both ends burning**

**An endless mile; a bus wheel turning**

**A friend to share the lonesome times**

**A handshake and a sip of wine**

**So say it loud and let it ring**

**We are all part of everything**

**The future, present and the past**

**Fly on proud bird**

**You're free at last.**

\* **Source:** [www.thegearpage.net/board/index.php?threads/october-20-1977-if-i-leave-here-tomorrow-would-you-still-remember-me.1158411](http://www.thegearpage.net/board/index.php?threads/october-20-1977-if-i-leave-here-tomorrow-would-you-still-remember-me.1158411)

## affiliate society NEWS

The **AUSTIN GROUP PSYCHOTHERAPY SOCIETY (AGPS)** held its Annual Two-Day Conference in October. *Developing and Sustaining Successful Group Leadership Practices* included didactic information, demonstration groups, and small process group experiences. The program, which featured Melyn Leszcz, MD, FRCPC, CGP, DFAGPA, and a number of AGPS senior clinicians who served as small group leaders, was positively rated by the 90+ attendees. Slides from Dr. Leszcz's presentation are available for viewing and download on the AGPS website at [austingroup.org](http://austingroup.org). In November, Jev Sikes, PhD, led a sold-out Institute, *Dependency and Counter-Dependency in Group*, which was open to all levels of experience. Smaller group institutes, such as this, provide an opportunity for clinicians and students to have a deep process experience, an important part of learning. Also, in November, Patty Olwell, LPC, and Scott Phillips, LMFT, led a Friday Night Conversation on *Sex in Group: How to Have More of It*. AGPS held its annual Holiday Party in December. 2018 began with an Annual Business Meeting in January, which also featured a panel of speakers on *Gender and Gender Identity in Groups*. Suggested by AGPS's Diversity, Inclusion & Equity Committee, leaders of groups that are specified by gender, gender identity, or gender expression were featured.

The **COLORADO GROUP PSYCHOTHERAPY SOCIETY (COGPS)** is expanding to cover the Four Corners Region—Colorado, Utah, New Mexico, and Arizona, and from now on, the Affiliate will be known as the **Four Corners Group Psychotherapy Society**. If you are a resident in any of these four states and would like to get involved with the organization, email [coloradogroups@gmail.com](mailto:coloradogroups@gmail.com). The Affiliate is looking to partner with agencies and schools, as well as recruit a representative from each of these states for the Board. COGPS had a successful Annual Conference on *Desire: Wishes, Fears, and Impulses in Group Psychotherapy*, featuring Lucy Holmes PhD, LMSW, CGP, as keynote speaker. The conference, which included seven institute groups and eight workshops, had a record attendance of 130 members. Gil Spielberg, PhD, ABPP, CGP, FAGPA, served as supervisor for institute leaders. The keynote address, as well as the expert panel, were recorded and are available for viewing on COGPS's YouTube channel. COGPS awarded its first Distinguished Member Award to Bob Unger, PhD, LCSW, CACIII, CGP, FAGPA, for his contributions to the local group community and to the field of group psychotherapy. Learn more about COGPS at [www.cogps.org](http://www.cogps.org).

The **EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS)** welcomes Kathleen Isaac, PhD, newly elected Secretary, and Elizabeth O'Connor, MSW, LCSW-R, newly elected Treasurer, to its Executive Committee. Thomas Johnson, LCSW, CGP, was elected to serve his first term on the Board of Directors. Ira Barouch, MA, Hilary Levine, PhD, CGP, J. Rudy Lucas, LCSW, CASAC, SAP, and Christine Schmidt, LCSW, CGP, were re-elected to the Board of Directors. EGPS' Work Group for Racial Equity is a virtual drop-in group for the discussion of selected readings, films, and podcasts to deepen members' understanding of racism and racial dynamics. Meetings are held on the third Monday of every month from 8:30 pm to 9:45 pm EST via Zoom (<https://zoom.us/j/927269694>). EGPS met in October to discuss Eduardo Bonilla-Silva's *Racism without Racists: Colorblind Racism and the Persistence of Racial Inequality in America*. EGPS's Annual Conference in November focused on *Undying Promise, Undying Peril: Welcoming Vulnerability in Group*. The Plenary speaker was Nimer Said, MA, CGP. Visit [www.egps.org](http://www.egps.org).

