



Fall 2017

groupcircle

The Role of the Body in Group Psychotherapy: A Sensorimotor Psychotherapy

An Interview with Opening Plenary Speaker Pat Ogden, PhD

Martha Gilmore, PhD, CGP, FAGPA, Co-Chair, Annual Meeting Committee



Editor's Note: Pat Ogden, PhD, is a pioneer in somatic psychology and both Founder and Education Director of Sensorimotor Psychotherapy Institute®, in Boulder, Colorado, which trains clinicians in sensorimotor therapy techniques to address posttraumatic stress disorder and attachment disturbances. She is also Co-Founder of the Hakomi Institute, past faculty of Naropa University (1985-2005), a clinician, consultant, and sought-after international lecturer. She is the author of *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*, which describes her approach, and *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*, a guide to integrating sensorimotor psychotherapy into the treatment of trauma and attachment issues. She will deliver the Opening Plenary at AGPA Connect 2018, to be held in Houston, Texas.

MG: What is the focus of your Plenary?

PO: In group and individual work, the body is usually left out of the process, even though the body is as important as the words, thoughts, and emotions with which we work. In the group setting, we can help members access their bodies to work with the themes that come up in the group. We look at how posture, movement, and the way the members live in their bodies affect and reflect the issues that they're bringing to group therapy. Some important examples are working with boundaries and support within the group. We often explore the different ways people reach out for support or seek proximity to others. The body is both an access route into these issues and a vehicle for working them through.

For example, in one of Bonnie Mark-Goldstein's, MSW, PhD, EdM, CAMFT, child groups, when the children were talking about how they didn't get enough attention from

their parents, Bonnie noted how all their postures were slumped. When she asked them to try sitting up straight, the children started to make their own meanings out of that experience. One child said it meant, 'Pay attention to me.' So group members can learn to live in their bodies in a way that addresses their issues, in this group for example, by understanding that a physical habit like a slumped posture might prevent them from being assertive or getting attention.

MG: How did you first become interested in integrating your work with the somatic self along with the psychological self?

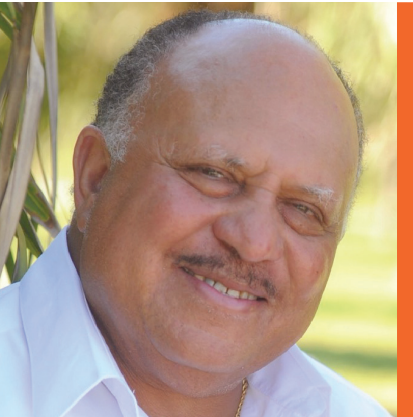
PO: My own body and movement has always been a resource for me. When I was a child, I was always outside and very active. When I was upset, I wanted to run or climb a tree. One formative memory has to do with when my mother put me in dance class. I was quite tall for my

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Group Process as an Intervention for Resocialization in the Bahamas:

An Interview with David Allen, MD, MPH

Alexis Abernethy, PhD, CGP, FAGPA, Co-Chair, Annual Meeting Committee



Editor's Note: David Allen, MD, MPH, is Founder and Director of The Family: People Helping People, a program of free community-based therapy groups reaching into marginalized areas in the Bahamas. In 1987, he was awarded the Bennett Commonwealth Prize for his outstanding work on cocaine addiction. He was featured in the PBS special, *The Drug Wars*, which documented his work with the crack cocaine epidemic. Dr. Allen has published widely in the areas of addiction, spirituality, and psychiatry, including *Mental Health Evaluation*, *The Cocaine Crisis*, and *Cocaine: The Broken Promise*. He has also been involved in the publication of a series of books dealing with the integration of psychiatry and religion: *In Search of the Heart*; *Shattering the Gods Within*; *Contemplation: Intimacy in a Distant World*; *Shame: The Human Nemesis*; and *Daily Discovery: A Devotional*. Dr. Allen will deliver the Mitchell Hochberg Memorial Public Education Event on Group Process as an Intervention for Resocialization in the Bahamas at AGPA Connect 2018, to be held February 26–March 3 in Houston, Texas.

AA: How did you get interested in group process in the Bahamas?

DA: In the 1980s, the Bahamas faced a countrywide crack cocaine epidemic. Crack cocaine was the first drug to feminize drug addiction. As a result, some mothers who had been a stabilizing force in their families abandoned their children, leaving them to fend for themselves. This produced a powerful social fragmentation that included drug trafficking with overt executions, a proliferation of chronic addicts with severe cognitive impairment, and rampant gun

smuggling. Most sadly, the crack epidemic led to the breakdown of socio-cultural values throughout the Bahamas. Life became cheap as evidenced by burgeoning murder rates; property was not respected; the work ethic diminished; families and communities disintegrated; youth unemployment rates increased; and violent youth gangs were formed.

