

The Group Circle

Summer 2016

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

Special Institute to Examine Ethics Through Theater

Lisa Mahon, PhD, CGP, FAGPA, Annual Meeting Institute Co-Chair

Editor's Note: Red Well Theater Group members and guest artists will present Wounded Healers and Suffering Strangers: Navigating Ethical Dilemmas Together, a Special Institute at AGPA's Annual Meeting. Presenters include: Kavita Avula, PsyD; Connor Dale, MA; John Dluhy, MD, FAGPA; Mary Dluhy, MSW, CGP, FAGPA; Barbara Keezell, MSW, CGP, FAGPA; Cheri Marmarosh, PhD; Liz Marsh, MSW; Yavar Moghimi, MD; Robert Schulte, MSW, CGP, FAGPA; Rosemary Segalla, PhD, CGP, FAGPA; Tom Teasley; and Rob Williams, MSW, CGP. Here, Founding Director Robert Schulte, discusses the Special Institute, as well as how The Red Well Theater Group contributes to the professional development of psychotherapists through educational presentations featuring dramatic play readings, small group process experiences, clinically informed commentaries and moderated audience discussions. For interested readers, Red Well Theater Group: Combining Play Reading with Group Psychotherapy, written by Bob Schulte, appeared in

the Spring 2014 issue of The Group Circle. This Special Institute is eligible for Ethics CE credits.

LM: What is the focus of your Special Institute?

RS: Our ethics-focused program features two dramatic play readings presented by the Red Well Theater Group.

The plays dramatically illuminate a variety of ethical dilemmas relevant to dynamic group psychotherapy. We will also examine a collaborative process by which ethical dilemmas, understood as situations where multiple ethical imperatives are in conflict, might be resolved by therapists and group members working together.

LM: How did you get interested in using



Robert Schulte

continued on page 6

An Interview with Stephen Porges and Philip Flores: A Polyvagal Perspective of Group Psychotherapy as a Neural Exercise

Arnie Cohen, PhD, CGP, FAGPA, Annual Meeting Institute Co-Chair

Editor's Note: Stephen Porges, PhD, and Philip Flores, PhD, ABPP, CGP, LFLAGPA, will deliver a Special Institute on Group Psychotherapy as a Neural Exercise: A Polyvagal Perspective at AGPA's 75th Anniversary Annual Meeting to be held March 6-11 in New York City. Dr. Porges is Professor of Psychiatry and Director of the Brain-Body Center in the Department of Psychiatry in the College of Medicine, University of Illinois in Chicago. He is a former President of the Federation of Behavioral, Psychological and Social Sciences and the Society for Psychophysiological Research. He is the author of The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation. Dr. Flores is Adjunct Faculty at the Georgia



Stephen Porges



Philip Flores

School of Professional Psychology at Argosy University and is a Supervisor of Group Psychotherapy at Emory University. He is the author of Group Psychotherapy

continued on page 4

From the President

Eleanor Counselman, EdD, CGP, LFLAGPA

As I write this column, it is early July. I'm enjoying my garden and looking forward to my vacation. I know that by the time you read this, summer will be mostly



over; my vacation will be a pleasant memory; and I'll be sick of weeding! It's the rhythm of seasons. AGPA has its rhythm as well. After the Annual Meeting, the office staff briefly catches its collective breath and then work begins on planning the next Annual Meeting. To that end, a very successful Spring Planning Meeting was held in May, chaired by Martha Gilmore, PhD, CGP, FAGPA, and Alexis Abernethy, PhD, CGP, FAGPA, Annual Meeting Co-Chairs. Committee members worked hard to review the proposals and make their recommendations. I'm especially pleased to report that there were more than 40 proposals with international participants, so it is likely that we will have an international track at the Meeting.

Plans for AGPA's 75th Anniversary continue to be developed. It looks to be an incredibly festive occasion, thanks to Co-Chairs Patricia Barth, PhD, CGP, DFLAGPA, and Lisa Mahon, PhD, CGP, FAGPA, and their energetic task force. Those who remember *The Phantom of the HMO* and *Way Off Broadway* will be delighted to know that the same scriptwriter, Sandra Hutton, PhD, has returned to collaborate with David Hawkins, MD, CGP, DFLAGPA, on *Still Grouping After All These Years*, a musical to be performed as luncheon entertainment at the Annual Meeting on Saturday, March 11. I can't wait to laugh! Other celebratory events will be previewed for you in the coming months.

Also in honor of our 75th Anniversary, an extra issue of the *International Journal of Group Psychotherapy* will be published in virtual form only, and will be available by our anniversary celebration to be held in conjunction with the 2017 Annual Meeting. It will be complimentary to all members as part of the regular *Journal* subscription, and will contain articles in honor of our 75 years. Many thanks to Joe Shay, PhD, CGP, FAGPA, our Editor for this special issue, and John Caffaro, PhD, FAGPA, our Associate Editor.

I'm pleased to report that for the

continued on page 5

What's Inside

What's In Your Marketing Plan?	2
From the Editor	2
Research Matters	3
Group Assets	Insert
Consultation, Please	7
Affiliate Society News	8

What's In Your Marketing Plan? A Short Primer

Carol Dallinga, LCSW, CGP, EMDR, Jason Berman, PhD, and Allan Sheps MSW, RSW, FCCPA
Co-Chairs, Groups in Private Practice Special Interest Group

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at 201-652-1687 for further details.

Travel books typically ask you how much time you have to spend in a given location, then give you an outline of what to see and when given the time you have. Marketing is similar. You go to your destination, figure out how much time your circumstances might allow, and develop a plan to maximize your available time.

