



Spring 2018

groupcircle

Tripler Army Medical Center Nominates Helene Satz, PsyD, ABPP, CGP

Sherrie Smith, LCSW-R, CGP and Jeanne Pasternak, LCSW, CGP

Editor's Note: The Harold S. Bernard Group Psychotherapy Training Award recognizes outstanding contributions in education and training in the field of group psychotherapy. Originally established in 2002, the annual training award was renamed after Dr. Bernard in 2012 through a legacy gift he provided to the Group Foundation for Advancing Mental Health to endow the award. Among his many contributions to AGPA, he served as President from 2002-04 and was a former Editor of the Group Circle.



Tony Sheppard, PsyD, CGP, FAGPA, Chair, IBCGP Board of Directors, presents the Harold S. Bernard Group Psychotherapy Training Award to Helene Satz, PsyD, ABPP, CGP, at AGPA Connect.

Congratulations to Helene Satz, PsyD, ABPP, CGP, recipient of the 2018 Harold S. Bernard Group Psychotherapy Training Award. Dr. Satz was nominated by Captain Joseph Dragonetti, MD, Chief Resident, Department of Behavioral Health at Tripler Army Medical Center in Hawaii. He described the nomination process for this award as “a wonderfully meaningful labor of love to compose and compile evidence of Dr. Satz’s many contributions to group psychotherapy training and patient care within our institution.”

Dr. Satz obtained her doctorate from the Massachusetts School of Professional Psychology in Newton, Massachusetts. Licensed as a psychologist in both Massachusetts and Hawaii, she began supervising the psychiatric residents in group psychotherapy at Tripler in 2007, where she developed the group psychotherapy curriculum and championed its value to the Army’s only Psychiatry Residency Program. It prides itself on its commitment to balancing biological and psychodynamic therapies with a heavy emphasis on the effectiveness of group therapy.

The training program offers its residents a robust experience, exceeding the requirements for group therapy outlined by the Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC). It is described as one of the most extensive trainings in group psychotherapy among all United States psychiatric residencies. The curriculum created by Dr. Satz begins exposing residents to group process in the first year of training through observation of her leading, and then co-facilitating the Inpatient Interpersonal Psychotherapy Group with her. Formal seminars are required covering inpatient and outpatient group psychotherapy. Dr. Satz also facilitates an experiential group for each class of psychiatric residents, allowing them to work through the inherent anxieties operating in a group. The third year of residency focuses on treating outpatients and co-leading outpatient groups. Dr. Satz directly supervises each of the weekly group sessions and provides immediate feedback to the co-leaders after the sessions. All resident group leaders then meet with Dr. Satz weekly for further supervision.

Working as therapists, as well as military officers, these graduates quickly influence the healthcare of thousands of soldiers, military dependents, and veterans on military installations throughout North America, Europe, and Asia. Army psychiatrists quickly assume leadership roles that allow them to impact the setting of public health standards and encourage the use of efficient and effective treatments such as group therapy for entire populations. The foundational understanding gained in both group dynamics and the practical application of group therapies is paramount in helping them serve as military psychiatrists.

Dr. Satz also facilitates process groups for internal medicine residents as they navigate their training in military internal medicine. To make this a learning experience, a fourth-year resident helps lead each group session. These groups help optimize the well-being of residents and the institution as a whole and facilitates compliance with the recent ACGME policy revisions that emphasize wellness promotion for medical residents.

Dr. Satz’s sphere of influence goes beyond her work with medical and psychiatric residents. Through demonstration, education and consultation, she provides training on the standards of group psychotherapy practice to hospital staff responsible for clinical services including: psychology interns and residents; inpatient psychiatry nurses; intensive outpatient program staff (psychologists, social workers and other counselors); and psychiatric technicians. She also provides consultation to providers from the hospital’s Behavioral Health Intensive Outpatient Program, for whom group-based treatments are the predominant intervention.

Letters of recommendation from current and former residents uniformly and clearly articulate the contributions Dr. Satz has made to their group therapy training. 🍷



from the
president

Barry Helfmann, PsyD, ABPP, CGP, DFAGPA

I am writing this column, my first as your President, soon after returning from our terrific AGPA Connect meeting. A number of new initiatives were set in place this year. We developed and initiated a Safe Environment Conduct Policy to ensure a better AGPA Connect experience; gender-neutral bathrooms were identified at the Meeting site; pronoun stickers were available at registration; this all followed required faculty diversity training events in advance of AGPA Connect. In an effort to continue the AGPA Connect experience, we decided to keep the meeting’s listserv active until the end of April. It is our hope that this will keep attendees, particularly first-time attendees, engaged; the discussion will then continue on the AGPA Members Community listserv, introducing our first-time attendees to our AGPA professional home.

Next year, AGPA Connect will be in Los Angeles February 25 to March 2, 2019. Members can look forward to the same level of superb programming as we offered in Houston. Having served as Co-Chair of the Annual Meeting for five years, I can attest to the incredible effort that the AGPA Connect chairs, committee members, and staff put forth year-round to produce a world-class program.

In my Presidential address, *Why AGPA?*, I discussed the three areas that support and promote our connection. The first is the group psychotherapist’s importance in the US health care system. The system is mediocre at best in terms of results and extremely wasteful economically. Mental health care in general and group therapy in particular are underutilized, and the lack of needed care has tremendous unintended economic and personal consequences. I demonstrated how managed care has been an abject failure. There are many positive opportunities

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Steve Van Wagoner, PhD, CGP, FAGPA

This year, it seems as if AGPA Connect began before the official start of the conference and is lingering on through the very active AGPA Members and Connect listservs. Our listservs are only one of many ways members stay connected the other 360 days of the year. There's also our behind-the-scenes committee and task force work, social media platforms, including Facebook, Twitter, and LinkedIn, SIG groups, and Distance Learning Programs, to name a few! Of course, many of us connect to our colleagues through the Affiliate Societies, which also offer training opportunities during the year. We all get a glimpse of the array of workshops and institutes the Affiliates offer in the *Group Circle* through our *Affiliate Society News* column. I would like to take this moment to welcome Susan Orovitz, PhD, CGP, who joins our editorial staff as our liaison to the Affiliates, and author of the column in this and subsequent issues.

I was not able to remain in Houston after the Institutes this year, and so sadly missed the opportunity to see my colleagues Jeanne Pasternak, MSW, CGP, DFAGPA, and Kathleen Ulman, PhD, CGP, DFAGPA, accept the honors of Distinguished Fellowship, nor the awarding of Fellowship to many more of my colleagues at the Community Meeting. It's a pleasure to recognize them in these pages and to share the incredible contributions these group therapists have made to our profession. Every year, I am impressed with the depth and breadth of knowledge of our members and am sure there are many of you who are eligible for Fellowship, but haven't taken the time to apply, which I strongly encourage.

