

Winter 2019

groupcircle

Jill Paquin, PhD, Assumes Editorship at International Journal of Group Psychotherapy

Steven Van Wagoner, PhD, CGP, FAGPA, Editor, Group Circle



Editor's note: Jill Paquin, PhD, Assistant Professor in the Graduate Counseling Psychology Program at Chatham University, Pittsburgh, Pennsylvania, recently became the first woman Editor of the International Journal of Group Psychotherapy (IJGP). Dr. Paquin has made significant contributions to group psychotherapy teaching, training, research, and professional practice, as well as to the study of the intersection of multicultural competence and evidence-based practice and the career experiences of women working in Science, Technology, Engineering and Math (STEM) fields. She has served on the APA Division 49 Board and the AGPA Science to Service Task Force. When she joined the Task Force in 2014, it was creating new content for AGPA's website related to evidence-based practices in groups. She has also served on the editorial boards of Group Dynamics: Theory, Research, and Practice, Journal of Counseling Psychology (JCP), Counselling Psychology Quarterly (CPQ), an international journal.

SV: *How did you know you wanted to be a group psychotherapist? What early experiences led you down this path?*

JP: My first experience was co-facilitating a group in a women's prison as a trainee during graduate school. I was supervised by a very gifted group therapist, Lisa Drogosz, PhD, with whom I was leading trauma recovery groups. It was an intense personal and professional learning experience that shaped the trajectory of my career in many ways. I was incredibly touched by the women with whom I worked; I still carry them with me. It was also around this time that my graduate school advisor at the University of Maryland left for another position, so I began to work with Dennis Kivlighan, Jr., PhD, which became one of the most important relationships in my life. To be mentored by someone so talented in both the practice and research of group psychotherapy was invaluable. About this same time, I joined a women's therapy group as a member. These three experiences were the perfect storm of events that compelled me to explore this new, exciting interest in group.

SV: *You have accomplished a great deal since beginning your career. How does it feel to be offered editorship of a major journal so early in your career?*

JP: This is the single biggest thing to happen in my career. I have an unusual amount of editorial experience for an early career professional, serving on the editorial boards of *Group Dynamics*, *JCP*, and *CPQ*, and I have been providing ad hoc reviews for a couple of other journals since 2012. I was nominated for consideration, and I submitted my materials. I knew it was a competitive pool of applicants who were senior to me, so it was a surprise and an honor to be chosen. I am deeply appreciative of all who were involved in the process, especially Elaine Cooper, MSW, PhD, CGP, DFAGPA, Les Greene, PhD, CGP, DLFAGPA, Susan Gantt, PhD, ABPP, CGP, DFAGPA, and Marsha Block, CAE, CFRE. I am also incredibly grateful to Dominick Grundy, PhD, CGP, FAGPA, for all of his help during the transition, and for agreeing to stay on longer than he anticipated until I was able to begin my tenure.

SV: *You also have the distinction of being the first woman to become Editor of the International Journal of Group Psychotherapy. Is it irony or destiny that only two years ago you were on a panel at the Association of Women in Psychology Annual Convention on Early Career Psychologists and Negotiation: Knowing Your Worth?*

JP: Coincidence, destiny, who can say, but it is a huge honor to be trusted with the *Journal*. That presentation you mentioned at the Association of Women in Psychology was

actually the brainchild of one of my fabulous postdoctoral supervisees, Marisa Moore, PhD, at the University of Pittsburgh's Counseling Center, who invited me to participate. Because the conference was held in Pittsburgh that year (2016), I was on the conference Planning Committee for three years getting ready to host it. I had an eight-week old baby at the time of the conference; I remember how many people and how much coordination it took to get me ready for the presentations I gave. It literally took a village!

SV: *You have published and presented on women in STEM fields, particularly women in the chemical industry. Do you see wisdom gained from that scholarly work informing your role as Editor of IJGP?*

JP: Yes. I was recently invited to give a plenary at the Annual Conference of the North American Society for Psychotherapy Research to talk about my research using the Actor Partner Interdependence Model, which is a model that allows researchers to ask the kinds of dynamic, relational questions that makes group therapy so rich and potent (and difficult to study!). I wanted the talk to highlight how I, as a clinically oriented person, have to work hard at advanced statistics—that it wasn't something that came easy for me. But I have leaned into learning some of it so I could ask the kinds of questions I was curious about that arose from my own practice. I hoped that being honest about this part of my experience would resonate with other clinically inclined people who might feel disenfranchised when it comes to understanding some of these methods.

I also wanted to tell my story as a girl, and later as a woman, who was discouraged from developing math skills. Besides group therapy, I also research barriers to career advancement for women and people of color in STEM fields, and I often conveniently forget that psychology—my discipline—is also a STEM field. It is one of the reasons why there are not more women and people of color serving as editors, for example.

SV: *I know it's still early, but do you have a direction you would like take the Journal in terms of research areas or methodologies, or areas of clinical practice needing further study?*

JP: My main priority is not to change what is working well. The *Journal* is a wonderful model for a mix of personal scholarly narratives, clinical and theoretical works, and original empirical research. I see that mix as the primary strength of the publication. I am also passionate about practitioners, theorists, and researchers working together to enhance our knowledge about group work. One thing I am bringing to the *IJGP* is an increased focus on integration of the various facets of work being done

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from the
president

Eleanor Counselman, EdD, CGP, L FAGPA

I am writing this column shortly after the 2018 national midterm elections. The United States environment is incredibly polarized these days, with a strong climate of ill will towards the "other." Politicians on both sides seem to have little capacity to set aside differences in order to work for the common good. People are judged quickly by their political identification with seemingly little interest in moving beyond a label.

Early in my training, I had a supervisor who had grown up in rural Italy. He used to tell the story of seeing a farmer walking down the road, taking his chickens off to slaughter. The chickens, held upside down by their legs, were pecking angrily at each other. He commented that if they had just joined forces against the farmer instead of taking each other down, they could have accomplished something important—like getting the farmer to let go. I think of that story often these days. Our country has major problems to solve, and it feels like people peck at each other instead of working together on those problems. I believe that group therapists can serve as models for bridging differences in pursuit of making our organization, our practices, and our world a better place.

Toward that end, I'm very pleased to announce the formation of a new Task Force: the Diversity, Equity and Inclusion Task Force, chaired by M. Sophia Aguirre, PhD, CGP. The mission of this Task Force is to promote the values of diversity, equity, and inclusion throughout the organization in the areas of leadership, training, policy, research, and practice.

Last year, the AGPA Board developed the Safe Environment Conduct Policy that is intended to support a safe and respectful environment in all aspects of our

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Steve Van Wagoner, PhD, CGP, FAGPA

Leading into the month before AGPA Connect in Los Angeles, we complete the interviews of the Plenary Speakers with Institute Opening Plenary Susan Gantt, PhD, ABPP, CGP, DFAGPA, FAPA, Conference Opening Plenary Speaker Allan Schore, PhD, and Mitchell Hochberg Memorial Public Event Speaker Marco Iacoboni, MD, PhD. Read their interviews to get a glimpse of their upcoming presentations. Upon reading their interviews, I found myself more interested in their talks than ever. My thanks to Katie Steele, PhD, CGP, FAGPA, and Alexis Abernethy, PhD, CGP, FAGPA, for their interviews of Dr. Schore and Dr. Iacoboni, respectively.