The **HAWAIIAN ISLANDS GROUP PSYCHOTHERAPY SOCIETY (HIGPS)** offered *Ethical Issues in Behavioral Health*, presented

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# The Impact of 9/11 Upon AGPA's Community Involvement



**Robert Klein, PhD, ABPP, CGP, DLFAGPA**  
**Suzanne Phillips, PsyD, ABPP, CGP, FAGPA**

The following question was recently raised in a discussion among senior AGPA colleagues: How did 9/11 shape AGPA's trauma-related group interventions and the focus of our community outreach efforts? We would like to try to address that question here.

In a recent series of articles about the history of AGPA, Klein & Buchele (2017a, b, c) suggested that the past 25 years could be divided into three naturally occurring phases: pre-9/11; 9/11; and post-9/11. They wrote that over time AGPA became increasingly attuned to external social issues, simultaneously maintaining allegiance to our primary mission regarding the education, research, training, and quality of care provided in group psychotherapy.

Following 9/11, AGPA transformed itself from being an organization devoted to serving the professional and personal interests of its members to also being a public mental health resource that served a larger social constituency by responding to the mental health needs of trauma survivors and their caregivers.

A combination of several factors enabled AGPA to move quickly into the community breach following 9/11: the primary terrorist attack took place in AGPA's headquarters city; the critical need for public mental health services in its aftermath; the clear and promising possibility of using a group model for service delivery; our flexible organizational structure and leadership; an experienced membership who wanted to help; and the availability of external financial support.

We provided direct service delivery to trauma survivors, witnesses, first responders, and their families; developed support systems for the helpers; and initiated a broad array of training programs for clinicians working with trauma. Short-term, long-term, and psychoeducational groups were provided for different survivor populations. Group leaders were carefully selected, and appropriate trauma training, consultation, and supervision were provided. More than 500 group interventions were conducted over a seven-year period, touching the lives of thousands of people.

Both the content of the Annual Meeting and the *International Journal of Group Psychotherapy* began to change. Special Annual Meeting events and entire tracks focusing on trauma were integrated into our programs. The *Journal* featured many more articles on trauma, as well as published a special edition on the topic.

It soon became clear to those of us working in this area that trauma is ubiquitous. It is part of the lives of virtually everyone, survivors and helpers alike. Almost no one escapes. As Buchele (2017) noted, there is big "T" and little "t." AGPA learned that training in the detection, assessment, and treatment of trauma is significant beyond simply responding to disasters.

It is important to note that we provide trauma training and consultation not only for our own members, but for other professionals as well. The very first offering in AGPA's Distance Learning Program was an online trauma training series that attracted more than 2,500 participants. Subsequently, we began to disseminate our trauma training modules (Buchele & Spitz, 2003) and our population-specific intervention protocols (Klein & Phillips, 2008), and co-sponsored various trauma training events and retrospectives.

Our work following 9/11 led directly into further post-disaster recovery activities. As disaster and trauma struck different parts of our country and world, we became actively involved both here (e.g., school shootings in Connecticut, Hurricanes Katrina and later Sandy, the fires in Colorado, the Boston Marathon bombing), and abroad (e.g., the tsunami in Southeast Asia, earthquakes in China, bombing and rioting in India).

It was clear from the outset that our work following 9/11 would not have been possible without additional financial support. Were it not for the fact that the philanthropic community mobilized to make monies available for recovery efforts, we could not have independently supported the scope of the contributions we made. To conduct our work, AGPA secured 19 external grants totaling \$5.7 million, plus four Group Foundation grants for more than \$200,000, for a total of 23 grants for \$5.9 million. Without that external financial support, we probably would not have been identified as a public mental health resource; our education, training, and consultation programs would not have developed as fully; and our links with other organizations would not have become as extensive.

While the full extent of how our responses to 9/11 profoundly affected our entire organization is covered in greater detail elsewhere (e.g., Klein, Bernard, Thomas, Block, & Feirman, 2008; Klein & Buchele, 2017a, b, c; Klein & Phillips, 2008), it is important to point out that expanding our mission and venturing into the realm of public mental health ushered AGPA into a new era. As AGPA made renewed efforts to bridge the gap between research and clinical practice, we simultaneously

cultivated external connections with other professionals, agencies, and the healthcare community. We worked with returning veterans and the Veteran's Administration and testified before Congress regarding the needs of military families. Attention also was devoted to broader social issues closely related to trauma, including violence in society (e.g., Klein & Schermer, 2016).