I am so thrilled that we have Marsha Block, CAE, CFRE, our CEO since 1974, share with us her expansive historical experience and perspective of AGPA and its development, achievements, and changes for the past 75 years, more than half under her astounding leadership. She caps our year-long recognition of AGPA's 75th anniversary and reassures us that plans are already in place for leadership succession (just not too soon Marsha).

This year, both on the AGPA Member Listserv, and at AGPA Connect, there was much concern expressed, both formally (e.g., workshops, safety policy) and informally (e.g., listserv, discussion groups, SIGs) about forms of oppression and "othering" that elicit fear, mistrust, hatred, and hurt, and ways in which group therapists can intervene to help people critically examine their biases, assumptions, fears, and other forms of misunderstanding that wittingly and unwittingly perpetuate intolerance and oppression.

It is my fervent wish that a few members of AGPA would be willing to write an article for these pages about programs, workshops, or experience/expertise they have in working with these challenges in their practices, organizations, or communities that would be of importance to all of us as group therapists and members of society. These could be articles focused on reducing fear of the other (i.e., transphobia, Islamophobia, anti-Semitism, to name a few), about examining biases (implicit and explicit), about specific group-informed methods (i.e., large groups, dialogue groups, therapy groups), or even integrating several of these topics into one article. If you are interested in writing or collaborating on such a piece, contact me by email at slwagoner@verizon.net. 📧

for our profession, particularly in terms of an integrated approach with primary care medicine.

The second area of connection is through the huge number of benefits and services AGPA offers. We need to advocate successfully in the health care arena. Think about the emotional/experiential education, both through our E-Learning Program and face-to-face meetings, such as AGPA Connect. Access to our *Journal*, the opportunity to belong to Special Interest Groups, Affiliate Societies, community outreach, the work of the Foundation, and the nearly 200 scholarships we offer each year, are but a few of the many additional benefits that keep us connected to one another. For me, the connections and bonds I have formed over the years make AGPA uniquely meaningful.

Finally, the third area of why we should connect and support AGPA is the results people receive from our work, and the ongoing education, research, and training AGPA promotes to sharpen our skills and enhance our ability to help others and each other to grow. In short, we make a real difference in people's lives, young and old, men and women, rich and poor alike, irrespective of cultural differences or sexual identity.

I would like to address some very recent issues that have emerged on the AGPA member's listserv. Like many things in life, these are not black and white issues. For example, one can easily see the enthusiasm generated by much of the posts and the energy to keep things going. Ideas about online educational groups as a continuance from AGPA Connect are truly exciting and need to be supported. However, some of these included references to fees. Members need to be sensitive to the antitrust laws, which prohibit forms of "price fixing" and can result in civil and potential criminal prosecution. When I last counted two years ago, there were 43 such cases before Federal courts—all involving health care entities. The good news is that none of them were mental health providers. So let's be motivated and activists, but no fee discussions please!

The second issue I've seen discussed is even more complicated. This has to do with the whole area of telehealth. Here is the good news. Telehealth is here to

stay, and in the near future, many of the current restrictions will be lifted and/or resolved. Currently there are approximately 35 states that have passed legislation to allow telehealth to be approved. Almost all require insurance companies to reimburse for mental health services in the same manner as they do for face-to-face treatment. Almost none allow for phone sessions only. They require a video platform that is HIPAA compliant. Skype and Facetime are not approved.

Here is the complication. Current law for most, if not all, mental health professions requires the provider to be licensed in the state where he/she is and the state where the patient is at the time of treatment. I predict that this issue of license portability will be successfully resolved within the next two years. Efforts are well underway at the present time, but, the current laws and regulations are in effect.

Now there is even a thornier issue. If one of our members provides professional services across state lines, does the above hold true? If it is done as a continuing education event through a professional organization like AGPA or any of its Affiliate Societies, I believe there is no problem. If, however, such service is provided privately then it could be. The issue is how the program is defined. One that is truly educational is ok. Yet a training group for example, done via Zoom, is right on the line. The leader is providing professional service under their license, and whether it is consultation or supervision the leader could be charged with practicing without a license in certain states.

At the end of the day, at least for now, I recommend caution.

See you next issue.

Editor's Note: If you missed Barry's Presidential Plenary Address you can view it on the AGPA Youtube channel at https://youtu.be/3ubo4oOy_uU. You can also view a brief interview with him on why he values AGPA personally and professionally at https://youtu.be/O3KCW5Vj_P8. 📺

STAY CONNECTED

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groupcircle

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Call Nicole Millman-Falk at 201-652-1687 for further details.

Visionary Leadership Is Hallmark of AGPA's CEO

Marsha Block, CAE, CFRE

Hank Fallon, PhD, CGP, FAGPA

Editor's Note: No discussion of AGPA's 75th Anniversary is complete without an acknowledgement of and a salute to Marsha Block, CAE, CFRE, AGPA's CEO. Marsha started working for AGPA part time. When she was named our CEO in 1974, she was the youngest nonprofit CEO in the country. In addition to her leadership at AGPA, Marsha is serving for the third time on the Board of Directors of the New York Society of Association Executives (NYSAE). She was recognized by her peers in 2004, when she received NYSAE's Outstanding Association/Nonprofit Executive Award. Under Marsha's leadership, AGPA received the American Society of Association Executives' Associations Advance America Award for our September 11th Disaster Recovery Program, NYSAE's 2012 Social Responsibility Award for our community outreach work and its 2014 Digital Excellence Award for our website redesign. Here, based on questions submitted to her by Hank Fallon, she talks about some of the many changes and achievements of AGPA during her tenure.

AGPA has always been a mission-based organization, focused on education and training, professional standards, ethics, and mental health service delivery. "The dichotomy between various facets of AGPA has always existed in some fashion during all of AGPA's 75 years," said Marsha. "When I first became CEO, there was tremendous conflict around the theoretical base. Members in the east were primarily psychoanalytic, where many in the west had a transactional analysis or a Gestalt orientation. In more recent years, there has been a tension between clinicians and researchers; the lack of clarity around what truly can be considered evidence-based is not helping to resolve the differences. In the earlier years, there was concern that we could have split apart; but that's not what everyone wanted. After all, we are group people. We should know how to get along," she said.

Despite any conflicts, AGPA sees itself as an umbrella organization. "AGPA provides a forum for people to come together and have conversations about how best to carry the group message forward, whatever the theoretical model," said Marsha.

Who is able to do group has also been an issue the organization has grappled with throughout our history. "In our early years, only psychiatrists, psychologists, and social workers were eligible for membership. By sticking to those three disciplines, it was clear who was and wasn't eligible," said Marsha. That changed substantially over the years as the country saw an expansion of where public mental health services needed to be delivered. "Institutional and agency settings had a much larger group of service providers—nurses, addiction counselors, creative art therapists, pastoral counselors, etc.—delivering services," said Marsha.