I had the great pleasure to interview Jill Paquin, PhD, the new Editor of the *International Journal of Group Psychotherapy*, who promises some interesting changes planned for the *Journal* while maintaining its many strengths. Dr. Paquin combines an unassuming and earnest manner with a keen intelligence, creative thinking, and integrative mind. Read her interview and you will know exactly what I mean.

Many thanks to Lee Kassan, MA, LPsA, LMHC, CGP, LFAGPA, for his ongoing stewardship as Editor of *Consultation, Please*; Farooq Mohyuddin, MD, CGP, for keeping us informed of AGPA's public affairs and practice development efforts through *Practice Matters*; and Susan Orovitz, PhD, CGP, for keeping us abreast of *Affiliate Society News*. 🍷

organization. The statement is found on our website and will be included in AGPA Connect material and posted at the meeting. As we approach AGPA Connect 2019, I hope that members will be mindful that attendees may be diverse politically, as well as in other ways. Dismissive comments about the "other" can hurt. Let's create a more curious and respectful model of dialogue than we are seeing on the national front.

Our organization has been busy as usual. The AGPA Board and the International Board for Certification of Group Psychotherapists (IBCGP) filed an amicus brief as part of Barry Helfmann's appeal of his license suspension. An amicus brief is a document that invites the court to look beyond the specific case to its broader implications. In this instance, we asked that the court consider the issue of clinicians being held responsible for errors made by the lawyers they retain. The Court has accepted the brief as part of the appeal, and we will inform the membership when a ruling is made.

The Group Foundation for Advancing Mental Health Board met in Santa Fe, New Mexico, for a productive two-day strategic planning retreat. Now that the successful 75th Anniversary campaign is winding down, the Board focused on next steps for sustainable programs and supportive development activities.

Community Outreach has unfortunately needed to be very active in recent months with responses in June to the Annapolis, Maryland, newsroom shooting; in July to the Toronto restaurant area shooting and the wildfires in Greece; in September to Hurricane Florence and the Massachusetts fires; in October to Hurricane Michael and the Pittsburgh synagogue shooting; in November to the Tallahassee shooting, the Thousand Oaks shooting, and the California wildfires; and in December, at press time,

to the Alaska earthquake. In each instance, local membership was contacted with offers of assistance and referral to the many trauma resources available through AGPA. Additionally, there have been pro bono trainings in several states for support groups of immigration attorneys and family case workers for the important and difficult work they are doing. Finally, the Camp Galaxy program for military kids was offered once again in August—our ninth year for the much-appreciated camp program.

Now that group psychotherapy has been approved as an American Psychological Association specialty, the Practice Development Committee of the IBCGP is collaborating with APA Division 49 (Group Psychology and Psychotherapy) and ABGP (American Board of Group Psychology) to develop outreach to APA-accredited training programs to provide resources for training in group psychotherapy.

In the AGPA office, Leah Flood decided to stay home with her new son Ronan; we wish her well. We also welcome Angela (Angie) Jaramillo, as Executive Assistant.

By the time you are reading this column, AGPA Connect 2019 will be just around the corner. As usual, there is an amazing array of educational offerings. Congratulations and much appreciation goes to our two AGPA Connect Co-Chairs, Alexis Abernethy, PhD, CGP, FAGPA, and Katie Steele, PhD, CGP, FAGPA, along with all their committee members and the Local Hosting Society—the Group Psychotherapy Association of Los Angeles. Thank you for all your hard work in the service of what is always one of my favorite weeks of the whole year.

See you all soon in Los Angeles!

As always, I welcome comments on this column and anything else in AGPA.
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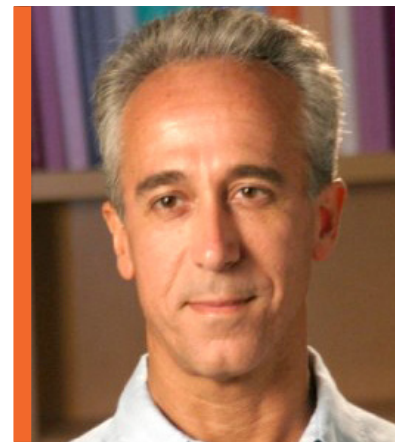
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Like a Thought That is Also a Feeling:

The Betweenness of Empathy

Alexis Abernethy, PhD, CGP, FAGPA, Co-Chair, AGPA Connect

Editor's Note: Marco Iacoboni, MD, PhD, studied medicine, neurology and neuroscience at the University "La Sapienza" of Rome, Italy. He joined the faculty of the David Geffen School of Medicine at the University of California Los Angeles (UCLA) in 1999 and is now Professor in the Department of Psychiatry and Biobehavioral Sciences and Director of the Neuromodulation Lab at the Ahmanson-Lovelace Brain Mapping Center. Dr. Iacoboni has a longstanding interest in the role of the body in human cognition and sociality, in health and disease, which he investigates with brain imaging and brain stimulation. Dr. Iacoboni is the author of a book on mirror neurons. *Mirroring People: The New Science of Empathy and How We Connect with Others* is available in hardcover and paperback. Dr. Iacoboni is the Mitchell Hochberg Memorial Public Event speaker at AGPA Connect 2019 in Los Angeles, California.



AA: We are thrilled that you will be speaking at AGPA Connect on mirror neurons, an area of increasing interest. Can you share a brief overview of your talk?

MI: Mirror neurons have a problem: They need to be controlled, otherwise we would be endlessly and dysfunctionally parroting each other. In my 20 years of research on mirror neurons, I spent approximately the first decade studying the system itself, and the next 10 years or so studying control of mirroring. Now I am trying to figure out how to go beyond the dichotomy of mirroring and its control. I want to understand how tightly integrated mirroring and its control are, and how we form continuous interactions between a bottom-up processing stream (mirroring) and a top-down processing stream (control). In my talk, I will explore this concept describing recent studies from my lab.

AA: How did you get interested in mirror neurons?

MI: Serendipitously. I have always been interested in how the brain puts together perception and action. I can't think of a flourishing life without the ability to seamlessly integrate perception and action. In 1995, I was at a meeting in Prague and ran into the neuroscientist Dr. Giacomo Rizzolatti. His lab had recently made the discovery of mirror neurons in the monkey brain. He wanted to team up with an imaging group to study the mirror neuron system in humans. I thought it was rather interesting, although I have to confess, I was also a bit in disbelief. That's how it started.

AA: You have made important contributions to the area of imitation, mirror neurons, and empathy. Please share some of the important insights from this work.