The notion of becoming more socially relevant gained traction. Our trauma-related work outside of the US sensitized us to the importance of developing our cultural competence. Diversity and inclusion issues elicited increased attention within AGPA. A growing AGPA Scholarship Program, as well as the expansion of Special Interest Groups, such as the Racial and Ethnic Diversity SIG, reflected this growing awareness. More recently, special training in cultural competence was initiated for those presenting at AGPA Connect for all AGPA staff and all members of the Tri-Organizational Board of Directors.

The Disaster Outreach Task Force, formed initially as the coordinating body for our 9/11 efforts, morphed into the Community Outreach Task Force. The focus shifted from responding to disasters and trauma to engaging more broadly with the community. Establishing training contracts became an important aspect of our outreach. For example, we developed online and in-person training and consultation programs for methadone maintenance clinics, hospitals, and school district intervention for suicide prevention. Many of these efforts involved simply teaching the *Principles of Group Psychotherapy* (Weber, 2006), while others required additional specialized training in the application of groups to the treatment of specific populations, such as patients with addictions. We began offering these programs in agency settings, where clinical staff often found themselves conducting individual psychotherapy in a group setting without capitalizing on the unique interventions, possibilities, and benefits of group treatment models.

Working with organizations like Voices of September 11th, we have remained part of the long-term intervention for people who have faced and continue to face violence and trauma (e.g., Boston Marathon bombing, Sandy Hook, Charleston). Group training in China, initiated after the earthquakes, has continued with new trainees and AGPA instructors. The work of the Community Outreach Task Force has been augmented by the far reach of those participating in the growing International Relations and Racial and Ethnic Diversity SIGs, who offer consultation and support to those in areas of conflict and need.

*Continued on page 6*



## A Meta-Analysis of Group Psychotherapy for Eating Disorders

Giorgio Tasca, PhD

Eating disorders include anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BED), among others. AN is characterized by extremely low body weight caused by food restriction, fear of gaining weight, and distorted body image. BN is characterized by binge-eating and purging behaviors, in addition to body image dissatisfaction. Those with BED binge-eat but do not engage in purging behaviors. Eating disorders have a lifetime prevalence of 0.9% (AN), to 1.5% (BN), to 3.5% (BED) among women, and confer a high level of personal, health, and economic burden.

There has been an increase in the number of studies of group psychological treatments for eating disorders over the years; however, until recently, there has been no meta-analysis of these studies. Meta-analysis represents the best way of synthesizing research literature. Clinicians are cautioned to pay attention to the results of meta-analyses (and not any single study) when looking to research to guide clinical decisions.

My research group conducted a meta-analysis of group treatments for eating disorders (Grenon et al., 2017). The main findings and clinical implications are described here.

The research focused only on randomized controlled trials (RCT), since RCTs provide the most valid evidence of efficacy of a treatment. In addition, it only included those studies in which group treatment was directly compared to another condition (i.e., another group treatment, another intervention like medication, a wait-list control).

A systematic review found 27 RCTs with 36 comparisons of group treatment for eating disorders. Nineteen comparisons were of group therapy versus a wait-list control condition, and 15 of those studies were of group cognitive-behavioral therapy (CBT). There were 12 other comparisons of group therapy versus another active treatment, including behavioral weight loss, self-help, medications, or individual therapy. Most studies included those with BED or BN. Strikingly, there were no RCTs of group therapy for AN.

The average drop-out rate for group treatment of eating disorders was 16.47%, and drop-out from other active treatments was 24.49%. Although not statistically significant, this difference in drop-out rate represented a medium effect size that is clinically meaningful;



participating in group therapy meant that patients with eating disorders tended to remain in treatment at a higher rate.

Group therapy resulted in significantly higher abstinence rates from binge-eating or purging compared to wait-list controls at post-treatment. In other words, the probability of patients stopping binge-eating and/or purging following group psychotherapy was 5.51 times higher than wait-list control participants. Group psychotherapy had a significantly greater effect in reducing binge-eating and/or purging frequency compared to wait-list control conditions ( $g = 0.79$ ) with a moderate to large effect.