What AGPA ultimately did was to develop professional standards and establish the International Board for Certification of Group Psychotherapists. That Board recognizes those who are eligible in their states to be independent practitioners and who have the group training standards required for the Certified Group Psychotherapist credential. "For many years, there was a discussion of whether AGPA was a competency-based or an interest-based organization. It wasn't until we established the Certification Board that we could say *and* instead of *or*."

As AGPA became more inclusive and multidisciplinary, it adapted its Annual Meeting, now called AGPA Connect, to deliver training for all the mental health disciplines. "Our desire to become inclusive got translated into actual policy by redefining the structure of our organization and our meeting," explained Marsha. "The Institute and Conference programs took the multidisciplinary attendees into account. Institute Specific Interest Sections and Conference Courses were also added to our meeting lineup."

At the same time, AGPA worked to become more diverse, initially in a response to the gender gap in leadership. "As most organizations do, AGPA mirrors what is going on externally," said Marsha. For a number of years, for example, Marsha was the only woman on the



Executive Committee. That changed in 1982 when Saul Scheidlinger, PhD, DLFAGPA, was President. A group of women approached him about establishing a Women's Issues Task Force. The rest, as they say, is history. That movement brought many women into leadership roles.

Despite a more diverse and inclusive membership, now defined not only in terms of gender but also age, disability, ethnicity, sexual orientation, size and even political affiliation, AGPA remains a personal and intimate organization. While the Special Interest Groups offer a way for members to connect over mutual interests, the Affiliate Societies allow members to connect geographically. "Being the first step to a professional membership home for many, strengthening our Affiliate Societies and Special Interest Groups has been an important and ongoing mission of AGPA," noted Marsha.

While AGPA has a range of member benefits, AGPA Connect and the *International Journal of Group Psychotherapy* are, perhaps, two of the most well-known. AGPA's recent change of publishers to Taylor and Francis has presented enormous opportunities. "We went from 400 institutional subscriptions to 10,000! That alone is changing the face of the *Journal*," said Marsha. "In addition, the most recent editor has made a very big effort toward being more relevant to the external social environment," she said. "Articles are more related to what people are dealing with day-to-day. There is also a greater focus on evidence-based practice, with a significant attempt to make research understood and adaptable to clinical practice."

In addition to adapting program offerings to reflect a multidisciplinary and diverse membership, the major change at AGPA Connect has been made through the Scholarship Program offered by the Group Foundation, which ensures that AGPA has an ongoing influx of students, new professionals, military clinicians, and those working in agencies. "The Foundation's Scholarship Program reinvigorated AGPA Connect. Students, new professionals, military and agency mental health

professionals are bringing in their concerns to AGPA. We have more senior members now serving as mentors and looking at new ways to provide educational programming that is relevant to newer members. All this adds vitality to the organization," explained Marsha.

Has anything stood out as a life-changing moment for the organization over the last 25 years? "One of the most pivotal times for AGPA was our involvement in the 9/11 recovery," said Marsha. "Post 9/11, it became okay to need mental health resources; some of the previous stigma was reduced. AGPA became a public mental health resource and a partner with other organizations. It was pivotal for clinicians because they felt valued again after they were marginalized by managed care. The horror of 9/11 allowed us to rise to the challenge of directly providing mental health services. We have risen to the occasion many times since then, providing trauma outreach in the wake of man-made and natural disasters."

The growth and successes of AGPA over the years are the result of a strong partnership between our CEO, our leaders, and our members, though Marsha is quick to point out that her longevity is matched by many of the association's staff. "While I have been here a very long time, I'm not the only one," she noted. Angela Stephens, CAE, Professional Development Senior Director, has been with AGPA for 35 years. Diane Feirman, CAE, Public Affairs Senior Director, has been with the organization for 26 years. Katarina Cooke, Information Services and Technology Director, has been with the organization for 17 years. Leah Flood, MBA, Membership and Credentials Director, is the new kid on block with seven years on the job.

Even AGPA's outside consultants have a long loyalty to the organization. AGPA's attorney, has advised the organization for over 40 years. Lois Miller, Meetings Consultant, has worked with AGPA for 17 years, and Nicole Millman-Falk, Editorial and Production Manager, has worked with our publications for 19 years. "We have built a strong and committed group," said Marsha. "It is clear that we value long-term relationships."

Nonetheless, AGPA is always aware that change is around the corner and has put a lot of energy into succession planning for all staff positions, as well as for all committee members and the leadership. "The opportunity to withstand transition and change is given a lot of attention by the leadership," explained Marsha. "When the time comes for any transition, we adapt because we have built a stable organization."

It is clear that at 75 years, AGPA has stood the test of time. As we look toward our next 75 years, we are secure in knowing that we will meet whatever challenge lies ahead, thanks to the strong leadership of people like our CEO Marsha Block and the ongoing working group that she has helped contain and grow year after year. 🍷

practiceMATTERS

Practice Matters is a column written jointly by the Public Affairs and Practice Development Committees. Its purpose is to keep AGPA members informed about AGPA's activities on behalf of the practice of group therapy.

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

Update on the Petition for Recognition of Group Therapy as a Specialty:

The effort to recognize group therapy as a specialty by the American Psychological Association is a joint endeavor of the Group Specialty Council, which includes members from AGPA, APA, and the American Board of Group Psychotherapy, which is part of the American Board of Professional Psychology.

While APA did not reject the last submission, it did ask for additional supporting information. Earlier this year, the Group Specialty Council submitted a revised petition including the information requested by the APA, specifically about group therapy specialty training at the postdoctoral and post-licensure levels. The comment period for the new submission ended on March 6. AGPA members from all disciplines submitted comments to APA supporting the strong rationale for recognizing group therapy as a distinct specialty.

As this issue was going to press, we learned from Nina Brown, EdD, LPC, NCC, FAGPA, Group Specialty Council President, and Eleanor Counselman, EdD, CGP, LFAGPA, Group Specialty Council Secretary and Immediate Past President of AGPA, that the petition to recognize group psychology and group psychotherapy as a specialty was approved by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) and sent to APA's Council for final approval. That Council meets in August at the APA convention, and we will not hear of their decision until after that meeting.



"While we hope for and expect approval, we are not able to publicize this wonderful news until after we hear from APA's Council," wrote Brown and Counselman on the AGPA Community listserv. "Our heartfelt thanks go out to all AGPA members and affiliates who supported this endeavor through the three submissions. We appreciate your assistance and are grateful to those who posted comments when the petition went out for public comment. None of this would have been possible without your help," they said.

The importance of this approval cannot be overstated. We hope that the efforts to get recognized as a specialty by APA will lead to other disciplines, such as social work, psychiatry, and counselling, to also recognize group therapy as a specialty that requires training before leading groups. This recognition would further AGPA's mission of providing quality training and research in group therapy as a cornerstone of mental health services. The AGPA leadership is committed to expanding training in group therapy, and this petition is an important part of achieving that goal.