MI: My early work on imitation, mirror neurons, and empathy really puts the body front and center. We have shown how bodily attunement is so important for empathic predispositions. We have also shown that seemingly complex behavior can be studied in the lab. Before launching our series of studies on imitation and empathy at UCLA, there weren't many groups that dared to study them. I guess scientists felt that the phenomena were too complex to study. Later, we also looked at how empathy (even as revealed and/or mediated by fairly simple imitation tasks) drops dramatically for individuals belonging to a different social group. The insight here is that you can look at others through conceptual lenses that create a distance between you and them, but at the same time, this should make you realize that you can also look at them in a way that makes you feel closer to them. I think Marcus Aurelius wrote: "If I think of myself as Marcus, my city is Rome. But if I think of myself as a human being, my city is the whole world." If we think about ourselves as human beings, we realize we all belong to the same group—humanity.

AA: Why might it be important for group therapists to understand the interrelationships among imitation, mirror neurons, and empathy?

MI: Therapists in general, and group therapists in particular, probably have an intuitive sense of the kind of dynamics that we study in the lab. Through imitation and bodily attunement, we get to be in a mental state that make us close to others—that make us feel what others feel. Feeling what others feel is the best way to see things from their own perspective. This creates the basis for a deep connection, for empathy at its best.

AA: In what ways might understanding mirror neurons be an important topic for the general public?

MI: In addition to what I've already said, the general public also had an intuition about the role of mirror neurons in empathy and social relations, since they were so interested in the discovery of these cells and my work in the human neural systems for mirroring. That was my main motivation to write the book. I thought it was a wonderful story that deserved to be told. Science was showing us that human nature is not selfish as we had been taught for centuries, but rather that we are wired for empathy.

AA: What an encouraging idea that we might be wired for connection and empathy. Your findings are exciting and a source of hope and inspiration in these challenging days.

MI: It is always lovely to talk about empathy. I am looking forward to meeting the whole group at AGPA Connect 2019. 🍷

Forging Connections in Group Psychotherapy Through Right Brain to Right Emotional Communications

Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect

Editor's Note: Allan Schore, PhD, is on the clinical faculty of the Department of Psychiatry and Biobehavioral Sciences, University of California Los Angeles David Geffen School of Medicine. His *Regulation Theory*, grounded in developmental neuroscience and developmental psychoanalysis, focuses on the origin, psychopathogenesis, and psychotherapeutic treatment of the early forming subjective self. He is author of four seminal volumes—*Affect Regulation and the Origin of the Self*, *Affect Dysregulation and Disorders of the Self*, *Affect Regulation and the Repair of the Self*, and *The Science of the Art of Psychotherapy*, as well as two new books, *Right Brain Psychotherapy* and *The Development of the Unconscious Mind*. His articles and chapters appear in multiple disciplines, including developmental neuroscience, psychiatry, psychoanalysis, developmental psychology, attachment theory, trauma studies, behavioral biology, clinical psychology, and clinical social work. He has received numerous honors, including an Award for Outstanding Contributions to Practice in Trauma Psychology from the Division of Trauma Psychology and the Scientific Award from the Division of Psychoanalysis of the American Psychological Association. Dr. Schore has practiced psychotherapy for over five decades. He will be giving the 76th Annual Conference Opening Plenary Address at AGPA Connect 2019 in Los Angeles, California.



KS: How did you get interested in this area, and why does it continue to hold your interest?

AS: Over the last three decades, I have published six books and numerous articles and book chapters on the central role of right brain unconscious mechanisms in emotional communication and affect regulation in early development and psychotherapy. In addition to offering developmental interpersonal neurobiological models of attachment and relational trauma, my work in psychotherapy continues to characterize the right-lateralized brain/mind/body mechanisms that operate beneath the words in therapeutic change processes. Towards that end, I continue to offer recent research and clinical descriptions of right brain functions in early dysregulating attachment processes, in unconscious nonverbal communications of emotional deficits within the therapeutic alliance, in patient-therapist transference-countertransference transactions, in mutual therapeutic re-enactments of early relational trauma, in rupture and repair transactions, and in the empathic, affect regulatory repair of the subjective self.

KS: What do you expect to cover in your Opening Plenary Session?

AS: I will draw on my last book—*The Science and the Art of Psychotherapy*—and on one of my next two volumes of *Right Brain Psychotherapy* to apply Regulation Theory to the change processes of group psychotherapy. I will

discuss how right brain communications of conscious and especially unconscious affects occur beneath the words of any group member's narratives, and how this system of nonverbal communication is implicitly embedded in group processes. I will suggest that emotional communication and affect regulating relational mechanisms, more so than interpretations, are the primary mechanisms of change in group psychotherapy.

KS: What insights from your work with attachment and neurobiology will be helpful to share with group therapists?

AS: I will focus on how early attachment trauma is reenacted in the group setting. I will also discuss the importance of mutual regression in these reenactments and describe the interpersonal neurobiological mechanisms by which these transference, unconscious dynamics can be shared, emotionally experienced, and interactively regulated by the empathic group leader, as well as by group members attuned on a psychobiological level.

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

AS: I have recently focused on working with the nonverbal defenses of dissociation and repression that block traumatic affects from reaching consciousness within individual psychotherapy. In this talk, I will apply this model to working with these defenses in the group psychotherapy

context. Current neuroscience, especially recent studies of the right brain (the psychobiological substrate of the human unconscious) now allows us to understand content, as well as process, and, thereby, the underlying mechanisms of therapeutic changes.

KS: What is most exciting to you about the frontiers of this area of psychology?

AS: In an upcoming volume—*The Development of the Unconscious Mind*—I present a large body of evidence indicating that the development of the right lateralized unconscious mind begins in the prenatal, perinatal, and postnatal stages of human infancy and continues across all later stages of the life span. The construct of the unconscious is now shifting from an intangible, immaterial, meta-psychological abstraction of the mind to a psychoneurobiological heuristic function of a tangible brain that has material form. Thus, right brain mechanisms that operate beneath levels of awareness represent the psychobiological substrate of Freud's unconscious. The interpersonal, neurobiological mechanism of the relational unconscious that communicates with another relational unconscious also operates in the group context. This model suggests that group psychotherapy can change not only the patient's left hemispheric conscious mind, but the right hemispheric unconscious mind. 🍷

Seeing Ourselves and Our Groups as Living Human Systems:

How Systems-Centered Groups Develop our Minds and Transform our Brains

Steven Van Wagoner, PhD, CGP, FAGPA, Editor, Group Circle

Editor's Note: Susan Gantt, PhD, ABPP, CGP, DFAGPA, FAPA, will deliver the Institute Opening Plenary at AGPA Connect 2019 in Los Angeles, California. She is a psychologist in private practice in Atlanta and Emerita faculty at Emory University School of Medicine, Psychiatry Department, where she taught and coordinated group psychotherapy training for 29 years. Dr. Gantt is Chair of the Systems-Centered Training and Research Institute, which was recognized with the 2010 Award for Outstanding Contributions in Education and Training in the Field of Group Psychotherapy by the International Board for Certification of Group Psychotherapists. She trains, supervises, and consults in the practice of SCT in the United States and Europe and leads ongoing training groups for therapists and consultants in Atlanta, San Francisco, and The Netherlands. Dr. Gantt has published numerous journal articles and co-authored the texts *Autobiography of a Theory, SCT in Action, and Systems-Centered Therapy: Clinical Practice with Individuals, Families & Groups with Yvonne Agazarian, EdD, ABPP, CGP, DFAGPA, FAPA*. She co-edited the book *The Interpersonal Neurobiology of Group Psychotherapy and Group Process with Bonnie Badenoch, PhD*, in 2013. She was awarded the 2011 Alonso Award for Excellence in Psychodynamic Group Psychotherapy by the Group Foundation for Advancing Mental Health for her work in editing (with Paul Cox, MD, CGP) the special issue of *The International Journal of Group Psychotherapy, Neurobiology and Interpersonal Systems: Groups, Couples and Beyond*.