Group psychotherapy was significantly more effective than wait-list controls in reducing eating disorders related psychopathology, with a small to medium effect ( $g = 0.49$ ). Similar results were found for secondary outcomes at post-treatment, including depression and self-concept. These results were similar to what was found at short-term (< 6 months) and long-term (> 6 months) follow ups. There were no statistically signif-

icant differences in abstinence rates between group psychotherapy and other active treatments (self-help, medications). Similarly, there were no significant differences between group therapy and individual therapy on any outcome. Finally, there were no significant differences between group CBT versus other types of group psychotherapies (interpersonal psychotherapy [IPT], group psychodynamic-interpersonal psychotherapy [GPIP], and group dialectical behavior therapy [DBT]) for any outcome or follow-up period.

What does this meta-analysis mean for clinicians? Meta-analyses are the best source of evidence to guide clinical practice because the findings are much more reliable than those of any individual study. Whereas treatment guidelines recommend individual CBT and IPT as first-line therapy options (American Psychiatric Association, 2006; NICE, 2004), this meta-analysis suggests that group interventions that are based on clear psychological principles may be as effective as individual therapy. In other words, the evidence supports the use of a variety of group therapies (CBT, IPT, psychodynamic, DBT) when treating eating disorders.

Such findings likely support a common factors approach to explaining how group therapy for eating disorders works. In other words, it is quite likely that group therapeutic common factors, such as group support, cohesion, safe emotional expression, interpersonal learning, and a clear rationale for symptoms and treatment, likely contribute to the efficacy of group therapy for eating disorders. Group therapists treating those with an eating disorder will do well to incorporate these therapeutic factors into their work to maximize outcomes for their patients. 🍷

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Visit the Practice Resources section of AGPA's website to learn more about evidence-based practice and group treatment of eating disorders: <https://tinyurl.com/yd9ex2na>.

## member NEWS



XU YONG, MD, CGP, and JEFFREY KLEINBERG, PHD, MPH, ABPP, CGP, DFAGPA, co-led a week-long group therapy intensive training in November for 60 mental health providers in Shanghai, China. The program was sponsored by the Shanghai Mental Health Center of the Jiaotong University Medical School. Participants heard lectures on theory and technique, observed demonstration groups, and received supervision. This was Dr. Kleinberg's fourth trip to China on an educational mission in response to increasing interest in group therapy among Chinese colleagues.



An ever-increasing attunement to cultural competence, diversity, international issues, and social and political realities has been evident in the institutes, courses, workshops, symposia, and presentations at the AGPA Annual Meetings in the years since 9/11. At the 75th Anniversary Annual Meeting, for example, speakers addressed *Humanity on the Move* (Rohr, 2017) and *Institutional Betrayal in Cases of Sexual Violence* (Freyd, 2017). Ten additional programs focused on cultural competence and diversity. Special Interest Institutes explored themes of gender, sexual identity, and sexuality in group; the use of group for restoration versus revenge in the narration of healing; and the leader's use of self in bringing life to group. Resonating with global concerns of war, violence, social inequalities, famines, refugees, and the like, a production of *Theater of War* was offered with dramatic readings from Sophocles (Thomas & Haen, 2017), as well as a performance of the powerful one-woman show *Decoding the Tablecloth* (Kohen, 2013), which invited consideration of transgenerational trauma and its implications for group treatment (Hudson, Chapman, & Kohen, 2017).

It is clear that 9/11 has had a profound impact on AGPA with regard to shaping trauma-related group interventions and community outreach. We are more conscious of the world we live in. We are more socially engaged and relevant and more involved in the world around us. 🌍

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We invite you to keep up with AGPA's community outreach work and explore how group interventions can positively impact communities in the Developing Healthy Communities section of the AGPA website at [www.agpa.org/home/developing-healthy-communities](http://www.agpa.org/home/developing-healthy-communities)

## BEING TOGETHER IN COMMUNITY

Continued from page 1

is considered a singleton. This isolative stance is often a reaction to a threat of annihilation and a sense of helplessness. Reactive behavior is at times aggressively displayed in an attempt to protect or restore a sense of self.