Legislative Efforts 2017-18

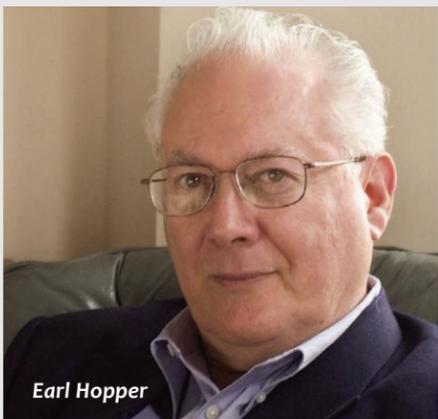
AGPA's Public Affairs Committee continued to lobby on issues impacting our patients and promoting mental

health. In affiliation with other national organizations as part of the Mental Health Liaison Group, AGPA supported position statements regarding the following during the past year:

1. Mental Health in Schools Act (H.R. 2913);
2. Long-Term Funding Extension of CHIP;
3. Five Year CHIP Funding Extension, 9.15.17;
4. Medicaid Coverage for Addiction Recovery Expansion (CARE) Act, H.R. 2687;
5. Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1950/H.R.3931);
6. Opposing Graham-Cassidy-Heller-Johnson Proposal (GCHJ);
7. Solutions to Stabilizing the Individual Health Insurance Marketplace;
8. Concerns about AHCA to HELP Committee;
9. Thanking Senators on Authorizing Medicaid Coverage for Addiction Recovery Expansion (CARE) Act;
10. Letter expressing worry Over Outcome of AHCA Changes;
11. AHCA Will Leave Millions Without Care;
12. Concerns About Medicaid Per Capita Caps/Block Grants;
13. Supporting Medicare Mental Health Inequity Act;
14. Opposing Repeal of Individual Mandate;
15. Opposing provisions within the Tax Cuts and Jobs Act;
16. Behavioral Health Coverage Transparency Act of 2018, H.R. 4778;
17. Behavioral Health Coverage Transparency Act of 2018, S. 2301;
18. Letter to Senate and House Leadership to Protect Parity Progress.

AGPA, through its Public Affairs Committee, will continue to advocate for mental health reform and access to health care for all our patients. Updated position statements are posted on the AGPA website at www.agpa.org/home/practice-resources/legislative-positions. We welcome feedback from members about issues impacting the mental health landscape in 🇺🇸 country.

memberNEWS

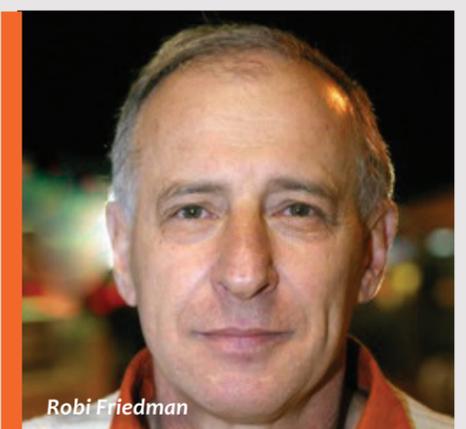


Earl Hopper, PhD, CGP, DFAGPA, FAPA, spoke at the 17th International Symposium of the Group Analytic Society International in Berlin, Germany, in August 2017. Dr. Hopper is a psychoanalyst and group analyst practicing in London, a prolific author, and Editor of the New International Library of Group Analysis.

Dr. Hopper and **Haim Weinberg, PhD, CGP, FAGPA**, co-edited *The Social Unconscious in Persons, Groups and Societies: Volume 3: The Foundation Matrix Extended and Re-Configured*.

Ravit Raufman, PhD, and Dr. Weinberg co-authored *Fairy Tales and the Social Unconscious: The Hidden Language*.

Robi Friedman, PhD, and **Yael Doron, MA**, co-edited *Group Analysis in the Land of Milk and Honey*. 🇮🇱



AGPA Awards Distinguished Fellowship to

Jeanne Pasternak, MSW, CGP, DFAGPA and Kathleen Ulman, PHD, CGP, DFAGPA



including serving as Secretary and President of Houston GPS. She served as Co-Chair of the AGPA Membership Committee during a time of significant growth and has been a member of the Board of Directors. She was integral to the creation of the Certified Group Psychotherapist (CGP) credential and served on the first Board of Directors for the International Board for Certification of Group Psychotherapists (then the National Registry of Certified Group Psychotherapists), and later as Chair of its Standards Committee, as well as Chair of the Board. She is currently in private practice in Houston. In addition to her contributions to both regional and national group organizations, Ms. Pasternak also served for many years on the faculty of the Northern Ireland Group Psychotherapy Conference, where she was a valued teacher and an important advocate for AGPA and the CGP standards abroad.

Congratulations to Jeanne Pasternak, MSW, CGP, DFAGPA, and Kathleen Ulman, PhD, CGP, DFAGPA, who were awarded Distinguished Fellowship at AGPA Connect 2018. Distinguished Fellowship is the highest honor bestowed by the Association, recognizing outstanding leadership and contributions to the field of group psychotherapy.

Ms. Pasternak is a highly respected clinician and is devoted to the promotion of group psychotherapy. She has been a valued leader in both the Southwestern Group Psychotherapy Society and the Houston Group Psychotherapy Society,

Dr. Ulman has been a highly respected leader in AGPA locally, nationally and internationally, including serving as President of AGPA and a member of the AGPA, Group Foundation and Certification Boards of Directors. Dr. Ulman currently serves as the Co-Chair of the

AGPA Public Affairs Committee and AGPA/IBCGP Joint Agency Survey Task Force. She has been active in the Northeastern Society for Group Psychotherapy serving as NSGP President and Chair of the NSGP Foundation. Currently, Dr. Ulman is a psychologist in private practice in Boston, Massachusetts. She is Staff Psychologist with the Women's Mental Health Associates and Massachusetts General Hospital, where she has held the position of Director, Center for Group Psychotherapy, since 2000. She is an Assistant Professor at Harvard Medical School and a member of the American Psychological Association and the Massachusetts Psychological Association. Dr. Ulman is Co-Founder of the Boston Threshold Group that organized and presented the Northern Ireland Group Psychotherapy Conference in Belfast, Northern Ireland, from 1998-2012. She and fellow Co-Founders, Drs. Cecil Rice and Pat Doherty, received the 2012 AGPA Social Responsibility Award for their compassionate training of local mental health professionals in Belfast many of whom were traumatized by the strife in their country. She has also published extensively in the field of group psychotherapy with nine journal articles including sever-



al in the IJGP and eight book chapters. She has over 85 presentations at the local, national and international levels.