SV: **How do Systems-Centered Therapy (SCT) groups help expand the emotional range we employ to understand others and ourselves?**

range of their capacity to attune to others feelings, and in turn their own feelings, different than explaining or analyzing.

SV: **Was your initial training in Systems-Centered methods? If not, what was the appeal to you, and how has it affected the outcomes you have observed in your groups?**

SG: My initial group training was in psychodynamic group therapy, working primarily in a training group with David Hawkins, MD, CGP, DLFAGPA. David suggested I attend Yvonne Agazarian's Institute at AGPA in San Antonio, Texas, in 1991. It soon became clear to me that the strength in this group approach was that each person's voice was a voice for the group. I felt freer in that group than ever before and learned not to take my experience just personally. It was also very appealing to me that SCT is a theory-based model and in practice is highly integrative. Actually, Systems Theory is probably a meta-theory as it is compatible with any method. I began a journey in learning SCT, which has completely transformed my understanding and work with groups.

SV: **Can you say more about what you mean by the practice of Systems Theory being "highly integrative?"**

SG: I know you are asking me about practice, yet I want to start first with something related to theory. One of the advantages of working from a theory-based system is that each construct of the theory is operationally defined to the level of practice. At this level, any method or technique that puts the theory into practice can be integrated into the work. For instance, SCT works with the cognitive defenses in the early flight phase of a group in order to establish a

reality-testing culture. Many of the useful tools for working with cognitive defenses come from cognitive-behavior therapy and can be adapted to an SCT therapy. For example, similar to cognitive therapies, SCT teaches group members to tell the difference between feelings generated by thoughts from feelings that are related to experience in the here-and-now. Different from cognitive therapies, SCT then asks the group members who were more related to their thoughts than their experience, how they feel for themselves when their thoughts hijacked them out of the present, which deepens their relationship with their emotional self. Or in the transition to the fight phase of a group, SCT works to restore the relationship with one's bodily and nonverbal knowing. Many of the methods and techniques from gestalt and somatic experiencing are very useful in this phase of development because SCT focuses on discriminating the information and energy in the body from the tension defenses of the body that block our nonverbal knowing.

SV: **What advice do you offer participants as they prepare to join their institute groups?**

SG: Remember that who you are in any group has as much to do with the group and its norms as with you as a person, often more so! This relates to seeing your experience embedded in the group system and not taking what happens to you just personally. Assume that your experience is not just yours and that you are representing a subgroup in the group. Stay curious as much as you possibly can, because when we are curious, our boundaries are more open to differences, and from an SCT view, it is through the process of integrating differences that we move beyond survival to developing and ultimately transforming. Have fun; our brains work differently when we are curious and having fun. 🧠

SG: Learning to see our groups and ourselves as living human systems lowers the human suffering that comes from personalizing our experience as being just about us or some problem in us. Seeing our experience as normal human experience and related to our context as much as to just ourselves lowers distress and supports our curiosity and exploratory drive, which is vital in group therapy.

The core method in SCT groups is functional subgrouping, which is enormously useful in increasing our emotional capacity. In functional subgrouping, once a group member, let's say Lisa, has finished speaking, she says, 'anyone else?' This lets the group know that she is finished and wants to be joined. Joining means the next speaker, Marc, first reflects the heart of Lisa's message until she feels understood. This reflection process builds an inter-person system container (a subgroup) for Lisa and her feelings, supporting her feeling understood and more secure, as well as more open to her feelings. In this process of reflecting, Marc also stays open to continue understanding Lisa, coming out of himself and relating more and more to Lisa's experience. Lisa keeps discovering how to help Marc understand her. After Lisa feels understood, Marc separates, connects to himself, and puts his similar build into the group and says, 'anyone else?'

As this process unfolds, the group and its members go places in themselves and with each other that they have never gone before as functional subgrouping creates a secure context for emotional exploration within and between members and in the group-as-a-whole. Functional subgrouping creates emergence and deepens emotional understanding and enables group members to increase the

JILL PAQUIN, PHD, ASSUMES EDITORSHIP REIGNS

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around groups. Rather than having a certain number of research articles and a certain number of practice articles per issue, I am looking for integration at the level of each article. For instance, I am asking, 'Is the clinical literature being thoughtfully and thoroughly integrated into how these researchers are talking about their study, and are the implications useful and understandable for clinical practice?' If I am reading an article about an innovation in clinical practice with an understudied population, for example, I am asking, 'Does this article about clinical practice do a good job of integrating the research literature that pertains to this topic?' In a clinically focused article, oftentimes the major contribution of the piece will come from a thorough, considered, well-constructed review of all of the relevant literatures that pertain to that topic.

SV: **A glance at your CV gives one the impression you were in two places at once, fulfilling two roles simultaneously—as a clinical staff member at the University of Pittsburgh Counseling Center and as an Assistant Professor in Counseling Psychology at Chatham University. Are you embodying in the most arduous way how to be the consummate clinician-researcher, something you have written about?**

JP: I was at Pitt's counseling center for about two and half years, two days a week seeing clients individually and in groups, first completing my post-doctorate hours, and then staying on as a supervisor. I went to graduate school to become a therapist, so it was important to me to get my license and continue to see clients. I eventually left the counseling center when I had my son, but I have remained full-time faculty at Chatham. Now that my son is two and some of the craziness of those first couple years of transitioning to parenthood are behind us, my plan was

to return to clinical practice, but then I got this position as Editor and realized that I could not do both and stay sane. Incidentally, one of the things I learned from guest editing a special issue of CPQ about people who have careers as clinician-researchers is that it takes a lot of systemic support at one's institution to pull off having a research and a clinical career. I am excited to see that there might be some things moving in that direction at my university, which might allow me to build a small clinical practice along with some opportunities for training as part of my weekly responsibilities.

SV: **It is often suggested that the most satisfying career is one in which we can express something important of ourselves in the work we do. What would that be for you?**

JP: It took me a long time to find psychology as a career. I didn't major in psychology; I designed an interdisciplinary, interdepartmental major at the University of Minnesota titled *Developing a Perspective for Addressing Social Inequality*, which my mother jokingly shared with others as 'Jill is majoring in oppression.' I worked in public policy and public health, so by the time I started my psychology career, the path I was on finally felt as right as it did hard-won. I'm a feminist, a social justice advocate, and I am interested in people and their relationships with one another, and how groups of people function or don't function for the greater good. I also have several different research projects going right now, and I get to mentor students in a way that is very meaningful for me. I just finished teaching a class that I designed about evidence-based practices and realized how few students and even professionals understand that it is not 'this treatment for that disorder,' but is a process of thoughtful integration. I have also been struck lately by the fact that some of

the same skills that are associated with having a scientist identity—to be able to gather data and develop hypotheses about your group members and group, and confirm or disconfirm those hypotheses—is one of the same skills that is associated with multicultural competence; we call it 'scientific mindedness.' All this is to say that I am experiencing an exciting level of synergy in my career as so many of my interests are coming together across the various roles I have in my work life. I feel very satisfied that these different aspects of me are coming together to find expression in ways I have not experienced before.