Your personal circumstances will also dictate how you approach marketing and build your practice.

So who are you, and how much time do you have?

- I am a single parent, psychotherapist in private practice dependent on my income to pay the bills. The rise and fall of my practice level worries me most of the time. I know I need to market and network more but I just don't have the extra time.

What's In Your Marketing Plan? Do you have time to prepare a referral thank you note for practitioners who refer to you?

- My partner and I have two incomes, however, our combined incomes just cover our family's basic expenses with some extras.

What's In Your Marketing Plan? Have you developed an email or social media list that you can let people know about your upcoming groups?

- My part time income from my private practice is secondary to my spouse's main income, which pays most of the bills. My income pays for nice vacations we take during the year.

What's In Your Marketing Plan? Do you mention your specialty areas of practice when you're chatting with people in the community? Can you deliver a 20-second elevator speech about your practice?

- I struggle running my practice, caring for my children, and finding other professionals for support.

What's In Your Marketing Plan? Can you spare a little

more time joining/developing a consultation group that meets once or twice monthly for case discussion and support? Check out your local Affiliate Society.

- I am an older sole practitioner. My income is shrinking as colleagues who used to refer are retiring. I need to develop new referral sources.

What's In Your Marketing Plan? Why not use your years of experience to offer a program at a local community or religious center, sharing your work with a new audience.

- I work at an agency but I would like to build my private practice and leave my agency job.

What's In Your Marketing Plan? Have you read some of the excellent books on marketing your private practice?

There are many other personal scenarios and the responses are, of course, interchangeable. The urgency of growing your practice depends on your personal scenario and your comfort with self-promotion. Any effort, time, or money spent on promotion is an investment in your future. Whether you work to make a living, a profit, or for personal satisfaction, think about how much you need to earn, the kind of investment you are prepared to make in your practice, and develop a plan. From business cards to ads in your local newspaper, to discussing your practice with colleagues, to attending AGPA functions, you either proceed in a haphazard or planned manner.

A thought-out plan, that you review regularly, is a rewarding investment. Can you spare two hours a week for marketing? It's a lot like committing to exercise; once you start, it's easier to keep going, but there is still effort required to keep going. Use the tips above to think about your plan. Interested in continuing the conversation about developing your marketing plan, join the Groups in Private Practice SIG and/or the Groups in Private Practice SIG Support Group by logging in to the Members Only page on the AGPA website and selecting the link to "Join a Special Interest Group." ●

From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

I have been resistant—tremendously so. It is summer, and about all I can think about is relaxing, vacationing, cycling, watching the Tour de France, and grilling, to name a few things. Two months ago, I breathed a sigh of relief that the last issue of *The Group Circle* was off to the printer, that classes I was teaching came to a conclusion for the academic year, and that the days were lengthening, all signs that summer is arriving and I can relax. Yet, as I forced myself to start typing, I realized that fall is around the corner, and while that does not mean that summer is over, there is much to do and much to report in these pages.

In the past several weeks, contributors to this issue sent me their articles and interviews. My essential

collaborator and support, Editorial and Production Manager Nicole Millman-Falk, without whom I would be directionless, gently nudged me about whether we had anything to go into the issue. Our relatively new but ever punctual and organized Vanessa Spooner, PsyD, sent me the *Affiliate Society News* and the reliable Michael Hegener, MA, LPC, CGP, FAGPA, our irreplaceable Editor of *Consultation*, Please initiated collaboration for his column. Usually I use this column to review the highlights of the issue, but I will allow you to discover that for yourself this time around, other than plugging the two Special Institute interviews to be held at our 75th Annual Meeting with Stephen Porges, PhD, and Philip Flores, PhD, ABPP, CGP, L FAGPA, written by Arnie Cohen, PhD, CGP; and with Robert Schulte, MSW, CGP, FAGPA, written by Lisa Mahon, PhD, CGP, FAGPA. I would rather acknowledge the important people that make this job a whole lot easier and motivate me to produce a quality newsletter four times a year.

To the point, I am so fortunate to be surrounded by such dedicated and talented people.

Eleanor Counselman, EdD, CGP, L FAGPA, who in addition to updating us on the work of AGPA benefitting our members in our *Practice Matters* column, easily transitioned to broadening her role in leading and clearly informing us of the activities of AGPA through her President's column. Past President Connie Concannon, MSW, CGP, DFAGPA, tirelessly produces *Group Assets*, the newsletter of the Group Foundation for Advancing Mental Health, which is critical in informing us of the work of the Foundation, as well as recognizing those who generously contribute financially through donations and endowments. Marsha Block, CAE, CFRE, our CEO, while not appearing often in these pages, plays a critical role in supporting me and our publication with her insights and critical eye to important news that should be communicated to you, the members. She and Angela Stephens, CAE, Professional Development Senior

Director and Editorial and Production Co-Manager, read the final proofs every issue, offering feedback and catching things we miss in the editorial process, as well as alerting us to newsworthy items. Diane Feirman, CAE, Public Affairs Senior Director, applies the same critical eye to *Group Assets*, in addition to sending me newsworthy items for *The Group Circle*, such as public relations announcements and community outreach endeavors. She was also an organizing force in discussions with members of the Science to Service Task Force, which led to the creation of the column *Research Matters*. And many thanks to the rest of the staff (Leah Flood, MBA, Katarina Cooke, Helen Li, and Charysse Harper), who regularly help us out and have always been responsive to me when I need to know something.