“Distinguished Fellowship recognizes those who are seminal leaders, teachers, clinicians, researchers and authors in the global community of group psychotherapy,” said Eleanor Counselman, EdD, CGP, LFAGPA, then-President of AGPA when presenting the honors. “Ms. Pasternak and Dr. Ulman, with their local, national and internationally renowned leadership in AGPA and the group psychotherapy field, epitomize this recognition.” 🙏

affiliate society NEWS

THE AFFILIATE SOCIETIES ASSEMBLY (ASA) formed a new task group, the *Nuts and Bolts Committee*, at AGPA Connect in Houston, to support Affiliates that are struggling to form, grow, or stay active. Over the course of AGPA's history, there has been a pattern of local Affiliate Societies forming and dissolving. This ebb and flow significantly affects AGPA membership and participation. A failure of an Affiliate can lead to a cascading demoralization across an entire region. The Affiliate Societies Assembly has noticed patterns of behavior and policy that leads to chapter failure and to chapter success. The Assembly has launched a new effort to work with members interested in forming a chapter or revitalizing an existing Affiliate Society. The Nuts and Bolts Committee will help local leadership respond to organizational challenges, such as: a failure to maintain financial solvency; a downward trending membership base; a dissolution or rapid loss of Board members; low moral or interest in relation to group work; or stagnation in either new leadership or membership. This new Committee aims to offer monthly mentorship meetings, as well as a quarterly support group for Affiliate leaders. The Committee believes that the strength of AGPA begins at the local level and is here to help. Contact the Affiliate Societies Assembly's Member-at-Large Jana Rosenbaum, LCSW, CGP, jana.rosenbaum@sbcglobal.net, for help.

THE ATLANTA GROUP PSYCHOTHERAPY SOCIETY (AGPS) hosted its annual Spring Workshop, *Desire and Dread in Group Psychotherapy*, in April. Led by Scott Conkright, PsyD, CGP, the program drew from the psychoanalytic work of Jacques Lacan, MD.

Dr. Conkright included didactic and experiential components as a means of understanding and utilizing metaphor and narrative to create change in psychotherapy groups. Additionally, emphasis was placed on how personal stories and their symbolism shape and promote growth and resistance in groups.

THE AUSTIN GROUP PSYCHOTHERAPY SOCIETY (AGPS) held an all-level Institute in January. *Tuning in to the Language of the Body*, led by Barbara Davis, LMSW-ACP, CGP, taught group therapists about body awareness so they could enhance their group members' experiences and create deeper change. AGPS offered a second institute in April. Led by Charlotte Howard, PhD, CGP, *Receiving in Group* instructed therapists how to help their group members learn to receive from others in order to get the most out of group. Focusing on discomfort around receiving assists in looking deeper into issues related to intimacy and vulnerability that limit growth. A spring workshop, *Entering the Early Unknown: Sensing when to Speak & to be Silent as a Group Leader*, was led by Jordan Price, LCSW, MSW, CGP, and Angelo Ciliberti, MA, LPC, CGP. This workshop explored the developmental arc of early psychological life as understood by affect regulation theory and several complementary psychoanalytic theories. Emphasis was placed on keeping an open clinical body and mind while using physiological, emotional, sensory, and cognitive information so that participants could make helpful therapeutic decisions from a grounded and informed theoretical base. Visit www.austingroups.org.

THE CAROLINAS GROUP PSYCHOTHERAPY SOCIETY (CGPS) welcomes any psychotherapist or student of psychotherapy from either North or South Carolina, or a neighboring state. CGPS has a presence on LinkedIn, Facebook, and Twitter in addition to a listserv. CGPS is a relational group of individuals who want to develop a deeper awareness of self in context of being in the company of others. Visit carolinagps.org.

THE EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS) hosted a *Why Group?* workshop in March. The program introduced individual therapy clinicians to group therapy, exploring the benefits of incorporating group therapy into private practice. EGPS hosted its annual Spring Event in May. Aaron Black, PhD, CGP, presented *On Attacking and Being Attacked in Group Psychotherapy*, which addressed the therapeutic benefit of expressions of aggression in psychotherapy. Dr. Black combined a didactic presentation with experiential learning and group discussion to explore key concepts. The EGPS Work Group for Racial Equity continues to meet on the third Monday of every month from 8:30 to 9:45 pm EST via Zoom. The group also held a face-to-face meeting in May. Contact the Work Group Co-Chairs Rudy Lucas, LCSW, CASAC, SAP, rudylucas@gmail.com, and Christine Schmidt, LCSW, CGP, cschmidt535@gmail.com. The Manhattan Discussion Group and Work Group for Racial Equity are collaborating to present a panel on interracial couples on June 1. Contact Wayne Ayers, PhD, wayneallenayers@gmail.com.

Continued on page 8

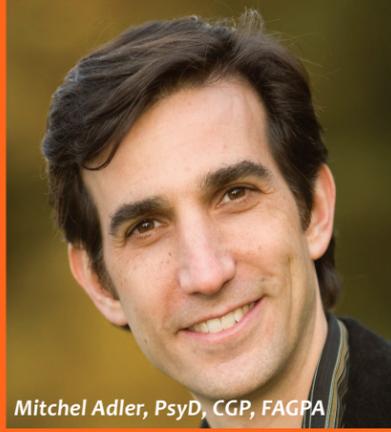
Congratulations New Fellows

Editor's Note: AGPA annually recognizes professional competence and leadership in the field of group psychotherapy.

Mitchel Adler, PsyD, CGP, FAGPA (Davis, CA), an AGPA Member since 2006 and a Clinical Member since 2009, served as Co-Chair of the Organizational Consulting SIG since 2016. He presented workshops on hunger and longing in groups at several AGPA Annual Meetings, presented an Institute at the Northern California Group Psychotherapy Society (NCGPS) Annual Conference, served on the NCGPS Biennial Group Psychotherapy Conference Committee, and on its Core Course Faculty. A licensed clinical psychologist in private practice, Dr. Adler leads three weekly groups and is the Founder/Director and Principal Consultant for Mind-Body Intelligence (MBI) Consulting in Davis, California. He is also a consultant to the University of California (UC) Davis Extension Center and a Workshop Facilitator and Lecturer at the UC Davis Graduate School of Management. Dr. Adler received the Assistant Clinical Professor of the Year Award at UC Davis School of Medicine for 2007-2008. He has published one book, *Promoting Emotional Intelligence in Organizations*, four papers, and one book chapter, "Hunger and longing: A developmental regulation model for exploring core relational needs" in *The Interpersonal Neurobiology of Group Psychotherapy and Group Process*. Dr. Adler has presented 80+ workshops, lectures, trainings and keynotes, many of which addressed the importance of attending to emotional intelligence and mind-body awareness to promote effective group process.