SV: **What do you want group therapists to know about you that we haven't covered?**

JP: Diversity and social justice issues have been important to me since I was a teenager, so I am bringing that with me to the *Journal* at all levels, including promoting diversity in authorship, in the focus of articles, in editorial board leadership, and in new reviewers I am reaching out to. We have two calls for special issues on sexual orientation and gender diversity and group work and women and group work. I brought some fabulous new people onto an already incredibly strong Editorial Board, including Eric Chen, PhD, Sally Barlow, PhD, ABPP, ABGP, CGP, Bernhard Strauss, PhD, and Martin Kivlighan, PhD. In addition, I am working with two amazing new Associate Editors, Nicole Coleman, PhD, and Joe Miles, PhD. Finally, if members haven't really thought that the *Journal* is for them, or they have not made a connection to it yet, or if it has just been awhile, I want to invite them in or to come back. I am available for questions or to bounce ideas off of, and I welcome feedback and input. 🧠

practice MATTERS

Practice Matters is a column written jointly by the Public Affairs and Practice Development Committees.

Farooq Mohyuddin, MD, CGP
Co-Chair, Public Affairs Committee

The Practice Matters column is an opportunity to share the various initiatives of the Public Affairs Committee with AGPA members. We hope our work motivates you to support AGPA's advocacy for access to quality group therapy care for our patients and for proper recognition for the work of our members.

AGPA Public Affairs Committee's major task is to address issues impacting the practice of group therapy and the access to mental health services in the country. In addition, the committee works to increase visibility of AGPA as a standard bearer for the field of group therapy and highlights the valuable services provided by our members. The Committee is led by Kathy Ulman, PhD, CGP, FAGPA, Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, and myself with guidance and support from Marsha Block, CAE, CFRE, Chief Executive Officer, and Diane Feirman, CAE, Public Affairs Senior Director. The Committee's current work is focused on the following:

Leveraging the Recognition of Group Therapy as a Specialty

The recognition of group therapy as a specialty by the American Psychological Association—a joint effort by the Group Specialty Council, including members from AGPA and the International Board for Certification of Group Psychotherapists, Division 49 of APA, and the American Board of Group Psychology (ABGP)—has been a major win for group therapists. It endorses the skills and training required for effective group therapy practice. The Public Affairs Committee is now working on ways to spread the word and encourage other professional organizations to recognize group therapy as a specialty. The Practice Development Committee is also working to implement training opportunities and promote the Certified Group Psychotherapist (CGP) credential.

Promoting Public Awareness

We have taken a number of opportunities to raise public awareness about the effectiveness and impact of group therapy. Eleanor Counselman, EdD, CGP, LFAGPA, AGPA President, recently wrote an excellent letter, published in the *Boston Globe*, regarding group therapy standards, effectiveness, and reimbursement. President-Elect Molyn Leszcz is interviewed about group therapy in *Bottom Line Health*, a print and online magazine with one million subscribers. Martyn Whittingham, PhD, CGP, FAGPA, Co-Chair

of the Science to Service Task Force, is writing an article about group therapy for the *Psychotherapy Networker*. We are keen for further opportunities to promote our discipline and welcome ideas and suggestions from our members.

2018 Mental Health Legislative Positions Supported

1. Letter expressing concern about the effect of Ohio Senate Bill 255, restricting professional certifications, September 6
2. Letter expressing support for the Mental Health Professionals Workforce Shortage Loan Relief Act of 2018 (H.R. 6597), August 24
3. Letter expressing support for Students Act of 2018, S. 3337, for mental health services in schools, August 2
4. Letter supporting HR2290, The Family-Based Care Services Act, May 11
5. Letter opposing changes to non-emergency medical transportation, May 7
6. Letter supporting changes to opioid crisis response, April 23
7. Rep. Kennedy's Behavioral Health Coverage Transparency Act of 2018, January 26
8. Sen. Warren's Behavioral Health Coverage Transparency Act of 2018, January 26

*Updated position statements are posted on the AGPA website at www.agpa.org/home/practice-resources/legislative-positions.

The above listed positions reflect the breadth of legislative agenda supported by AGPA through its Public Affairs Committee. The Committee will continue to advocate for mental health reform and access to health care for all our patients. We would like to get all AGPA members to participate in making group therapy training and AGPA resources more available to other organizations. If any AGPA member involved in other professional organizations can introduce AGPA and the Public Affairs Committee to the community, email us dfeirman@agpa.org. Together, we can take the group therapy training to where it is needed. 🙌

member NEWS



| Alexis Abernethy

Alexis Abernethy, PhD, CGP, FAGPA, has been awarded the American Psychological Association's Presidential Citation—the APA Citizen Psychologist Award, which is presented to psychologists engaged in activities to improve the lives of people in their communities. Dr. Abernethy's work crosses cultural lines and has resulted in incalculable positive outcomes. A Professor at the Graduate School of Psychology, Fuller Theological Seminary since 1998, she was recently appointed the Associate Provost for Faculty Inclusion and Equity. Her primary research interest is the intersection between spirituality and health for which she has received numerous grants. In addition to her work at the seminary, Dr. Abernethy, who is Co-Chair of AGPA Connect, worked with pastors in New Orleans following Hurricane Katrina, provided service work and culturally responsive research on adapting group therapy to the population in the Bahamas, conducted culture-specific cancer prevention screening research and collaborated with faith leaders and African American congregations for health promotion and disease prevention.



| Judith Barr

Judith Barr, MS, LPC, MHC, recently published her second book, *How Did We Get Here? Our Refusal to Know the Truth About Ourselves*, which examines the roots of the heart-breaking condition of our world, and how we can help heal ourselves and the world. The book explores how in our adult lives, whether we realize it or not, we re-enact again and again the wounding we experienced as children. These re-enactments affect us, those close to us, our country, and the world.

Let's All Hold Hands and Drop Dead: Three Generations – One Story, by **Elaine Jean Cooper, MSW, PhD, CGP, DFAGPA**, will be translated into Mandarin and published by Changqing University Press. After publication, Dr. Cooper will teach a psychodynamic group therapy class in China using the group process from the book. 🙌



| Elaine Cooper

Group Therapists Tackle Social Issues

Robert Klein, PhD, ABPP, CGP, DLFAGPA, Shoshana Ben-Noam, PsyD, CGP, LFAGPA, Leonardo Leiderman, PsyD, ABPP, CGP, FAGPA, Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, and Victor Schermer, MA, LFAGPA

Since 9/11, AGPA and group therapists have become increasingly concerned about pressing social issues (Klein & Buchele, 2018). Some have maintained that our understanding of both large and small group dynamics may provide us with a unique perspective from which to understand and tackle these concerns (Klein & Schermer, 2015; Thomas & Haen, 2018; Levine, 2018). During this period, theorizing about the powerful impact of broader social, largely unconscious forces upon us has flourished (Hopper, 2003).