I know this might seem obvious, but this terrific group is invaluable in helping me mature in my position, confront my resistance, and today in communicating warm feelings for all of their help. That's what groups do. ●

Research Matters

How Evidence-Based Group Therapy at Mercy Health Improved Overall Inpatient Health Outcomes

Martyn Whittingham, PhD, CGP

Mercy Health is the largest health system in Ohio and one of the largest not-for-profit health systems in the United States, with more than 30,000 employees in Ohio and Kentucky. With six billion dollars in assets, it operates approximately 450 health facilities, including 23 hospitals. Mercy's Behavioral Health Institute (BHI) was developed over a five-year period to improve behavioral health services across the organization by bringing geographically disparate sites into a consistent, evidence-based treatment model based primarily around group therapy.

Originally led by Donna Markham, PhD, CGP, and as she discussed in *The Group Circle* (Fall, 2013), the BHI developed schedules, treatment models, training programs, and supervision while also investing millions of dollars in creating a state-of-the-art environment of care for its inpatient and outpatient units. It also embarked on a rapid rollout of primary care integration that placed psychologists and social workers in primary care offices across Ohio and Kentucky. Mercy Health now serves approximately 13,000 patients a year in its mental health services facilities, utilizing evidence-based group therapy. Moreover, the utilization of evidence-based group therapy has also shown some very impressive results.

Since 2013, the OQ30 (Lambert et al. 2005) has been used at admission and discharge to measure change in six different inpatient units. The average change score was tracked by site and by system overall, so that outcomes could be monitored and feedback given to site therapists and leadership. The benchmark scores to which Mercy compared itself were those introduced by Burlingame and Lambert in the OQ30 manual, namely seven points of change, based on initial score at intake. In 2013, when sites were beginning to adjust to the use of evidence-based groups, the scores at many sites were as low as five to six points of change. By December 2015, the lowest score in the system was 15 points of change and the highest above 25. The system average of change scores was over 20 points—between two and three times the national benchmarked average.

Equally impressive, Mercy Health measured patient satisfaction with group psychotherapy. Scores at the end of 2015 were consistently above 80% satisfaction. This was further born out by patient comments, with many reporting that they greatly enjoyed the psychotherapy groups and had “never experienced anything like this anywhere else.” These results were obtained from having multiple groups run daily ranging from psychotherapy (Yalom's Agenda Groups) to cognitive skills, recovery, and psychoeducational groups. The greatest emphasis was placed on the use of Yalom's one-session Agenda Model of inpatient psychotherapy.

Yalom's Agenda Model of group psychotherapy employs a one-session, process-based model that works on achievable goals in the here-and-now. Because patients typically only stay for four to eight days in inpatient treatment, group membership is always in flux, and, therefore, each session must be treated as discreet. The group leader provides a semi-structured approach to the group, working them through four stages within one hour, as laid out by Yalom and Leszcz (2005).

Markham and Melyn Leszcz, MD, FRCPC, CGP, DFAGPA, led trainings on the model for all staff, and in my role as Chief of Clinical Integration and Research, I offered weekly and then biweekly supervision by telepresence utilizing applied research findings to guide practice, primarily using AGPA's *Clinical Practice Guidelines* (Bernard, et al., 2008). The local Market Directors of Program Excellence (psychologists or advanced social workers) also led group supervision and consultation on site. Additionally, a fidelity checklist was developed by Mercy Health leadership and ratified by Yalom and Leszcz (Kang, Whittingham, Markham, Leszcz and Yalom, 2014). This was used by group leaders to self-evaluate as well as for peer

supervision and feedback to ensure treatment fidelity and promote therapist growth. All current and new staff were required to become Certified Group Psychotherapists (CGP) through the International Board for Certification of Group Psychotherapists. This proved a significant factor in ensuring that therapists were practicing at the highest standard.

The outcome measures (aggregated by overall site score and with individual ranges of scores) were shown to site leaders and therapists on a regular basis, and market leaders reported that seeing scores improve was informative and highly motivating for staff. Any drops in scores were explored to understand what could be learned and determine how to best move forward. Therapists reported feeling proud of their work and that this impacted their overall sense of efficacy as group leaders.

The result was high fidelity to the treatment model while remaining flexible and responsive to patient need. The interactive nature of the therapy and its focus on process allowed for connections formed in therapy sessions to carry over into the treatment milieu. Clients reporting feeling more connected to others on the unit, experiencing installation of hope and universality. An unexpected, but welcome, side effect was a decrease in violent incidents on the unit.

These results are more than encouraging. First, with many hospital systems divesting themselves of inpatient units and limited effectiveness research being undertaken, Mercy Health has shown that with adequate attention paid to training, supervision, fidelity, utilization of evidence-based group treatment and consistent feedback on treatment outcomes, considerable gains can be made to patient well-being.

Equally, the evidence-based model employed was not strictly manualized and was also based on interpersonal principles implemented in a brief format. This shows that what is defined as “evidence-based” need not be restricted to a few manualized treatments, but rather can also apply to well-thought out and consistently applied dynamic and interpersonal treatments, adapted by experienced group psychotherapists. Consistent with APA's definitions of evidence-based practice (APA, 2006), treatment that has fidelity, is based in the latest applied research, utilizes real time feedback through assessment, and demonstrates good local and system outcomes also qualifies under that definition. The application of the *Clinical Practice Guidelines* and materials contributed significantly to the remarkable outcomes shown and proved that well thought out group therapy can work in major health systems and add considerable value to patient care across a broad range of outcomes. ●

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Polyvagal Perspective

continued from page 1

with Addiction Populations and Addiction as an Attachment Disorder, which was the 2005 Gradiva Award Winner issued by the National Association for the Advancement of Psychoanalysis. He was Consensus Panel Chair for Substance Abuse Treatment: Group Therapy, a Treatment Improvement Protocol (TIP #41), issued by the U.S. Department of Health & Human Services.