When I returned to the Bahamas in 2004, I found that the social fragmentation had deepened, and this had led to the marginalization of many once stable communities.

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from the
president

Eleanor Counselman, EdD, CGP, LFAGPA

I write this column in the wake of Hurricanes Harvey, Irma, and Maria, and the earthquakes in Mexico. AGPA has reached out to our members in the affected areas, offering support and our resources for dealing with trauma. We are aware that in addition to coping with their personal situations, our members are also providing for their clients. We know the importance of ongoing care for the caregivers. Whenever there is a traumatic event, natural or manmade, we contact our members in the area to see if we can help. This outreach is nothing new for our organization. Most recently we have reached out in Barcelona, Spain, and Charlottesville, Virginia, in addition to these weather-affected areas, with the same concern and offers of support. AGPA is truly an organization with a heart.

Introducing AGPA Connect!

I am excited to announce that the Board has approved a name change for the Annual Meeting. Starting in 2018, our meeting will be called "AGPA Connect." Historically, there were two separate components to the Annual Meeting. One was the two-day Training Institute (shortened to the Institute), the experiential group training. Later in the week came the three-day Conference, with the more traditional offerings of plenaries, open sessions, and workshops. Some years ago, along with adding the one-day Special Institute, the Institute and Conference were combined into the Annual Meeting under the leadership of two co-chairs. But as many have observed, the term "Annual Meeting" does not capture what is so unique about our meeting. It could just as easily refer to a stockholders meeting.

We are an organization about people and relationships. Our meeting, with its strong experiential foundation, should convey that better in its title. AGPA Connect is a rebranding that reflects our educational mission and is more descriptive of what happens during our week together: in the learning sessions, in the meetings, receptions and meals, and in the relationships that develop. I look forward to seeing everyone in Houston at AGPA Connect!

As always, there is a lot going on in the organization, and the pace did not slow over the summer. AGPA is moving

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Steve Van Wagoner, PhD, CGP, FAGPA

I perennially begin the fall column with a line about summer being over, harvesting the last of the tomatoes, basil and peaches, and beginning to feel the excitement of the approaching Annual Meeting, now known as AGPA Connect. This fall, however, I feel bouts of melancholy given recent events. Our country is struggling with the aftermath of powerful storms, first Harvey in Texas, and Irma in Florida, Puerto Rico, and the Virgin Islands, and as I write this, Jose and Maria are stirring in the Atlantic. As a result, our members, either as survivors of these disasters or as a function of assuming critical roles in the disaster relief outreach efforts, and in some cases both, are feeling the same weariness and anxiety. Yet, one only had to follow discussions on the AGPA listserv to witness the outpouring of emotional and tangible support our organization marshals for the public and for each other when crises erupt.

Nevertheless, there is much to look forward to, including bringing the bulk of our membership to Houston for AGPA Connect, which seems more meaningful this year because of the organization's efforts to support our members in that city, firstly in the face of institutional challenges to social justice there, and more recently as they continue to cope with the aftermath of Hurricane Harvey.

As we witness challenges to the social fabric in the US as evidenced by great political and social polarization, I find myself intrigued by David Allen, MD, MPH, who will deliver the Mitchell Hochberg Memorial Public Education Event at AGPA Connect. His work with survivors of social fragmentation in marginalized communities in the Bahamas inspires us toward the development of healing group processes that contain and modify destructive ones.

Pat Ogden, PhD, will open the conference with her experiences and insights using sensorimotor therapy in working with trauma, thus continuing the recent AGPA tradition of highlighting body-oriented approaches to working with traumatic experience. Her ability to speak to complex processes in a simple and compelling manner makes me look forward to her Opening Plenary immensely.

It is with great sadness that I read the *In Memoriam* for Bernie Frankel, PhD, ABPP, LCSW, BCD, LFAGPA, who died in June. To know Bernie was to confront an array of contradictions. The blunt, in-your-face style of a person who seemed eager to stir the pot lived within a man who never stopped caring about our organization, the groups he led, and social justice. He was a man of deeply held convictions and a big heart, who never avoided asking difficult and uncomfortable questions that needed to be asked. I also urge you to read the *In Memoriam* for Jack Rosenthal, a Pulitzer Prize-winning journalist and friend of our organization, who died in August. He was an instrumental partner in AGPA's efforts to provide trauma-related group interventions to the community following 9/11 and a leader and proponent of group interventions in the aftermath of both man-made and natural traumatic events.