While there is a long history of involvement with issues of social justice dating back to our origin as an organization (Scheidlinger & Schamess, 1992), the extent of AGPA's involvement has varied over time and has been the source of some controversy. Lively debate has ensued about whether AGPA should be devoted exclusively to matters of patient care and providing education, training, and research, or expand to include broader social issues.

“Our hope is that this description of our experiences will motivate other AGPA Affiliate Societies to consider assuming a more social activist role supporting at-risk community populations by adopting and modifying this conference model to address critically important social issues, including the current migration crisis.”

9/11 seemed to mark a cultural turning point for AGPA. It was then that we entered the public health arena to develop disaster preparedness and response protocols (Buchele & Spitz, 2003; Klein & Phillips, 2008). Since then, largely through its Community Outreach Task Force, AGPA has expanded and promoted work that addresses broader social problems, collaborating with other groups, organizations and communities (Klein & Phillips, 2018). A vital component of the Task Force's mission includes assisting trauma survivors all over the world, as well as underserved, at risk/vulnerable populations. The Task Force also works with a variety of organizations interested in learning about the usefulness and applicability of group treatment methods. In keeping with this trend, more articles have appeared in the *International Journal of Group Psychotherapy* and the *Group Circle*, and more presentations at AGPA Connect have addressed a range of contemporary social concerns and crises.

On an internal level, AGPA has also been addressing the role of issues such as race and gender and how they affect how we function as an organization. The formation of the Racial and Ethnic Diversity Special Interest Group signaled our growing awareness of the importance of these matters. Appropriate changes have since been made, for example, in how we educate and prepare people to assume leadership roles within AGPA. The latest example of AGPA's continuing efforts to address diversity issues was a recent webinar entitled, *Microaggressions from the Inside Out*, conducted by Kavita Avula, PsyD, and Sabrina Crawford, PsyD.

Until recently, however, questions about our degree of social activism have remained, for the most part, the purview of individual member decision-making. AGPA, like most professional organizations, has tended to remain neutral in our relationship with the larger community, especially when it comes to responding to politically charged issues. That is certainly consistent with the professional stance most practitioners try to maintain in their work.

Within the past few years, AGPA has made a few notable exceptions to the policy of neutrality. AGPA's website, for example, reveals a series of organizational statements objecting to proposed public charge amendments; support for inclusion, same sex marriages, academic freedom, and a safe environment; and opposition to the use of enhanced interrogation (torture). The recent migration

crisis, triggered by the zero-tolerance policy of separating migrant children from parents, has ushered in still further modifications of AGPA's neutral stance, especially since this policy poses great psychological risks, both short- and long-term, to children.

Over the past six months, the Community Outreach Task Force has actively focused on the migration crisis. It drafted a public policy statement asking the administration to stop separating children from their families. Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, Task Force Co-Chair, was interviewed by Valerie Canady, Managing Editor of *Mental Health Weekly*, where she described the traumatic impact of separating parents from children and her labeling of the administration policy as “legislating atrocity.”

Subsequently, she and Annabel Raymond, BS, MA, LMFT, CGP, offered *Care of the Attorney Caregiver Introduction to Vicarious Trauma* to the Immigration Justice Project and the Southeast Immigration Freedom Initiative of the Southern Poverty Law Center. The program was designed to provide a template for further trainings. Additionally, Craig Haen, PhD, RDT, LCAT, CGP, FAGPA, Task Force Co-Chair, developed a set of talking points to provide guidance for attorneys and mental health professionals working with parents reunifying with their children.

It was in this context that the Westchester Group Psychotherapy Society (WGPS), with leadership from Leo Leiderman, PsyD, ABPP, CGP, FAGPA, Shoshana Ben-Noam, PsyD, CGP, LFAGPA, and Robert Klein, PhD, ABPP, CGP, DLFAGPA, assembled a full-day conference on the current migration crisis. The Group Foundation for Advancing Mental Health co-sponsored the event, held in December in White Plains, New York. What follows is a description of our conference that we hope others might find relevant and useful.

The Migration Crisis: How to Effectively Use Community Resources

The conference was widely publicized and attracted 83 participants comprised of bilingual and monolingual mental health clinicians and community leaders from the tri-state New York area. The format included eight components: (1) opening remarks by the Conference Chair (Robert Klein), which offered a critique of current administration leadership and policy and emphasized the importance of maintaining our core values; (2) a presentation by Leo Leiderman on *A Culturally Sensitive Approach to Family and Group Therapies with Hispanic Immigrants*, which enabled participants to gain an empathic understanding of the enormous hardships endured by migrants, and the critical importance of appreciating the role of migrants' culture when providing services; (3) a panel discussion on *A Community-Based Approach Towards Empowering Immigrants and How National and Local Immigration Policies are Affecting Our Communities*, which examined the specific aspects of the laws governing migrants and their implications; (4) an address by the Commissioner of the Westchester County Department of Community Mental Health outlining ongoing efforts in the community to address migration problems; (5) a presentation by Victor Schermer on *The Inner Language of the Mother Tongue: Beyond Translation to Empathic Understanding*, which focused on the obstacles to rapport with people encountering a new language and culture, and how empathic understanding of universal, developmentally early proto-language can help us grasp the language of the heart and soul; (6) a presentation by Suzanne Phillips on *Dealing with the Pain and Potential of Migration: The Relevance of the Trauma Group Model*, which examined the restorative potential of the trauma group model in addressing the stress reactions, isolation, fear, helplessness and grief suffered, as well as the resilience and hope needed; (7) a Large Group Process Experience for all conference participants, led by Shoshana Ben-Noam and Robert Klein, which provided an opportunity to share, explore, and reflect upon attendee experiences to gain a deeper understanding of the issues we face collectively and our own roles in dealing with them; and (8) a wrap-up, during which we reviewed the events of the day with a panel of the entire conference staff, and began to identify important follow-up activities.

This conference was emotionally powerful and effective, occurred at a timely moment, and was intimately tied with the efforts of the entire community. The inclusion of attorneys and community-based directors who work with newly arrived, underserved migrants and their families proved to be especially valuable. An added unforeseen bonus was the opportunity for conference staff to work closely together throughout the extensive planning period preceding the conference. This, as well as the warm, supportive holding environment created by WGPS, was very rewarding. Being part of a cohesive, productive work group addressing an important cause is always special for us groupniks!

What emerged from the conference confirmed our sense of its importance, timeliness, and value. Follow-up actions are already underway, including: (1) A comprehensive listing of all available community-based services, both legal and mental health, is being prepared for conference attendees, migrants and their families, and all those in the geographic area who provide services to them; (2) Those who wish to donate time to conduct group psychotherapy services or to offer in-service education or supervision will be notified where their help is most needed; (3) A supervision group (at no cost) is being formed for those willing to conduct a psychotherapy group for migrants and/or family members at either of two primary community agencies; (4) A conference call was held in January with agency executive staff to help assess their needs to augment mental health services; (5) AGPA sent WGPS several relevant documents, including a PowerPoint *Care of the Attorney Caregiver, Trauma Talking Points for Attorneys*, and an email from the Community Outreach Task Force providing free outreach; (6) A proposal is being drafted to conduct a similar follow-up event for AGPA Connect in Los Angeles. In addition, we are proud to announce that WGPS was able to make a \$3,150 donation to the Group Foundation for Advancing Mental Health from conference proceeds.