AC: What is the Polyvagal Theory and what will your Special Institute cover?

SP: The Institute will describe the Polyvagal Theory and explain how it provides a neurobiological framework to understand the processes involved in successful group psychotherapy. Through the use of two demonstration groups, one in the morning and one in the afternoon, we expect to deconstruct the biobehavioral processes embedded in group psychotherapy that will explain therapeutic successes and vulnerabilities from a Polyvagal Theory perspective.

PF: The venerable notion of defining group psychotherapy as a neural exercise carries with it an implied conviction that there are advantages associated with approaching group treatment from a Polyvagal perspective that honors the importance of physiological mechanisms and visceral processes more than interpreting behavioral and emotional difficulties as purely psychological phenomenon. This shift in perspective prompts asking some important questions: What exactly are we trying to exercise during group therapy, and what are the goals of these exercises? In what ways are we trying to make our group members more bio-physiologically and emotionally fit, and toward what outcome?

Polyvagal Theory essentially changes how we conceptualize the relation between our bodily process and our psychological experiences. The theory presents an innovative explanation of the relationship between behavior and the state of the autonomic nervous system that is a paradigm change. One reason why Polyvagal Theory may have gone unrecognized to group therapists is because it proposes a completely new framework from which to understand clinical and developmental phenomena. Recognizing that psychological difficulties are strongly influenced by physiological states changes the way we define psychiatric conditions, as well as how we need to approach these psychological challenges in psychotherapy. Polyvagal Theory emphasizes physiological state as the critical ‘intervening variable’ determining the quality of reactions to all forms of stimuli.

Polyvagal Theory has also expanded our notion of what constitutes the mind by increasing our understanding of the concept of ‘embodied cognition’ (Bargh, 2014) or ‘embodied brain’ (Fonagy et al., 2009), helping shift psychodynamic theory from a theory of affect to a theory of affect regulation. Polyvagal Theory offers convincing evidence confirming the crucial importance that recurring authentic face-to-face social interactions will have on strengthening the functioning of the vagus system, thus improving emotional communication, the accuracy of neuroception, and the dampening of sympathetic tone (unnecessary fight/flight defensive reactions that distort psychological experience). With sufficient opportunities to practice the neural exercises involved in improving the social engagement system and neuroception, the remapping of brain circuitry relevant to these processes will produce a more accurate explanation of how the mind and the body influence each other.

AC: How did you get interested in these topics? Why do they continue to hold your interest?

SP: Like many of my generation, the family life I experienced appeared dysfunctional when contrasted to the idyllic family life crafted for the television shows of the 1950s and early 1960s. Not far below the surface of our family life were real issues, not only of resource, but of vulnerability, often linked to World War II, McCarthyism, racism, and anti-Semitism. Missing from the family dialogue were discussions of the critical events related to the transgenerational trauma experienced by my grandparents as they were stripped from their family roots when they emigrated from Central and Eastern Europe to the United States in the early 1900s and then, after establishing themselves in a

“I have always been interested in the bridge between feelings and rational thought, and this served as the basis for my research as it evolved into a model linking nervous system regulation of biobehavioral state to mental and physical health.”

new country, losing their extended family during the Holocaust. In contrast to this partially hidden and not-to-be-discussed personal history, the metaphor of safety in all its manifestations was the mandate for survival and success. Safety took the guise of wealth, professional status, and educational achievement. Given this background, I felt I had only one choice of profession to be successful within my family and culture.

I have always been interested in the bridge between feelings and rational thought, and this served as the basis for my research as it evolved into a model linking nervous system regulation of biobehavioral state to mental and physical health. My parents wanted me to be a physician. Although I started college as a pre-med student, and even worked as an operating room orderly, my passion was not in medicine. Even as an adolescent, my intellectual curiosity focused on understanding the links among subjective experience, physiology, emotion, and social interactions. By the time I was in high school, it was clear that I was on a path towards understanding how nonverbal communication occurred at a level that was below conscious awareness. My path as a psychologist led me to study psychophysiology, developmental psychology, neuroscience, comparative neuroanatomy, neurophysiology, time series statistics, and biomedical engineering. As clinicians provided me with feedback of the relevance of my work to their patients, the Polyvagal Theory emerged as an integrated theory with clinical applications.

My interests emerged from an understanding of the bidirectional relationship between our physiology (i.e., body) and our brain (i.e., mind). This interest led to the development of the Polyvagal Theory, a theory that not only provided an understanding of brain-body interactions, but also incorporated an understanding of how social behavior is necessary for physical and mental health. At the core of Polyvagal Theory is the concept of how individuals co-regulate their biobehavioral state. Mental health issues and behavioral problems are universally linked to an inability to co-regulate, which is manifested in poor social relationships and emotional dysregulation. From a Polyvagal perspective, group therapy provides exercises to promote the neural circuits involved in co-regulation and emotional regulation. My interests continue to focus on how the quality of human interactions influence emotional, cognitive, physical, and social processes.

PF: I was already in love with Steve’s theory by the time he presented at AGPA in 2014, but after a number of conversations with him during the conference and sharing a table at dinner, I fell in love with the man behind the theory. At first glance, translating the implications that Polyvagal Theory has for guiding the application of clinical interventions in group therapy appeared to be an arduous task. However, the more I carefully examined it, I discovered a natural synergy between the basic tenets underlying Polyvagal Theory’s explanation of the evolutionarily determined adaptation of the vagal system and the theoretical foundations that guide attachment theory, and is relevant to all psychodynamic, interpersonal, and relationally oriented models of group psychotherapy.