**Othering:** The projective process of assigning unfavorable attributes to an individual or a subgroup in order to preserve a desired or privileged identity for oneself is known as othering. This may be expressed in many ways, including unresponsiveness, gossip or slander, discriminatory practices and acts of violence. A denigrated other is a person or sub-group subjected to extreme diminishment and devaluation, a scapegoating dynamic that can be observed in all groups, but particularly larger ones. It is an aggressive aspect of human behavior reflecting a desperate effort to deny threatening characteristics of the self by exhibiting derogatory attitudes and behaviors toward someone who may manifest the unwanted characteristics.

**Hermeneutics of trust:** "Understanding our inevitable embeddedness in systems that go far beyond the family group to larger groups in the culture is an essential part of [group] therapist training.... Moving away from a focus on projections is not to ignore that these are plentiful but is to emphasize that the human desire to be part of the tribe requires positive efforts and these efforts exist along side more negative projective forces" (Segalla, 2014).

## Relational Approaches to Large Group Consultancy

The LG experience evolved out of the post-World War II efforts to heal large groups of troubled veterans. Wilfred Bion creatively used this experimental technique to work with veterans, hoping that as community developed healing would take place. The work with large groups gradually expanded over the decades and was advanced in the United States by the A.K. Rice Institute. Many of the LG team members at the Washington School of Psychiatry have been trained in that model and are

leaders in large group work. Over the 25 years of creating and working with the NGPI, the large group, along with the small group and other didactic experiences, remain an integral part of each NGPI Institute. Inevitably, over time, the LG team has lost and gained members. Along with changes in team membership, there was a pattern emerging that reflected the changes in larger cultural contexts. Specifically, as individual and group psychoanalysis moved from a one-person to a two-person model, the newer conceptualizations, though often different in their theoretical perspectives, all agreed that the relational action was being co-created by both the therapist and the patient or group.

This was the beginning of the shifts that occurred within the LG consultant team. Aware of the changing world of treatment, we began to understand that the ways we were responding in the large group were reflective of these changes. How was this demonstrated? Various team members began to take up the work in different ways. Rather than making interpretations from a position of power and authority, a somewhat experience distant position, team members' observations became less opaque and more obviously reflected the team's effort to make contact with each other. Members of the team gradually reflected the membership's efforts at making more personal contact. Though our observations were made from an experience nearer position than previously, we fluctuated in our approach, trying to find our way into a new model that reflected the changes in the field of psychoanalysis.

Research had shown the value of a more active engagement in the therapeutic work, even though there remained an asymmetrical relationship. This was also the case in the large group where membership struggled with their desire to join us or topple us. We stayed emotionally available for the struggle and that remains the case today as we begin another two-year NGPI Institute. We continue to struggle in our own unique ways with how we wish to understand LG experience and how we engage in the task of working with the

group. All of this has occurred within the context of a LG team that has consistently worked with one another in a relational way. We remain engaged in our task because of essential transparency among team members, despite theoretical differences and differences in personal styles. This has been key to our continuing excitement about the potential of large group experience to contribute to changing contexts and communities.

## An Invitation to Join

We invite all attendees of the upcoming AGPA Connect to participate in the unique experience of the LG. We recommend attending all three sessions, as this continuity will give participants the best chance of moving from a singleton to that of a full member, even though a single session encounter can be eye opening, even transformative, and motivational for seeking out future LG learning experiences. We might all spend a moment reflecting on the multiplicity of our larger group identities and affiliations in both our personal and professional lives as a way to warm up to the task of the large group. 🌍

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# consultation, please!

## Dear Consultant:

A cherished member of a long-term therapy group left several months ago due to a geographic move. Tim's departure was emotionally stirring for the members as they verbalized their meaningful goodbyes and feelings of sadness. About two months later, I added a new member. The group was divided about his joining; some said they needed more time to deal with Tim's departure; others were ambivalent, and one member said "new blood" was always interesting to him. When Marc joined the group, the members politely introduced themselves and asked him why he wanted to be in the group, and then over the coming weeks largely ignored him or talked about Tim, wondering aloud what he might say. Occasionally I consulted Marc about his thoughts in an attempt to get him involved, but his comments were rarely given more than a passing nod. The group is shutting Marc out, and me as well. It has been enormously frustrating, and I am afraid that Marc might leave if this pattern continues. Can you help?