Our hope is that this description of our experiences will motivate other AGPA Affiliate Societies to consider assuming a more social activist role supporting at-risk community populations by adopting and modifying this conference model to address critically important social issues, including the current migration crisis. 🙏

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Related Article

Please see the article *AGPA Community Outreach Expands its Services Thanks to Help from the Group Foundation*, by Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, and Craig Haen, PhD, RDT, LCAT, CGP, FAGPA, Co-Chairs, Community Outreach Task Force, in the enclosed Winter 2019 issue of *Group Assets*, which describes additional work of the Task Force.



consultation, please!



Signed, Befuddled

I have a therapy group that has been meeting for several years. While there has been some turnover, the current group has been stable for six months. There are now four men and four women, and they do the work. One of the men has a drinking problem. We are working on it in individual therapy, and he knows it's a problem. Recently, one of the women accused him of coming to group drunk. She claims she smelled alcohol on his breath. He admitted that he "might have had a beer" but denied being drunk, and frankly, if she hadn't brought it up, I wouldn't have noticed anything; he seemed his normal self. The woman got extremely angry at him and at me for allowing this behavior. She said it made her feel unsafe. I tried to explore what that meant, as I didn't think he was doing anything threatening, but she wasn't willing to explore it. I don't know if there's alcoholism somewhere in her background. One rule in the contract is that members don't come to group drunk or high. I understand that it's my job to enforce the contract and hold the group, but I don't want to be a policeman giving him a sobriety test. If someone has a glass of wine with dinner, does that mean they can't come to group? How do I deal with this situation?

Dear Befuddled:

By stating that group members are not to be drunk or high, we are really asking them to come ready to work and to be prepared to address their defenses that prevent them from authentically working in the group. A defensive posture, which might include altering one's state through drugs or alcohol, is only one form of defense. You might want to be explicit about asking group members to not come to group in an altered state, which would include any type of mind-altering substances—whether they feel altered or not. You might also state that if members come to the group in an altered state they will be asked to leave as their ability to benefit from the group is impaired.

This brings up the issue you raise about not wanting to be the policeman for the group. The group therapist holds the role of authority and is responsible for structuring and leading the group process in a way that facilitates growth and change. Growth and change cannot possibly happen without the group members feeling safe enough to open up and explore the tried and true ways in which they perpetuate dysfunctional relational patterns in their lives. Our authority is primarily to enforce the structure, such as starting and ending on time, along with facilitating honesty and openness in the group. Guidelines, or rules, including those which group members will challenge from time to time, are a critical part of the group process and movement toward growth and change. Though you are not the police, you do have the leadership authority to initiate an exploration of why a member will break a guideline in order to help the group member and the group-as-a-whole learn about their defenses.

Finally, the group member who brought up the smell of alcohol in the room was probably speaking both for herself and for other members about how safe the group is feeling at this time in its history. While it may not be apparent what the lack of safety might be, it certainly needs to be addressed. If this concern is not addressed, then the degree of safety and trust necessary to move the group toward its next level of development will not likely occur.

Your role as the leader and the primary source of facilitating safety and security within the group is to

allow your leadership and authority to be questioned. As uncomfortable as this may be, it is essential that you let the group know that they can challenge you and that you will be empathically attuned to their needs. Of course, it is always a good idea to get some consultation from a trusted source when your group is struggling.

Thomas Stone, Jr., PhD, CGP, FAGPA
San Antonio, Texas

Dear Befuddled:

The dilemma in your group brings to mind the concept of anti-group, which refers to "the destructive aspect of groups that threatens the integrity of the group and its therapeutic development" (Nitsun, 1991). This paradigm suggests that the individual, group, and/or group therapist can act as an antagonist to the integrity of group process. Your drinking member (Member D) is serving the anti-group function, and you may be unwittingly colluding with him.

Nitsun (2005) cautions group therapists to be open to how certain fears stimulated by anti-group forces can impede their effectiveness, including fear of failure or criticism, fear of abandonment or engulfment, and fear of losing control and authority, to name a few. These very understandable enactments are worth considering as you think about your decision to put Member D into your group. Perhaps your intuition when it comes to understanding why it is a problem for an alcoholic to have a drink before group is in conflict with your wish to keep him in the group.

The way forward may include a combination of addressing the breach of boundaries, but also exploring their feelings toward you for the member's lack of clear understanding of the contract, thus insulating him from attack. You can then help the group re-establish connections in the group and with you through exploration of who failed to protect them in their lives (e.g., the woman who did not feel safe), who had alcoholics and enablers in their family (also potentially relevant to the unsafe member), and other transference configurations playing out in the group. Finally, you do want the group to help Member D realistically examine his drinking problem, but the timing might be better after you direct their frustration toward you. Member D clearly

minimized the infraction, and we might wonder if he thought that he technically did not violate the contract of not coming drunk or high. Since people with alcohol addiction minimize their drinking, this tendency could be explored in the group after the issue of safety has been addressed.

Rather than viewing confrontation as akin to policing, perhaps you could consider openly sharing your concerns about the anti-group role Member D has assumed and your collusion in it. It seems that you must allow the group to unfold around this rupture and trust that you are able to work with all of them on their destructive urges. After six months of relative calm, it was inevitable that someone shake it up.

Alison Howard, PsyD, CGP
Washington, DC

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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. Special Interest Group members are also encouraged to send cases that pertain to your particular field of interest. Email Lee at lee@leekassan.com.



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



Networking at AGPS (L to R): Andy Smith, PsyD; Jill Lewis, MA, LCSW, CGP; Lauren Walther, LCSW, LCDC; and Jessica Buchholtz, PsyD.

The **ATLANTA GROUP PSYCHOTHERAPY SOCIETY (AGPS)** hosted a networking event at Fado Irish Pub to connect group-minded clinicians and to jumpstart interest in AGPS. The event was a smashing success with more than 40 attendees and attracting 15 new members!

The **AUSTIN GROUP PSYCHOTHERAPY SOCIETY (AGPS)** sponsored 2018 Weekend Institutes, which were led by: Barbara Davis, LMSW-ACP, CGP (*The Language of the Body in Group*); Charlotte Howard, PhD, CGP (*Receiving in Group*); Sue Marriott, LCSW, CGP and Michelle Bohls, LMFT, IRT, CGP (*Modern Attachment Theory in Groups*); and Dave Kaplowitz, LMFT, CGP (*Developing Your Own Group Contract*). Upcoming Institutes for the first part of 2019 include: Katie Griffin, MA, LPC, CGP, FAGPA, and Joseph Acosta, MA, LPC, CGP, FAGPA, (*Early Longing, Emotional Engagement and Sexual Desire*); and Pierre Choucroun, LPC-S, PhD, CGP (*Common Defenses in Group Therapy*). As part of its commitment to expanding the community's understanding of diversity, AGPS hosted its quarterly Diversity Dialogue in October, *The Fluidity of Desire in Group*. The discussion centered around the diversity of sexual expression, identity, and desire in group psychotherapy.