Kathleen Ault, PMHNP-BC, CGP, FAGPA (New York, NY), an AGPA Member since 1991 and a Clinical Member since 1994, served on the Board of the Eastern Group Psychotherapy Society (EGPS), as EGPS President-Elect, and recently as its President. She served as Chair of the Affiliate's Nominating and Fundraising Committees and Co-Chair of its Scholarship Committee. She served on the EGPS Annual Conference Committee for 20 years and presented workshops on DBT Skills at EGPS Annual Conferences. Within AGPA, Ms. Ault was Co-Chair of the EGPS Local Hosting Committee for AGPA's 2016 and 2017 Annual Meetings, was Co-Chair of the Mental Health Agency & Other Institutional Settings SIG and is the SIG Task Force Co-Chair. She received AGPA's 2017 Affiliate Societies Assembly Award. After completing her certification as a nurse practitioner in psychiatry in 1998, through her retirement from Mt. Sinai in 2016, Ms. Ault provided individual and group therapy, as well as psychopharmacological interventions, including medication groups, for a large caseload of patients with severe and persistent mental illness. Since June 2016, she has provided psychiatric evaluations and medication management for Neighborhood Psychiatric Associates of Manhattan. In addition to her clinical work, Ms. Ault has published several articles, including "Clozapine-induced myotoxicity in patients with chronic psychotic disorders" (*Neurology*, 1996) and "The difficult patient" (*The Mount Sinai Journal of Nursing Grand Rounds*, 1992).

Debora Carmichael, PhD, CGP, FAGPA (Cambridge, MA), an AGPA Member since 2000 and a Clinical Member since 2003, is a practicing psychologist in private practice since 1997. A member of the Northeastern Society for Group Psychotherapy (NSGP), she served as its President, Treasurer, Co-Chair of its Scholarship Committee, and Co-Chair of its Continuing Education Committee. She was a member of the NSGP Board of Directors and served as Co-Chair of the NSGP Training Committee. Dr. Carmichael has also served as a member of the faculty at the AGPA Annual Meeting. She was a Clinical Teaching Fellow at Boston College, and Group Program Director and Supervisor in the Women's Treatment Program at McLean Hospital in Belmont, Massachusetts. More recently, Dr. Carmichael served as a Clinical Instructor in McLean's Psychology Internship Training Program, leading a weekly psychology intern experiential group and supervising interns and post-doctoral fellows. She has presented many workshops on the psychotherapist's responsibility for preparing for her own disability or death, including workshops at the AGPA Annual Meeting, the Eastern Group Psychotherapy Society Conference, the Northeastern Society for Group Psychotherapy, and the New Hampshire Psychological Association.



Mitchel Adler, PsyD, CGP, FAGPA



Kathleen Ault, PMHNP-BC, CGP, FAGPA



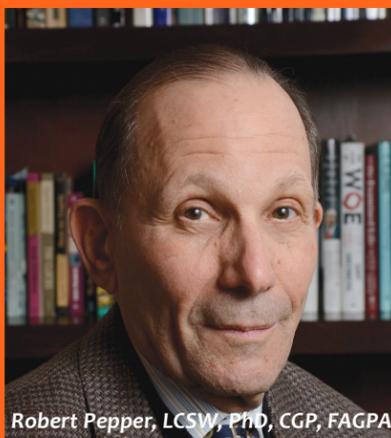
Debora Carmichael, PhD, CGP, FAGPA



Scott Fehr, PsyD, CGP, FAGPA



Mary Krueger, MEd, LCPC, CGP, FAGPA



Robert Pepper, LCSW, PhD, CGP, FAGPA

Scott Fehr, PsyD, CGP, FAGPA (Hollywood, FL), an AGPA Member since 1998 and a Clinical Member since 2003, has been in private practice since 1984. He leads several groups including: a PTSD group; a gay men's group; a professional women's group, a mixed-adult group, an adult male group, an adult female group, and a supervision group; he has led several of these ongoing groups for 38 years. Dr. Fehr, 2013 honoree of AGPA's Honor Your Mentor Award, was interviewed by the *Group Circle* in regard to his teaching group therapy to graduate students. He has presented several Institutes and workshops at AGPA Annual Meetings and is a Past President of the Florida Group Psychotherapy Society. Dr. Fehr has authored six books, including the recent publication of *101 Interventions in Group Therapy (2nd ed.)*, and one article devoted to teaching group therapy. Dr. Fehr has taught group therapy at the masters and doctorate levels at Nova Southeastern University in Fort Lauderdale, Florida, for the last 38 years, and supervises masters and doctorate level students.

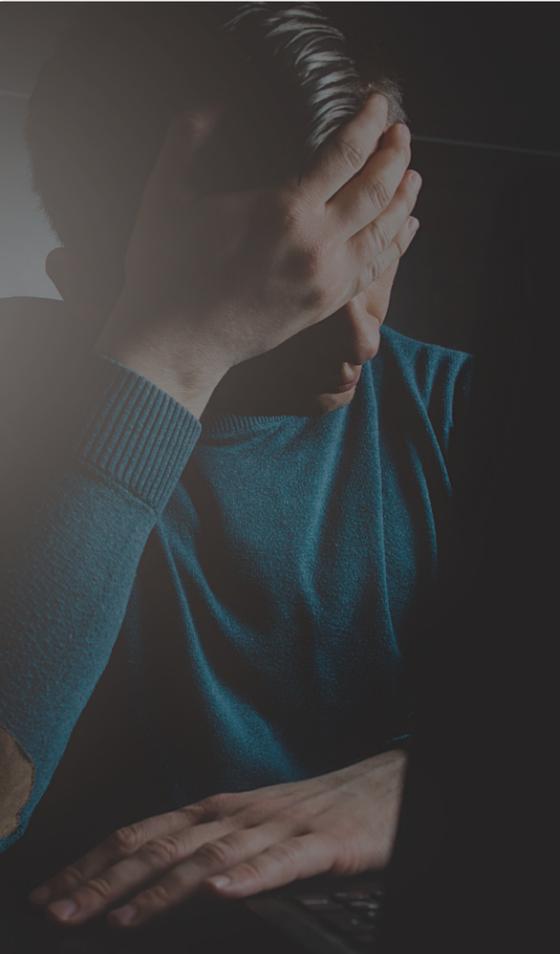
Mary Krueger, MEd, LCPC, CGP, FAGPA (Cary, IL), an AGPA Member since 1997 and a Clinical Member since 2004, has been in private practice since 1997 where she does psychotherapy with adults, adolescents, children, couples and families. Ms. Krueger has served as Member-at-Large for the AGPA Affiliate Societies Assembly, Affiliate Societies Assembly Chair-Elect, and is immediate past Assembly Chair. She also served on the AGPA Board of Directors. She participated on Open Session Panels at the AGPA's Annual Meetings and presented workshops at AGPA and the Illinois Group Psychotherapy Society (IGPS). She was a member of AGPA's Annual Meeting Workshop Committee and was Local Hosting Chicago Annual Meeting Task Force Chair. She is a Past President of IGPS, as well as a Past Training Member. Ms. Krueger developed and supervised the Group Psychotherapy Program at Northwest Mental Health Center, Arlington Heights, Illinois; developed and trained staff, and supervised the Group Psychotherapy Program at Youth and Family Counseling, Libertyville, Illinois. She was Field Supervisor/Lector at the Center for Applied Psychological and Family Studies, Northwestern University, and Adjunct Faculty in psychology, McHenry Community College. She has been a Clinical Supervisor for master's level interns at Youth and Family Counseling, where she currently conducts the intern supervision group and facilitates a monthly professional consultation group. She published two chapters on group therapy, "Painting Visual Images: Using Figurative Language as a Tool in Group Therapy" and "Remembering When: Therapist as a Historian" in *101 Group Interventions in Group Therapy*.