Signed, Ignored

Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, 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. Email Lee at [lee@leekassan.com](mailto:lee@leekassan.com).

## Dear Ignored:

A group can have several possible attitudes toward a new member. They may welcome a new person, especially if the person who left was difficult or troublesome, or if the group feels too small. Or they may resent a new person for not being the treasured member who left. In this case, it sounds like the group is angry with you for two reasons: for letting Tim leave, and for replacing him with Marc. While these feelings are not entirely rational, try to elicit them and get the group to express them directly toward you rather than letting them direct their anger at Marc.

Since Marc joined the group two months ago, why were you reluctant to address this sooner, when you first became aware that the group was resisting Marc's presence? Do you have trouble letting the group be angry at you? If so, what is your difficulty? If not, what else might contribute to your delay in confronting the group's refusal to deal with Marc?

You might be right in thinking that Marc might leave, because he's probably not feeling well protected, and so he's probably angry too. It's time to get all of these issues out in the open. You could ask Marc directly to talk about what it's like to be so shut out. Because the group hasn't responded when Marc talks, a more effective way to get that to happen would be to ask the group: "Who knows why the group isn't letting Marc in?"

Lee Kassan, MA, CGP, LFAGPA  
New York, New York

## Dear Ignored:

How much preparation did you give the group before adding Marc? When members stated they needed to grieve Tim's loss, you seemed to doubt this was salient because they did not speak of Tim anymore. But perhaps they were trying to let you know that they needed you to help them with this

grieving process, which might also have led to exploring their fears about the group changing with a new member. Rosenthal (2005) suggests that when a group isn't adequately prepared for a new member, it might engage in treatment destructive resistance when the new member arrives. Helping the group deal with the fact that Marc cannot replace Tim, but with the group's help, can become a productive member of the group is crucial.

It is quite possible the group is shutting out both you and Marc if they have unexplored feelings about how you introduced Marc to the group. You might ask, "How is the group going to ignore Marc today?" This could unlock the group's feelings about having a new member. You need to be prepared to draw any aggression toward you when that begins. "Perhaps you're unimpressed with how I introduced Marc to the group?" "What was I thinking adding a member so close to another member's departure?" This last intervention might also enlist their helping you understand your countertransference, not as a substitute for supervision, but as an adjunct. Helping the members verbalize their anger as opposed to acting out can help to resolve the resistance.

Your fear that Marc could leave the group is informed by your own frustration of being shut out, which might be a countertransference feeling induced by Marc and/or others in the group. If some of the members were actively resistant to a new member being added, others ambivalent, and one enthusiastic, why are they colluding with a single stance? Is there a powerful subgroup forming that others are uneasy confronting? That's another theory worth your reflection, because if so, they need your assistance, as does Marc.

Steve Van Wagoner, PhD, CGP, FAGPA,  
Washington, DC

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## 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

## AFFILIATE SOCIETY NEWS

Continued from page 3

by Bernice Strand, MSW, LCSW, CSAC, CCTP, CGP, on Oahu in November. HIGPS' Fall Institutes on *Experiencing Relational Group Psychotherapy* were facilitated by Haim Weinberg, PhD, CGP, FAGPA, and Martha Gilmore, PhD, CGP, FAGPA, on Oahu and on Maui. A Meet and Greet was held in Honolulu (Oahu) in January, with a guest experiential presentation on *Guided Imagery* by Pamela Menter, MA, ATR. Beginning in January, HIGPS is offering an ongoing online workshop based on the book *From the Couch to the Circle: Group-Analytic Psychotherapy in Practice*, by John Schlapobersky, BA, MSC, CGP. It includes didactic material, discussion, and personal sharing, including substance abuse and its relationship to personal connection and illustrating the concepts in the book. Each 1.5-hour session focuses on a successive chapter, led by HIGPS Board members Mitch Berman, MA, LMFT, CGP; Michelle Davenport, MA, LMFT, CGP; Lucas Bruno III, MS, MA, LMFT, CGP; and Pamela Menter, MA, ATR. In May, Carol Dallinga, LCSW, CGP, will facilitate *Marketing Your Practice: Thriving in a Changing World* in Maui. This one-day workshop will assist with establishing and promoting private practices, with both didactic and experiential components; opportunities will be available for individual consultations on the second day.