The **CAROLINAS GROUP PSYCHOTHERAPY SOCIETY (CGPS)** is conducting its annual membership drive for 2019, offering \$10 off the price of membership for next year for those who join before the end of 2018. For more information and to join CGPS, visit the website carolinagps.org.

The **EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS)** welcomed its newest members to the Board of Directors—Leah Slivko, LICSW, PsychA, and Randy Dunagan, MS, MFT, Co-Chairs of the Training Program and Manhattan Discussion Group, respectively. The Board of Directors met for its annual retreat and had a productive day of team-building activities, facilitated by Joan Wittig, MS, ADTR, LCAT. EGPS launched the Work Group for

Racial Equity Scholarship, which provides financial assistance to qualified African American professionals who have been formally accepted into the EGPS Training Program. This scholarship is the culmination of four years of monthly discussion groups about race in the Work Group for Racial Equity, co-lead by Christine Schmidt, LCSW, CGP, and Rudy Lucas, LCSW, CASAC, SAP. It represents efforts to improve access to educational experiences historically denied to African Americans. The scholarship was awarded to Geraldine Howard, M.DIV, BCPC, for the 2018-2019 training year. For more information about the scholarship and or to make a donation, visit the EGPS website www.egps.org. The EGPS Annual



△ Members of the EGPS Board of Directors (L to R): Rudy Lucas, LCSW, CASAC, SAP; Hilary Levine, PhD, CGP; Kathie Ault, PMHNP-BC, CGP, FAGPA; Kathleen Isaac, PhD; and Jan Vadell.

Christine Schmidt, LCSW, and Rudy Lucas, LCSW, CASAC, SAP. ▽



Conference was held November 16-17. The theme was *The Tragedy of Obedience and the Struggle for Authenticity in Group Psychotherapy*. The plenary speaker was Nina Thomas, PhD, ABPP, CGP, who presented *When the Outside Comes in and the Inside Comes Out: Transference and Countertransference Dressed as Judgments, Beliefs and Principles*.

The **GROUP PSYCHOTHERAPY ASSOCIATION OF LOS ANGELES (GPALA)** will host AGPA Connect 2019, to be held February 25 through March 2. Sarah Frank Jarvis, LMFT, ATR-BC, CGP, is the Hosting Committee Chair. GPALA member Keith Rand, MA, MFT, CGP, FAGPA, hosted a party at his home in West Hollywood to welcome AGPA Connect and build anticipation among the local Affiliate membership. Representing AGPA were: Marsha Block, CAE, CFRE, CEO; Angela Stephens, CAE, Professional Development Senior Director; and Jenna



Eddie Hunt, MA, LMFT, GPALA President; Ashley Graber, MA, LMFT; Sarah Frank-Jarvis, LMFT, ATR-BC, CGP; and Lisa Powell, PhD, CGP, EMDR.

Tripsas, Professional Development Assistant. The evening included enthusiastic and meaningful speeches from five GPALA members and past scholarship recipients who have made AGPA an annual part of their lives: William Whitney, PhD, MFT; Rena Pollak, LMFT, CGP; Oliver Drakeford, MA, LMFT; Carnit Zur, LCSW, CGP (currently residing in Israel); and Sarah Frank Jarvis, LMFT, ATR-BC, CGP. Many GPALA volunteers and attendees shared stories about the professional and personal benefits that AGPA provides to them. GPALA looks forward to welcoming everyone to AGPA Connect 2019 in February!

The **ILLINOIS GROUP PSYCHOTHERAPY SOCIETY (IGPS)** will hold its 2019 Spring Conference May 17-18 in Chicago. Katie Griffin, MA, LPC, CGP, FAGPA, will present *Early Longing, Emotional Engagement, Gender Identity, and Sexual Desire: Being Fully Ourselves in Relationship*. Group members at this conference will bring internal templates which, when combined with societal expectations, dictate and restrict the expression of longing, emotional connection, gender identity, and sexual desire. When the group leader helps expand and deepen these internal templates, group members develop more fluidity, breadth of identity, and depth of connection to themselves and others.

The **MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS)** hosted its Fall Conference in November. Bonnie Buchele, PhD, ABPP, CGP, DLFAGPA, presented *Trauma of These Times: Impact on Therapists and Our Groups*. When both group members and leaders are in the same traumatizing situation, special circumstances and difficulties arise. The conference explored the unique experiences that emerge during this challenging political and societal climate and what group therapists can do to maximize healing forces for everyone. An interview with Dr. Buchele and her recommended readings can be found at www.magps.org. The conference marked the close of two years of focused exploration of *The Practice of Group Psychotherapy in Times of Conflict: Opportunities and Dilemmas* across all MAGPS conferences, movie nights, and board retreats.

The **NORTHEASTERN SOCIETY FOR GROUP PSYCHOTHERAPY (NSGP)** continues to offer its free Breakfast Club series, which features delicious, often carb-heavy, food along with nourishing food for thought by distinguished presenters, including Scott Rutan, PhD, CGP-R, DFAGPA (*Dealing with the Difficult Patient*), and Amy Weiss, LICSW (*Finding Each Other in a Crowded Room: Using IFS in Group Therapy*). At a Practice Development event, *Professional Portraits*, held earlier this fall, participants were given the opportunity to update their head shots using the services of a Boston photographer specializing in portraiture. Visit NSGP website at nsgp.wildapricot.org.

The **NORTHERN CALIFORNIA GROUP PSYCHOTHERAPY SOCIETY'S** Annual Conference, held at Asilomar Conference Grounds, is organized every other year as an Institute. At this year's conference, to be held May 31-June 2, attendees can choose from a dozen different programs. The program is sprinkled with social events, such as singing, s'mores at night at the fire-pit, walks on the beach, and volleyball. For more information and to register, visit ncgps.org.

The **PUGET SOUND GROUP PSYCHOTHERAPY NETWORK'S (PSGPN)** Annual Spring Conference, *Using Theater and Group Process to Promote Mutual Recognition and Communal Well Being*, featured Bob Schulte, MSW, CGP, FAGPA, and Tikka Sears. Despite a vacancy in the president role over the past year, Kavita Avula, PsyD, Leila Welkin, PhD, LMHC, and Beth Shields, MA, LMHC, stepped up to keep PSGPN alive. They made it clear that they cannot continue to shoulder the administrative work and invited others to step into leadership roles. In the connectedness of the conference conclusion, a subgroup indicated willingness to be involved, but only a meager subgroup of these people have shown up at subsequent board meetings. It has become apparent that, if PSGPN is to remain viable, more members will need to step out of their comfort zones and into responsible leadership positions. Suggestions and support from our thriving AGPA Affiliates would be much appreciated! Contact Lynn Friedman, MD, at lynnfriedmanmd@gmail.com.

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.

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*.