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

SP: During the 45+ years since receiving my PhD, I have been fortunate to integrate my professional work with my personal interests and build the tools necessary to support a science of interpersonal neurobiology. I have focused my intellectual resources towards the space between subjective experience and the features that define both social engagement and biobehavioral responses to others. My work has focused on reducing the dissonance between personal

subjective experiences and the complex features of interpersonal experiences. When this dissonance is minimized, we are safe in the arms of another. Polyvagal Theory provides an understanding of how evolution changed our nervous system. Thus, the theory provides an explanation of how we respond to safe, dangerous, and life threatening situations. As the Polyvagal Theory developed, it has expanded from a model of self-regulation to a model of co-regulation. As the theory is applied to group psychotherapy, it provides an understanding of the consequences that triggers of safety, danger, and life threat have on individuals within group settings.

AC: Will the learnings be relevant for all attendees, regardless of their level of experience?

SP: We will utilize the two demonstration groups to provide clinical material to lead a large group discussion about how the basic principles of Polyvagal Theory can be applied to group psychotherapy. Participants will learn how frequently used techniques are reflected in shifts in physiological states in their clients. These state changes are antecedents of positive and negative behaviors within group and contribute to therapeutic outcomes.

PF: Attachment theory has become more biologically than psychologically inspired because of a conceptual revolution that has evolved over the last 20 years, which synthesizes the best ideas of attachment theory and the neurosciences. However, despite the empirical evidence, a lack of practical applicability to clinical practice has been sorely missing. For instance, van der Kolk (2009) observed that an understanding of the neurophysiology of the brain alone does not provide the information necessary for translating this knowledge into relevant clinical practice, which Polyvagal Theory seeks to do. What I hope attendees appreciate is that Polyvagal Theory expands our understanding of the neurobiology underlying how we operate from our most cherished theories, but also how to apply that understanding to clinical practice.

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

SP: Background in the Polyvagal Theory will be helpful. Participants may read the articles provided to have a better background on Polyvagal Theory. In addition, there are several lectures on YouTube that may be helpful. Information about where to find these will be made available in the Annual Meeting Program.

PF: It is important to know beforehand that the contributions from Polyvagal Theory does not lead to the need for the development of another new model of group treatment, but actually helps validate many current methods (i.e., the relational models). Just as Polyvagal Theory offers a trans-theoretical formula that identifies and substantiates what all effective therapeutic models and treatments already do, the concept of group as a neural exercise helps validate the venerable notion that talking with someone will alter neural pathways, vagal tone and synaptic strength—especially if the encounter is meaningful and occurs within the context of emotional arousal, attunement, safety, and a strong attachment bond. Many competent therapists are already intuitively doing much of this with their utilization of emotional attunement, emotional communication, etc. What is unique about Polyvagal Theory is that it translates the abstract neurobiological components of this process so that it can make this intuitive process less ambiguous while also allowing group leaders to take advantage of a different type of evidence-based treatment to guide their group work. ●

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President

continued from page 1

eight year, AGPA will sponsor a Camp Galaxy Resiliency Day. This is a day for children of National Guard members affiliated with the 106th Air National Guard at Gabreski Air Force Base in Westhampton Beach, New York, as well as children of military parents in any of the armed services in the New York area. The goal is to give the children a day of fun, connection, and resilience. Many thanks to Suzanne Phillips PsyD, ABPP, CGP, FAGPA, and Craig Haen, PhD, RDT, CGP, LCAT, FAGPA, Co-Chairs of the Community Outreach Task Force.

In early June, the newly elected Board members attended a daylong orientation session at the AGPA office, led by Retiring President Les Greene, PhD, CGP, LFAGPA, and CEO Marsha Block, CAE, CFRE. AGPA Board conference calls were then held on June 26–27, the first meeting of the current Board. While there is too much to summarize from our two nights of Board calls, I will highlight a few items.

A revision to AGPA's *Guidelines for Ethics* was drafted by the Executive Committee and submitted for comment to the Racial and Ethnic Diversity SIG, the Gay, Lesbian, Bisexual, and Transgender Issues SIG (GLBT), the Issues of Aging SIG, and the Health and Medical Issues

SIG. A final version, approved by the Board, reads: "The group psychotherapist shall not practice or condone any form of discrimination that includes but is not limited to nationality, ethnicity, race, gender, gender identity, sexual orientation, size, disability, age, religion, socioeconomic status, or cultural background, except that this guideline shall not prohibit group therapy practice with population specific or problem specific groups."

The Affiliate Societies Assembly (ASA) had a successful weekend meeting in Chicago, Illinois, June 25-26. Chaired by Mary Krueger, MS, Ed, CGP, and attended by 14 Affiliate Society representatives, the program included an exciting discussion of using social media to promote Affiliate educational offerings. The ASA recommendation of either Los Angeles or Seattle for the 2019 Annual Meeting was approved by the AGPA Board.

The Board approved a Lifetime Achievement Award that will be presented to Irvin Yalom, MD, DLFAGPA, during the 75th Anniversary Annual Meeting. This is the first such award that AGPA has ever given, and the Board felt that Dr. Yalom richly deserved it for his many decades of significant contribution to the field of group therapy as teacher, author, and practitioner.

One of the many reasons I am proud to be an AGPA member is its rapid and active outreach in response to community trauma. This spring, as wildfires raged in Alberta, AGPA reached out

to our Canadian members, offering support and reminders of the many resources on our website. We received a number of positive responses thanking us for the outreach. Within 24 hours of learning of the terrible events in Orlando, Florida, AGPA posted a message of support on the GLBT SIG and the membership-at-large e-communities and sent emails to all Florida members, offering support and trauma resources.