Finally, I draw your attention to the 75th Anniversary feature on *Generational Mentoring in AGPA*, written by Karen Travis, LCSW, BCD, CGP, FAGPA. Her reflections on mentoring pairs from one generation to the next highlights the gifts we offer and receive as mentors and mentees.

The *Group Circle* is looking for an Editor for our Consultation, Please column. Interested persons should contact me at slwagoner@verizon.net. 📧

FROM THE PRESIDENT

Continued from page 1

forward on many fronts. Planning for 2018 AGPA Connect in Houston continues with a strong program in place and the best hotel room rates we've seen in a while. Plans for increased faculty diversity training are going forward, and in July, in response to the feedback from members, we reopened proposal submissions for the addition of new social justice programs for 2018.



Strategic Planning Update

Another project we tackled over the summer was a review of our Strategic Plan. AGPA's Strategic Plan, developed four years ago in consultation with the Triorganizational Board, outlines four strategic goals: Education/Learning/Research; Membership/Certification; Community Outreach/Visibility; and Organizational Sustainability. These goals have been operationalized into action items that have provided a useful road map for organizational actions. Relevant leadership recently reviewed the goals in a series of conference calls. It was helpful to see that a great deal has been accomplished.

We also identified the remaining tasks for various groups to pursue. One unfinished task continues to be the Group Specialty Petition to the American Psychological Association, which was returned with a request for more information about post-doctoral and post-licensure levels of training. This petition is for psychology, and we are now beginning to look at ways to attain specialty status within other professional disciplines. (See the *Practice Matters* column on page 3 for more on this issue.)

AGPA History Online

I'm pleased to let members know that the *History of AGPA (1992-2016)* that was written in celebration of our 75th Anniversary has now been posted on our website (www.agpa.org/home/about-us/agpa/75-year-history). I think you will find it interesting and instructive to see how AGPA has stayed true to its mission while adapting to substantial external changes. Many thanks to the authors Robert Klein, PhD, CGP, DLFAGPA, and Bonnie Buchele, PhD, CGP, DLFAGPA, for this substantial contribution.

Thanks to Journal Editor

For the past five years, our flagship journal, the *International Journal of Group Psychotherapy*, has benefited from the excellent editorship of Dominick Grundy, PhD, CGP, FAGPA. The *Journal* has transitioned to a new publisher, Taylor & Francis, and to an online article submission process. (I can remember submitting my first article, in multiple paper copies, snail-mailed to the AGPA office. How times have changed!) Several special issues have been published, including an extra 75th Anniversary issue. *The Journal* combines research and clinical material, making it valuable to both researchers and clinicians who practice group psychotherapy. Dr. Grundy has declined a second five-year term as Editor, and a search is being conducted for a new Editor. Dr. Grundy deserves great appreciation for his fine leadership and the many interesting *Journal* issues he has overseen. Elaine Cooper, PhD, CGP, DLFAGPA, is chairing the Journal Editor Search Task Force, and Susan Gantt, PhD, ABPP, CGP, DFAGPA, and Les Greene, PhD, CGP, LFAGPA, are serving as members. Inquiries should go to Elaine (elainejean@sbcglobal.net) and to Angela Stephens (astephens@agpa.org).

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

member NEWS



Gila Ofer, PhD, is Editor of and Contributor to *Bridge Over Troubled Water: Conflicts And Reconciliation in Groups and Society*, published this summer by Karnac Books. The book presents a multi-faceted perspective on conflicts and their resolution that is applicable to individuals, groups, and society. Among the other contributors are **Vamik Volkan, MD**; **Robi Friedman, PhD**; and **Haim Weinberg, PhD, CGP, FAGPA**. **Earl Hopper, PhD, CGP, DFAGPA**, wrote the foreword.

groupcircle

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IN MEMORIAM



BERNIE FRANKEL, PhD, ABPP, LCSW, BCD, LFAGPA

Bernie Frankel, a veteran of World War II who survived the Battle of the Bulge and helped liberate the concentration camp at Mauthausen before going on to influence generations of group therapists, died at the age of 93 on June 21, 2017, in

La Jolla, California.

Bernie was a Clinical Professor at Adelphi University's Postgraduate Programs in Psychoanalysis, Couple Therapy, Group Therapy Training and Supervision, where he headed the Group Therapy Training Program. He was also a former Director of the Group and Family Therapy Department at Roosevelt Hospital's Department of Psychiatry. As early as the 1970s, Bernie was an outspoken, direct, humorous, and smart teacher and presenter, both nationally and internationally. His beard and ponytail, impish grin, and willingness to ask uncomfortable questions made a lasting impression on all who knew him, worked with him, and learned from him. Those who attended his workshops at the Eastern Group Psychotherapy Society (EGPS), AGPA conferences, and elsewhere—often senior therapists who wanted to be challenged to stretch and work outside the box—recognized him as an astute clinician, a creative thinker, and a highly talented group facilitator.