Robert Pepper, LCSW, PhD, CGP, FAGPA (Forest Hills, NY), an AGPA Member since 1985 and a Clinical Member since 1996, has been a practicing clinical social worker since 1981. He served on the Board of Directors for the EGPS and as its Community Liaison. Dr. Pepper is a long-term member of the Long Island Discussion Group, a discussion group focused on group therapy sponsored by EGPS, serving as its Chair for two years. He presented both open sessions and workshops as Conference Faculty at the AGPA Annual Meetings and has been a regular presenter at EGPS conferences and panel discussions. Dr. Pepper has dedicated considerable energy to publishing on the topic of group therapy, publishing one book, *Emotional Incest in Group Psychotherapy—A Conspiracy of Silence* and more than 20 articles, including "Confidentiality and Dual Relationships in Group Psychotherapy" (*International Journal of Group Psychotherapy*) and "Is Group Therapy Inherently Unethical?" (*GROUP*). He is an Adjunct Professor of Behavioral Sciences at New York Institute of Technology, where he has taught courses on group process for more than 20 years. Dr. Pepper also runs six weekly psychoanalytic groups in his private practice. He has been the Director of Education and Training at the Long Island Institute for Mental Health since 2003 and is a Founding Member of the Center for Group Studies in New York. 🇺🇸



consultation, please!

Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Email Lee at lee@leekassan.com.



Dear Consultant:

I recently brought a new man into my group, who stayed only one session. He was a referral from his psychiatrist, not his individual therapist. He is a mid-50s, married, gay white man, who said he was looking for a group to help him think and talk about issues involving the second half of life. While he very much liked his individual therapist, he didn't feel she was the right person for this conversation, as she is much younger than he is. His mother died last year, and because of that, he is more aware of end-of-life issues. We met twice before he started in the group. He is smart, using intellectualism as a strong defense against his deeper feelings. I explained the nature of my group, which is an open-ended, adult, psychoanalytic group. It is mixed gender, orientation, race, and age. I explained that, while his particular interest was not the only focus of the group, it was one of the issues the group addresses. I told him that he should plan to stay in the group for three to six months before deciding if the group was working for him. He seemed happy to start. The group was very welcoming. (We spent the weeks prior to his arrival dealing with their feelings about my bringing in someone new.) He seemed particularly focused on the gender orientation of the members, and at one point he said that he wanted to ask basic questions of the members (e.g., where they live, what do they do), but was concerned that this would put them into "boxes" for him, rather than help him see them more fully. The group focused its attention on him for most of the meeting, which seemed to please him. My thoughts during the group were that somehow he was keeping the group at a distance in a somewhat condescending way. I was not too surprised when he called two days later to say he didn't think he would be coming back. When we spoke about his reasons for not wanting to come back, he stressed how welcoming the group was, but that he wanted only a group that would talk about his existential questions around the second half of life. What could I have done either to prepare him more for group or to determine that he wasn't ready for this kind of group therapy?

Signed, Frustrated

Dear Frustrated:

There are potential risks putting a new member in group, especially when we have no familiarity with the person beyond two or three screening sessions. Your write-up doesn't indicate whether you spoke with the psychiatrist about the pros and cons of this man entering your group, which raises my first concern. I am a proponent of getting additional clinical input, particularly for a mostly unknown group prospect. The input protects against those who are not ready for group, as well as helps us facilitate that person's integration into the group.

The red flag is my doubt that this man spoke honestly with his individual therapist about entering your group. His reason for coming to your group is to "think and talk about issues involving the second half of life." Since he claims his therapist is not the "right person for this conversation," possibly neither the topic nor his attending your group had been openly discussed with her. My foremost concern is that the psychiatrist's referral of this man to your group potentially colludes with the patient in circumventing an impasse in his individual treatment, which is a set-up for failure.

In the group, this man's rigidity reveals itself—wanting to ask questions of other members but grasping that this puts people into boxes, which doesn't allow him to see them as complex individuals. Despite liking his therapist, he puts her in a box (as does his psychiatrist) when he unilaterally decides that she is too young to help him with the loss of his mother or later-life issues. Maybe his therapist is very familiar with loss and aging parents and could empathically help him despite her youth. Maybe she couldn't, but by processing this with her, the patient would have begun to treat his therapist as a complex person, and together they might have achieved some clarity about his needs.

You describe this man as having a distancing and condescending manner in the group, which is exactly how he has behaved with his therapist. He doesn't give her a chance to be responsive to him before disqualifying her, just as he does the group by jumping ship. This man must be very affected by his mother's death and fears of aging; he finds a reason to avoid engaging this difficult work, with his therapist and with the new group.

Hindsight is often 20/20 and easier for the consultant, but I think the most useful intervention should have occurred during your screening by helping this man understand how he avoids and circumvents painful issues in his therapy by prematurely disqualifying his therapist and fleeing to your group. A future group becomes possible if he learns to confront his demons with another's help.

Robin Good, PhD, CGP, FAGPA
New York, New York

Dear Frustrated:

Although you met twice before he started the group, what actually took place between the two of you wasn't clear. You said that he came for a consultation, and asked for a group's help with end-of-life issues. Did that include grief over the loss of his parent? Why did the referral come from his psychiatrist, not his individual therapist? Perhaps he was taking medication for depression, precipitated by that loss. This could have been a complicated grief reaction. If so, a psychoanalytically oriented group was not the best place for him.

Without his individual therapist and psychiatrist working cooperatively with you, group treatment might have been compromised. Did he give you permission to speak with his therapist? Had he not, I would have ended the

interview right then, telling him, "When you allow me to speak with your individual therapist, we'll resume the screening process."

At a screening interview, did you ask about siblings, such as: "What is the nature of your relationships with them?" "Are you close?" "If not, how come?" Often a prospective member's history will indicate the nature of the relationships he will develop with group siblings.