Sadly, as I complete this column, another terrible week transpired with shootings in Louisiana, Minnesota, and Texas. The anger and divisiveness in our country has reached a level I've not seen since the 1960s (and which I hoped I'd never see again). Many people feel a sense of fatigue and even despair. AGPA's Executive Committee, Community Outreach Task Force, and Racial, Ethnic, and Diversity SIG responded to these acts of violence with a powerful message to our members and friends offering compassion, support, resources, and the important reminder of our shared belief in the power of groups for healing and change. I hope that we can all respond with the values we embrace as group therapists: compassion, empathy for all, avoidance of scapegoating, and inclusion of all voices and views.

All of these activities, and many more too numerous to report here, are what make AGPA the vibrant organization that I am glad to serve as President. As always, I welcome comments at EleanorF@Counselman.com. ●

Theater

continued from page 1

theater to facilitate group psychotherapy?

RS: My first career was in the theater as a stage director. In making the transition to becoming a group psychotherapist, I recognized the similarities between conducting a theater rehearsal and facilitating a group therapy session. Acting ensembles and therapy groups both rely on the here-and-now of small group interaction to reveal and explore the contextual complexity of the human condition. Action, reflection, and meaning making are common to both endeavors.

In his classic text *Poetics*, the Greek philosopher Aristotle championed a moral purpose for creating theater. J. L. Moreno's development of psychodrama in the 20th century reflected his own values-based mission to restore theater to its original civilizing purpose of promoting mutual recognition and communal wellbeing. Contemporary dynamic group therapists recognize the inevitability and utility of unconscious enactments in the process of achieving group therapeutic aims. The central place of dramatic action and values-based ethics in group psychotherapy and theater is well established.

The longer I practice, the more I recognize the importance of continuous ethical thinking and decision-making in maintaining a safe, therapeutic group environment. The dependable modeling of ethical behavior by the therapist has enduring therapeutic impact. My deepening understanding of how ethical dilemmas are co-constructed from many influences, within and beyond the therapy group, has been instrumental in maintaining my therapy groups. Engaging members in the process of resolution is key.

LM: What will your Special Institute cover?

RS: We will review basic ethical principles of beneficence, non-maleficence, respect for autonomy, fidelity, and justice, and core ethical virtues of the moral practitioner including compassion, discernment, trustworthiness, integrity, and conscientiousness. We will outline a process of resolution that emphasizes the dynamic interplay of information-gathering, empathy, transparency, and collaborative decision-making in the here-and-now (Brabender, 2006). Our program illuminates these concepts through the dramatic play readings, each accompanied by a clinically informed commentary and an audience discussion.

The morning session features *The Great God Pan*, by Amy Herzog. *The Great God Pan* is “an unsettling yet deeply compassionate account of what is lost and won when long hidden truths are revealed. Jamie Perrin has a seemingly idyllic life in Brooklyn, NY—a beautiful girlfriend, a budding journalism career, and parents who live just far enough away” (Herzog, 2014). But then his childhood friend Frank Lawrence visits to reveal a history of childhood sexual abuse perpetrated by his own father. He suggests that Jamie may also have been a victim during a week when Jamie's parents sent him to stay with the family of his childhood friend. All this comes at a delicate juncture as Jamie and his pregnant girlfriend Paige are in conflict over the prospect of becoming parents.

The Great God Pan explores the impact of complex trauma on attachment relationships, the destabilizing effects of family secrets, and the healing power of truth seeking within a group context. Themes relevant to group psychotherapy include the risk of vicarious trauma, the impact of unconscious enactments on group functioning, and the ethical obligation of the therapist to maintain a safe therapeutic environment.

The afternoon session features *Dinner with Friends*, by Donald Margulies (2002). The play opens in the fashionable Connecticut home of Karen and Gabe who are giving a dinner for their married best friends Beth and Tom, which Beth attends alone. By dessert, the truth emerges from the devastated Beth that Tom has left her for another woman. We approach the play as a parable about what can go wrong when an ethical lapse of infidelity within the co-therapist pair imperils a group's survival.

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

RS: We are all wounded healers. No one escapes childhood to become an

“The longer I practice, the more I recognize the importance of continuous ethical thinking and decision-making in maintaining a safe, therapeutic group environment.”

effective group psychotherapist without blindspots and vulnerabilities. Ethical failures by primary caregivers are very often implicated in the very decision to become a psychotherapist (Rice, 2011). This Institute will be an opportunity for practitioners of all levels to discover something new or to revisit what they may already know—about themselves and their group work—with colleagues who are also on the path of practicing at the highest standard of professional care.

LM: Has your thinking on this topic evolved over time?

RS: During my 15 years with the Red Well Theater Group (RWTG), I have come to better understand the developmental nature of ethical practice. Our efforts to create an effective theater-based continuing education model for group therapists has gone through many struggles and transformations. Our original focus was on the audience member as the primary learner. That evolved over time to emphasize more diverse, mutual learning experiences for the RWTG members also. We now function more creatively as a hybrid study/performance/support group for the benefit of our own professional development and personal well-being. We spend up to a year studying, rehearsing, and performing a single play. We attend actor workshops, go to the theater together, co-publish articles, and are developing group-based playwriting skills in hopes of creating original dramatic material. Attending to our own mutual learning has been a worthwhile and satisfying companion effort to creating a meaningful experience for our audiences of group therapist colleagues.