He also served in a multitude of formal and informal roles for both EGPS and AGPA over the course of decades. Among his accomplishments, he helped keep EGPS alive in its earlier years, ultimately serving as President, and he was instrumental in developing the faculty meetings that have become a central feature of AGPA's Annual Institute, providing oversight, safety, and containment for faculty and participants. Even when not in a formal role, he took seriously his investment in organizational functioning—or, as he might often have thought, less-than-optimal functioning! He reminded us that there are many personalities necessary to form our groups. It was not for him to be the team player, the humble workhorse, or the tireless cheerleader. He was provocative, critical, impolite, irascible, strongly opinionated, and utterly, passionately committed to examining why we did what we did, asking what goal and what stakeholders we were serving. He ruffled feathers, challenged authority, and sometimes suffered the consequences, speaking truth (as sometimes only he saw it) to power. He did not suffer fools gladly; neither did he suffer gladly really smart and caring people with whom he disagreed. But he was always both a worthy opponent and an incredible support for the larger cause. His perspective always invited us to think differently and stretch ourselves to do better.

He and his late beloved wife, our dear friend and colleague Barbara Cohn, PhD, ABPP, LFAGPA, loved food, wine, the convivial company of friends, the intimate solitude of their weekend house on the ocean, and their camping trips in the woods of New England. For years, they hosted fabulous parties for the faculty of the EGPS Annual Conference and its Board members in their New York brownstone, where Bernie was always the center of a large group of friends and colleagues whom he regaled with stories and laughter. Bernie and Barbara's partnership was enduring, resilient, and often bewildering to others, because they were so completely different from one another. Those of us who were present at Barbara's memorial service will never forget Bernie's deeply personal sharing about their long life together, giving us all a glimpse, beyond his great humor and existential wisdom, of just what a profoundly loving and gentle man he truly was at heart. The last photo that many of us saw of Bernie was posted on Facebook from California, where he had moved after Barbara's death to be close to his children and their children and grandchildren. There was our Bernie, taking delight in—and delighting—his great-grandkids. No matter with whom or about what, Bernie Frankel was never less than fully alive and fully engaged. We will miss him.

Peter Taylor, PhD, SEP, CGP, FAGPA
Margaret Postlewaite, PhD, SEP, CGP, FAGPA
Neal Spivack, PhD, CGP, FAGPA

The writers are all Past Presidents of the Eastern Group



JACK ROSENTHAL

AGPA and the Group Foundation for Advancing Mental Health are sorry to announce that our friend Jack Rosenthal, Pulitzer Prize-winning journalist and former President of the New York Times Company Foundation, died on August 23 at his home in New

York City due to complications from pancreatic cancer.

As President of the New York Times Company Foundation, following 9/11, Jack recognized that many people would suffer emotionally in response to the trauma of the day and established a Trauma Treatment Initiative to provide mental health interventions to those in need. The Initiative focused on the delivery of expert treatment for people who might otherwise be deterred from getting

mental health services because of cost, ignorance about the benefits, or fear of stigma. AGPA was the beneficiary of a significant grant through this fund, and the organization and our members were able to use our expertise in groups to help thousands of people heal from the impact of the tragic events of that day, as well as train and support mental health professionals to use groups in the treatment of psychological trauma.

Jack continued to demonstrate a commitment to group interventions as a significant and beneficial mode of treatment in trauma work. He respected AGPA and our members as trusted partners in carrying out this difficult work and introduced our organization to other groups that were funding mental health work. This helped AGPA to continue to provide 9/11-related services for many years, as well as to use our experiences to develop training

manuals and service protocols that have continued to be used in response to all types of traumatic events worldwide.

We have often spoken of AGPA's metamorphosis into a public mental health resource following the events of 9/11. Jack Rosenthal's vision and leadership in including mental health as part of a disaster response effort, coupled with his trust and investment in AGPA to provide us with the first opportunity to do this work, set us down this path. It was an honor and a privilege to have known and worked with him.