The other issue was the group interaction itself. Whenever a new member enters a group, it is a good opportunity to remind members of the contract: Say how you feel toward the others members and why you feel that way. The group allowed the newcomer to take center stage too soon. You said that "the group focused its attention on him for most of the meeting." I'm suspicious when the newcomer is immediately the center of attention. While members should be welcoming to the newbie, only a few minutes should be spent on introductions. The rest of the time should be devoted to old business. The group may have been using him to avoid the contract. You might have interrupted his interview of group members by asking, "How is the group responding to the new member?" Or you could have looked to see if there were any negative nonverbal reactions of members. Turning to Sally, you might have asked, "What's the unspoken message to the group when Wendell sits scowling, with his legs crossed and arms folded over his chest?" Or you might have approached Wendell directly and asked, "Are you irritated with the way this group discussion is going?" In either case, this would have brought the action back into the room and into the here-and-now.

Robert Pepper, LCSW, PhD, CGP, FAGPA
Forest Hills, New York



groupcircle

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

See *Group Assets* insert

AFFILIATE SOCIETY NEWS

Continued from page 5

THE FOUR CORNERS GROUP PSYCHOTHERAPY SOCIETY (FCGPS) is looking for representatives from the states of Colorado, Utah, New Mexico, and Arizona to get involved in leadership. Interested members should email info@fcgps.org. FCGPS launched a new series of *Training Groups* to feature talented group psychotherapists, including: Elizabeth Olson, PsyD, LCSW; Angelo Ciliberti, MA, LPC, CGP; Jordan Price, LCSW, MSW, CGP; and Ben White, MSW, LCSW, CGP. Visit www.fcgps.org.

THE HOUSTON GROUP PSYCHOTHERAPY SOCIETY (HGPS) was happy to host AGPA *Connect* in its hometown this year. The Local Hosting Committee was led by Helen Chong, LCSW, CGP, and Jana Rosenbaum, LCSW, CGP, who were assisted by 34 other enthusiastic HGPS members. AGPA *Connect* took place during the Houston Livestock Show and Rodeo, so many conference participants enjoyed a true taste of Texas. The welcoming booth was staffed by HGPS members who welcomed attendees and guided them to the best Houston has to offer. Special thanks to Karen Pennebaker, MSW, CGP, who was recognized by several attendees for her extraordinary helpfulness as a host representative. One attendee noted that in addition to drawing a map for him to the nearest grocery stores, Karen gave him a ride to and from Central Market after her volunteer shift ended. In October, HGPS presented a workshop, *Care to the Caregivers*, to support members after the devastation of Hurricane Harvey last August. Presenters D. Thomas Stone, PhD, CGP, FAGPA, and Robert Kalter, MD, CGP, supported HGPS members who processed their experiences, feelings, and thoughts regarding their community/lives post Harvey. Drs. Stone and Kalter facilitated a large group process and provided a didactic introduction on coping with natural disasters. They were able to warmly and expertly help the caregivers, who served many victims of the flood on the front lines, learn how to care for themselves while caring for others. Many of HGPS members were victims of the flood themselves. Drs. Stone and Kalter took a day away from their practices and drove to Houston from San Antonio to donate their time for this excellent workshop. They did a similar workshop post Katrina. "Houston and HGPS members are still in the process of recovery. This generosity by Tom and Bob, was very meaningful and healing," said HGPS President Helen Chong. Chong also expressed appreciation to the AGPA Executive Committee and various members who sent condolences and support to HGPS post Harvey.

THE ILLINOIS GROUP PSYCHOTHERAPY SOCIETY (IGPS) enjoyed an enthusiastic response to its second *All-Institute and Core Course Spring Conference* held in April. There were 12 CE hours available for psychologists, LCSWs, LCPCs, LSWs, LPs, LSWs, CADCs, and CGPs. Michael Ostrower, MSW, CGP, FAGPA, presented opening and closing remarks to the large crowd. The *Core Course**, presented in two days, included interwoven didactic and experiential components and was co-led by Hylene Dublin, MSW, CGP, LFAGPA, and Lawrence Viers, PhD, CGP, FAGPA. Ms. Dublin and Dr. Viers have presented this course on numerous occasions and enjoyed the opportunity to work together once again. Dr. Viers began serving as IGPS President once again in January 2018. Ms. Dublin is a current Board member and has previously served in many capacities including President of IGPS. Freda Friedman, PhD, LCSW, RNAP, presented an Institute on *Dialectical Behavioral Therapy (DBT)—Focused Process Group*. Participants had the opportunity to learn key concepts, skills, and strategies taught in a typical DBT group. Dr. Friedman has taught DBT skills groups and therapy for more than three decades and integrated this with psychodynamic and Tavistock work. Solomon Cytrynbaum, PhD, Professor Emeritus at the Medical School at Northwestern University, presented *The Tavistock Approach to the Small Study Group*. The third Institute, *Self-Regulation within the Fear of Not Knowing*, facilitated by Thomas Herman, LCSW, explored how group improvisation supports and informs the experience of being in a here-and-now process group. Herman has been servicing sexually marginalized populations for years and has taught acting and improvisation at the Piven Theatre since 2001.

THE MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS) continues with its two-year mission that all conferences, films, and programs address at some level the practice of group psychotherapy during the current times of societal and political upheaval. A showing of *Get Out*, as part of its film series, resulted in a record turnout and stimulating discussion that focused on personal reactions to characters in the film, including identifying their own implicit racism. Alexis Abernethy, PhD, CGP, FAGPA, was the presenter at an April conference at Saint Elizabeths Hospital in Washington, DC. She discussed *Cultural Competence, Spirituality and Transcendence in Times of Crises*. She presented an intentional group therapeutic approach that uses metaphors and cultural diversity as opportunities

for bridging differences. She also highlighted how a therapeutic posture that incorporates a spiritual perspective can inform and transcend the divisions reflected in the current national climate and be helpful in the personal and professional lives of the participants.

THE NORTHERN CALIFORNIA GROUP PSYCHOTHERAPY SOCIETY (NCGPS) will hold its Annual Training Conference June 1-3 at the seaside Asilomar conference grounds in Pacific Grove in Northern California. The conference will offer 33 workshops on a variety of topics, including the now-required professional will, transgender issues, enhancing group intimacy, men's authenticity, expressive arts, and intensive process groups. All groups involve experiential approaches, demo groups, fish bowls, and didactics. This conference is a time for training and community, as well as a getaway with opportunities to stay for an extended time to enjoy the charming towns of Carmel and Monterey. To see the complete catalog and to register, go to ncgps.org. Some scholarship funds are available.

THE WESTCHESTER GROUP PSYCHOTHERAPY SOCIETY (WGPS) held a successful fundraiser, *Decoding the Tablecloth*, a one-woman play, in April. Proceeds went to the Group Foundation for Advancing Mental Health. Also in April, Claudia Arlo, MSW, LCSW-R, ICADC, CGP, presented *DBT and Modern Group Analysis: An Integrative Lens*. WGPS will have its End of the Year Party on June 15 for all current and new members. Contact: Gloria Kahn, EdD, ABPP, CGP, FAGPA, globatkahn@gmail.com. 🍷

*This course met requirements for the Certified Group Psychotherapist (CGP) credential from the International Board for Certification of Group Psychotherapists.

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*.