The **HOUSTON GROUP PSYCHOTHERAPY SOCIETY (HGPS)** continues to provide experiential and didactic group psychotherapy training to students and residents of Baylor College of Medicine and University of Texas Medical School. HGPS Faculty includes: Patricia Barth, PhD, CGP, DLFAGPA; Travis Courville, LCSW, CGP, FAGPA; Aaron Fink, MD, CGP, FAGPA; Franklin Gittess, MD, CGP, LFAGPA; Cindy Hearne, PhD, CGP; Elizabeth Knight, MSW, CGP, DFAGPA; Jennifer Markey, PhD; Jana Rosenbaum, LCSW, CGP; Carol Vaughan, LCSW, CGP, LFAGPA; and Robert White, MD, CGP, LFAGPA. Connie Moore, LPC, CGP, Training and Education Chair, provides a rich array of advanced group training through HGPS Friday Brown Bags. Presentations have included: *The Aftermath of Hurricane Harvey: Where Do We Go From Here?* led by Helen Chong, LCSW, CGP, HGPS President, and Daniel DeBrule, PhD, MA; and *Caregivers' Narratives: Empathy, Fatigue and Resiliency*, a large process group led by D. Thomas Stone, PhD, CGP, FAGPA, and Robert Kalter, MD, CGP.

The **ILLINOIS GROUP PSYCHOTHERAPY SOCIETY (IGPS)** is presenting a weekend Institute, including an experiential-didactic version of the Core Course, on April 13-14. *The Principles of Group Psychotherapy—The Core Course\** will be presented by incoming IGPS President Lawrence Viers, PhD, CGP, FAGPA, and Hylene Dublin, LCSW, ACSW, CGP, LFAGPA. Sessions will focus on the theoretical foundations of group psychotherapy, leadership issues, group dynamics and group processes, and the concerns that arise in on-going groups. The group will also explore termination issues and examine the parallels in their experiential group. Other experiential institutes will be led by: Freda Friedman, PhD, LCSW, RNAP, who will present *Dialectical Behavioral Therapy (DBT)*, a focused process group. Solomon Cytrynbaum, PhD, *Group-As-a-Whole (Tavistock Model)*; Thomas Herman, LCSW, *Self-Regulation within the Fear of*

*Not Knowing: A Mixture of Group Process and Improvisation Games which Support Genuine Expression*. The October 19-20 Fall Conference will feature Paul Gitterman, LICSW, MSc, CGP, who will address *Power, Privilege, and Social Location—The Challenge of Exploring Differences in Groups*.

The **LOUISIANA GROUP PSYCHOTHERAPY SOCIETY (LGPS)** thanked its Past President and longtime supporter Dayne Narretta, MSW, LCSW, BCD, CGP, for her generosity and support of LGPS's fall meeting. Dayne presented *What's All The Brouhaha about Functional Subgrouping? What it is, and how we use it to resolve conflict?*, providing a taste of Agazarian's theoretical skill of functional subgrouping with a hands-on whole group and fishbowl experience to highlight the effect on attunement and the difference between exploration and explanation. The day was a perfect balance of experienced and new professionals, study, and jovial theoretical play. Peter Taylor, PhD, SEP, CGP, FAGPA, and Roger Saint-Laurent, PsyD, SEP, CGP, will present *Somatic Experiencing*, at LGPS's annual Spring Event, May 4-5.

The **MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS)** hosted Robert Pepper, LCSW, PhD, CGP, FAGPA, for a program on *Two Big Ideas in One Workshop: Consequences when Altering the Frame and Unconventional Group Therapy Interventions*. He discussed the eight clinical and ethical dangers of blurring the boundary between therapy and not therapy. He also shared non-traditional group techniques that can be used in more difficult group situations. MAGPS's film series in December showed *Cabaret*; a February showing of *Get Out* is planned. As part of MAGPS's Project Outreach, Venus Masselam, PhD, CGP, will lead a program\* to supervise members interested in earning their Certified Group Psychotherapist (CGP) designation.