In my own group therapy practice, I recently came to the conclusion that the toll of leading groups alone was impacting the quality of care I could provide. With consultation from an experienced co-therapist colleague, I invited a co-therapist to join me in two of my long-term dynamic therapy groups. Issues related to money, authority, clinical perspective, blended family dynamics, commitment, and collaboration were much easier to understand and negotiate when viewed through the conceptual lens of ethical principles and virtue ethics. Much earlier in my career, blindspots related to money and autonomy would have interfered with seeing the many positive benefits of a co-therapist presence. Experience with the RWTG, my solo time in the trenches as a group therapist, the aging process, and those required continuing education ethics credits have converged to make me a better and happier group therapist!

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

RS: Privately reflecting on the ethical dilemmas encountered within one's group therapy practice would be a good warmup. Prospective attendees might also go to the theater with a friend or colleague, mindful to watch the play from the perspective of ethical principles and virtue ethics, as they relate to the plot, themes, and characters. I'd even suggest seeing the same play twice and observe what new insights or deeper understanding emerges. Or just come with an open mind and heart for a day of mutual learning. We will join you there with a spirit of appreciation and respect. ●

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Dear Consultant:

Joe has been in my group for six months. He is an extrovert, who takes up a lot of time in the group, which has been stimulating for some of the quieter members. Last week, Joe had a conflict with another member who had confronted him about his storytelling monologue. This week, Joe was absent from the group, and the other members began talking about their feelings about him and the conflict from the previous week. I felt the members needed to discharge their feelings about Joe and did not intervene. At some point, a couple of members began to describe Joe and his character in negative and critical ways. At this point, the group was over. I am concerned that Joe may be scapegoated and worried that a group norm will be established that condones talking about absent members rather than having direct communication. Can you advise?

*Signed,
Unsure*

Dear Unsure:

Group is not a social event, thus interpersonal relationship dynamics are manifested differently. We want our clients to disclose their feelings spontaneously at the moment in which they have them, which is not always how people learn to be in relationships. In one of my graduate group therapy classes, the majority of the class members were angry with another student who had four absences, and they began disclosing their feelings about her in her absence. One of the students, who was feeling uncomfortable with the discussion, tried to close the group down by saying she felt it was not right to talk behind someone's back. I explained to them that it is important to allow our clients to express themselves at the time that they feel something. I also thought it was important that the class disclose to the other student what was brought up about her in her absence.

Feelings are often transitory, and time can erode them. In your case, Joe may come back next week or the week after that. Is it possible that your group's feelings toward him may change, thus losing a very good therapeutic moment? Your concern about scapegoating is well founded, so you need to be on guard for it and address it in the group should it arise. You will not only be reducing or preventing the scapegoating process, but also teaching your clients about how this behavioral manifestation happens in your therapy group, as well as in the real world. It is also an opportunity to discuss the importance of identifying and expressing feelings in the moment, addressing your concern that a precedent is set up to talk behind a group member's back.

Sometimes scapegoating can result from the therapist's unidentified countertransference feelings toward that member. Your exploration of your own feelings and your concern for Joe is to be commended. They can be used to balance the need for group members to share feelings with Joe in ways that he can use and not feel ganged up on. If you find that the group is setting Joe up as the scapegoat, you may wish to bring it back to yourself by asking them how they are feeling about you and your work with them. It is possible they are angry with you for allowing Joe the air-time that he has gotten but are fearful of you being displeased with them, thus displacing those feelings on Joe. This focus on how you are letting them down protects Joe, while giving them the full expression of their feelings.

*Scott Simon Fehr PsyD, CGP
Hollywood, Florida*

Dear Unsure:

You describe Joe as an extrovert who takes up a lot of time in the your group. I wonder if you are being generous and resisting naming his role more precisely as a monopolizer. This role is one that is familiar to most group psychotherapists. You are not alone in facing the challenge of making therapeutic use of their storytelling and monologues. The quieter members may use the monopolizer as a vicarious voice, expressing their disavowed agenda of remaining isolated from the group.

Miraculously, one of your group members courageously confronted Joe about his dysfunctional role in the group. You might also consider examining how much energy you have expended in suppressing your wishes to confront him, especially if you intuitively suspected that his reaction to confrontation would be to flee the group. Your concern that Joe may be scapegoated could be a little late, since the members who described him and his character in negative and critical ways are likely to have been silently stewing in resentment during his storytelling and monologues.

Perhaps you could congratulate the member who stimulated the group by facilitating the active work of conflict resolution, instead of the conflict avoidance that may have been sustaining Joe being locked into the role of monopolizer. You could empathize with the hesitancy of other group members to share their feelings and perceptions in Joe's presence, and wonder with them about possible re-enactments of abandonment when they attempted to confront others in their lives about usurpation of emotional space in their families. You could thank Joe for his generosity in doing the thankless job of filling silences in the group and suggest that he might now rest on his laurels and let the group support him with their stories and monologues.

Finally, I suggest that to set up a group norm that discourages talking about absent members misses the more important issue: Group members may need to practice sharing their feelings and perceptions in the absence of someone whom they experience as threatening or vulnerable. Our task as group psychotherapists might best be understood as being mindful of not ignoring conflict when an absent member returns. We may then have the opportunity to use the member's absence as a gift rather than a resistance to the work.