The **NORTHEASTERN SOCIETY FOR GROUP PSYCHOTHERAPY** will hold its annual conference June 8-10 at Simmons College in Boston. *You Are Not Alone: The Sustaining Power of Groups in Challenging Times* will feature Haim Weinberg, PhD, CGP, FAGPA, and Martha Gilmore, PhD, CGP, FAGPA, who will lead a three-day large group. The program will include experience groups, workshops, a demonstration group, and more. Visit [nsgp.wildapricot.org](http://nsgp.wildapricot.org).

The **ROCHESTER AREA GROUP PSYCHOTHERAPY SOCIETY (RAGPS)** hosted Alyson Stone, PhD, CGP, who presented a thought-provoking and compelling symposium at its autumn conference on *Thou Shalt Not: Understanding Religious Harm and How to Work with It*. While religion and spirituality are often considered to be positive and helpful in one's life, there are times when it can also be wounding and damaging. This workshop explored the potential negative impact religion and defensive spirituality can have on mental health and relationships and highlighted the effectiveness of group in working through religious and spiritual struggles. Attention was also paid to the ways countertransference to religious and spiritual material can enhance or hinder the therapeutic process. Earlier in the fall, the RAGPS Board held a retreat to discuss the organization's past, present, and most importantly, future. While there was universal agreement to continue to provide high-quality conferences with invited speakers, there was also agreement to encourage and nurture local talent to

showcase their work through presentations and teaching in the Rochester community and beyond.

The **SAN ANTONIO GROUP PSYCHOTHERAPY SOCIETY'S (SAGPS)** fall schedule included a workshop with Robert Kalter, MD, CGP, who spoke on *Making Room in the Group: Exploring Medication and its Meaning in Group Psychotherapy*. The workshop, which included a demonstration group and small group discussion, explored the often unspoken and/or unconscious roles that medication and medical issues play in group therapy, as well as the role of group on medication use and effectiveness. At SAGPS's annual fall social, Dan Diaz, PhD, led a vibrant and energetic community conversation on *Provision of Mental Health Services to Immigrant Populations*. The social generated interest from new professionals who are excited about attending AGPA Connect for the first time. In January, SAGPS hosted a diversity workshop with Dr. Diaz, during the annual Al Rieger Memorial Ethics workshop, *Ethical Dilemmas in Group Psychotherapy*. Spring programming will include a foundational course in group psychotherapy theory and practice\*, to be led by Cheryl Kalter, LPC, PhD, CGP; Robert Kalter, MD, CGP; D. Thomas Stone, PhD, CGP, FAGPA; and Bettie Specia, MSSW, LCSW, as well as a workshop, *Desires to Lead: Perils and Passions*, to be presented by Karen Travis, LCSW, BCD, CGP, FAGPA. Visit [www.sagps.org](http://www.sagps.org).

The **WESTCHESTER GROUP PSYCHOTHERAPY SOCIETY (WGPS)** is now accepting members who would like to participate in an Early Career Professionals Group. This group is open for those who have recently received their licenses to practice in the mental health field and/or for those who are returning to the mental health field after temporarily leaving the field to dedicate themselves to childcare. The groups will be facilitated by senior group therapists (CGPs and FAGPAs) and will focus on: establishing private practices; the advantages of having a group therapy practice; launching and maintaining groups in one's private practice; the benefits of obtaining the Certified Group Psychotherapy (CGP) credential; networking, building bridges, and receiving support from colleagues. Space is limited, and there is no cost to attend. Contact [Ileiderman@westchester-nps.com](mailto:Ileiderman@westchester-nps.com) if interested. A *Process Group Experience* was held in January with facilitators Margaret Postlewaite, PhD, CGP, SEP, FAGPA, and Leo Leiderman, PsyD, ABPP, CGP, FAGPA. This process-group-oriented program allowed participants to share experiences as group leaders and mental health clinicians and provided an opportunity to identify and explore issues related to successes, fears, insecurities, and excitement around leading groups and working as clinicians, with peers who share similar professional and emotional experiences. Credit was available toward recertification as a CGP. 🍷

### PLEASE NOTE:

Please note: Affiliate Societies may submit news and updates on their activities to Susan Orovitz, PhD, CGP, Editor of the Affiliate Society News column, by e-mail to: [sussiego@me.com](mailto:sussiego@me.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*.

\*These events meet requirements for the Certified Group Psychotherapist (CGP) credential from the International Board for Certification of Group Psychotherapists.