*Jeffrey Roth, MD, CGP, FAGPA
Chicago, Illinois*

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

Consultation,
Please



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See *Group Assets* insert

Affiliate Society News

The **Atlanta Group Psychotherapy Society (AGPS)** held a summer ethics workshop: *Clinical and Ethical Complexities: A Group Dialogue About our Values, Beliefs, and Therapeutic Action*, presented by D. Thomas Stone, Jr., PhD, CGP, FAGPA, with Philip Flores, PhD, ABPP, CGP, FAGPA. The workshop focused on our deeply held values, beliefs, and commitments that inform how we conduct our clinical practice. It explored the development of our value systems both personally and professionally, and how we integrate them into our work as psychotherapists, especially as group therapists. Dr. Flores lectured on the impact of electronic media, in particular social media, as well as gender identity, race, and culture. The program also considered the impact of telecommunications on the brain, including its use in psychotherapy. On October 22, Martyn Whittingham, PhD, CGP, will present a workshop on *Focused Brief Group Therapy (FBGT)*. FBGT is a brief, semi-structured integrative interpersonal approach to group psychotherapy. Developed, tested and researched over a seven-year period, the approach targets measurable changes in interpersonal distress in less than eight sessions.

The **Austin Group Psychotherapy Society (AGPS)** has expanded its institute program to include advanced and intermediate level institutes in addition to those for students and new professionals. Nancy Kelly, PhD, LCSW, CGP, FAGPA, led a one-day advanced institute, *Exploring the Erotic in Group*, which offered therapists an opportunity to explore some of the ways they can encourage or hinder the exploration of erotic feelings in group. Patricia Tollison, PhD, CGP, led a two-day intermediate institute, *Moving into Relationship: Rediscovering Body Sense*, which took a body-based approach to understanding what encourages and what gets in the way of interpersonal connection. AGPS has an ambitious fall program that will include a workshop on October 7, *Invasion of the BodySnatchers: When Your Group Members Take Over Your Psyche*, that will be co-led by Jeanne Bunker, LCSW, CGP, and DeLinda Spain, LCSW, CGP. AGPS will welcome Rudy Lucas, LCSW, CASAC, and Christine Schmidt, LCSW, from New York City on November 5 for its Fall Conference, *The Ethical Dilemma of Race: Visible to One and Invisible to the Other*. Visit www.austingroups.org for registration information.

The **Carolinas Group Psychotherapy Society** will feature Richard Schwartz, PhD, October 29-30, at its Fall Workshop, *Internal Family Systems (IFS): Applications to Group Psychotherapy*. Dr. Schwartz is the developer of Internal Family Systems (IFS), a model of psychotherapy that views a person as containing an ecology of relatively discrete minds or psychological parts that each play valuable roles. Life experiences such as trauma can affect these parts and reorganize the system in unhealthy ways, but these parts can be worked with to release the emotional burdens they are carrying. The IFS model also holds the belief that, in addition to these parts, everyone is at their core a self, which contains many crucial leadership qualities such as perspective, confidence, compassion, and acceptance. Participants will learn how to incorporate the IFS model into their practice of psychotherapy of all types, including group.

The **Eastern Group Psychotherapy Society (EGPS)**, has been actively engaging members in examining how racism is embedded in individuals' unconscious, in

groups, and in organizations through its initiative *The Work Group for Racial Equity*. Since the beginning of the year, the Work Group has hosted monthly reading and discussion groups about racism and white fragility—the main impediment to engaging in robust cross-racial dialogue. Currently the Work Group is facilitating discussions about Michelle Alexander's *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. Meetings are virtual, using the Zoom technology platform, to maximize participation. The Work Group encourages participants to take emotional risks in each discussion and to share how each reading impacted them emotionally, intellectually and spiritually. Visit www.egps.org for information.

The **Illinois Group Psychotherapy Society (IGPS)** will hold its Fall Conference November 4-5. Michael Lukens, PhD, will present *Core Issue Completion Therapy (CICT)*, an experiential and didactic workshop that will focus on helping clients achieve full resolution of core issues at the center of dysfunction. CICT is a high impact, emotion-involved intervention delivered in a group format. Dr. Lukens is a clinical psychologist who has been conducting CICT groups for 25 years and has been clinical director of various drug and alcohol treatment facilities. Email igpsinfo@aol.com for information. In addition, IGPS has developed a website committee, which has been working to create a new, more useful, and engaging website. IGPS President Sarah Kallick, PsyD, and Website Committee Chair Robert Hsuang, MD, have been spearheading this collaborative effort.

The **Mid-Atlantic Group Psychotherapy Society (MAGPS)** will welcome Cheri Marmarosh, PhD, and the Red Well Theatre Group to its Fall Conference, *Attachment, Loss, and Mourning in Group Psychotherapy*, to be held in Cambridge, Maryland on November 4-6. Dr. Marmarosh is the lead author of two books, *Attachment in Group Psychotherapy* and *Groups: Fostering a Culture of Change*. Her program will focus on the ability of group psychotherapy to bring to life the issues of loss and mourning as they are immediately experienced and survived. A play reading will dramatically illuminate the longing for attachment and the inevitability of goodbyes.

The **Westchester Group Psychotherapy Society (WGPS)** and the Westchester Center for Psychological Education co-sponsored a day-long Trauma Conference at New York Presbyterian Hospital-Westchester Division. There were more than 100 participants in this emotionally vibrant and interactive program. Several presenters are both WGPS and AGPA members, including: Peter Taylor, PhD, SEP, CGP, FAGPA, who presented *The Threat Response Cycle: Working with Survival Physiology in Therapy and Everyday Life*; Craig Haen, PhD, RDT, CGP, LCAT, FAGPA, who presented *Clinical Approaches to Engaging Traumatized People*; and Ken Reinhard, PhD, ABPP, CGP, and Leo Leiderman, PsyD, ABPP, CGP, FAGPA, who co-presented *The Impact of Utilizing Group Therapy When Working Through PTSD and Developmental Trauma*. In addition, Dr. Leiderman facilitated a fishbowl demo group for all attendees.

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

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