We extend our deepest condolences to Jack's family and friends. The *New York Times* obituary honoring this remarkable man can be viewed at <https://tinyurl.com/y93882b6>

Marsha Block, CAE, CFRE,
Chief Executive Officer, AGPA
Diane Feirman, CAE
Public Affairs Senior Director, AGPA

practice MATTERS

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

Group Psychotherapy as a Specialty: AGPA, along with the Society of Group Psychology and Group Psychotherapy, and the American Board of Group Psychology, has undertaken a major effort to get group psychotherapy recognized as a specialty by the American Psychological Association. The Group Specialty Council submitted an amended application to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) for review in 2016. The CRSPPP reviewed the petition in March 2017 and has requested that the Group Specialty Council submit additional materials, including education and training guidelines for post-doctoral and post-licensure preparation. In addition, it requires that

some of the terminology be modified and the petition be resubmitted. The Group Specialty Council is working on a revised petition to incorporate the requested changes.

It has taken years of joint work by many dedicated AGPA members and other sponsoring organizations to get here. As part of the petition resubmission process, the Group Specialty Council has developed competencies for the post-doctoral specialty. After the resubmission of the petition, there will be a 60-day public comment period. We request all AGPA members to be on the lookout for the announcement of the public comment period and submit comments to support the petition. The number and quality of comments will enhance our chances to be approved. The petition will now be reviewed during the March 2018 meeting of CRSPPP. The public comment period will be announced prior to March 2018. AGPA members are united in supporting the approval of this petition since it will advance the field of group psychotherapy.

National Update: At the federal level, AGPA's Public Affairs Committee continues to work with other mental health organizations to advocate on behalf of our members and their patients on issues pertinent to group therapists, including access to mental health services. We have



encouraged call-ins from our members when major health care initiatives are being considered by Congress. AGPA has supported the position that any healthcare overhaul by Congress should ensure that all Americans have access to affordable health care, and no one should lose access to mental health and substance abuse treatment services. The Public Affairs Committee will continue its advocacy efforts on behalf of our members and their patients throughout the coming months. 🗣️

age, and my mom said, ‘If you’re going to be tall, you’re going to be graceful.’ Our dance teacher, Mrs. Bayes, was teaching us alignment and poise. I remember the moment as a seven year old, when I got it, when it felt so different to have my spine lengthened. That early experience shaped my interest in the body.

I started working directly with the body in the 1970s when I was teaching yoga and dance at Vanderbilt Psychiatric Hospital. While I didn’t have a specific idea about how the body could be integrated into treatment, I noticed the patients who were doing yoga were getting better faster than those who didn’t. That piqued my interest in the role of the body in healing.

The late Ronald Kurtz, PhD, Co-Founder of the Hakomi Institute, was the first person I encountered who studied how the body itself can be a vehicle for discovering what we now think of as implicit memories; he was my biggest influence. I studied, traveled, and taught with him. I also got interested in physical structure, posture, and movement, and studied Rolfing, postural integration, and other kinds of movement therapies. I wanted to help the body find its maximum alignment and movement vocabulary. For years, I practiced and taught hands-on bodywork.

I was especially interested in how the habits of the body—the procedural habits—both reflect and sustain trauma and attachment issues. While Rolfing and movement therapies are excellent, they don’t address the psychological issues. I wanted to bring the two together—the direct work with the body and psychotherapy practice.

MG: *What does a focus on the body add to psychotherapy?*

PO: Our bodies and our nervous systems shape themselves around our experiences from very early on. Infant researchers show how infants’ movement sequences shift depending on the caregiver’s interaction with them, like Edward Tronick’s, PhD, still-face videos where the mother is playing with the infant and then gets a very still face. You see the infant reach out and cry and try to get the mother’s attention; when that doesn’t work, the child eventually loses postural integrity and stops reaching and just self-soothes.

Attachment wounds and failures, as well as trauma, are embodied experiences so they affect the body. Many of our traumatized and neglected clients have histories like that, where their bodies are still embodying past trauma. If actions like reaching out didn’t get you proximity to your desired attachment figure or actions like pushing away or running away didn’t protect you from trauma, then those actions are abandoned or distorted. They persist even when the circumstances change. These physical habits, formed in specific contexts of trauma and attachment, both reflect and sustain clients’ problems today.

We want to increase people’s movement vocabulary. We work with re-discovering those actions we’ve abandoned, whether it is alignment, pushing away, reaching out, holding on, softening, relaxing, yielding, or something else. A more comprehensive movement vocabulary gives us a richer experience. When you can’t execute one of those actions, your experience can be limited, even repeating the past. For example, there’s research that addresses how particular physical patterns affect memory, both implicit and explicit. A collapsed posture, for example, will influence you to remember the times when that particular posture was operational. In groups, we look at how members live in their bodies and try on different postures and movements.

By exploring our posture and movements, we play with a very concrete, tangible element of ourselves that we can directly influence.

MG: *What issues or symptoms are you likely to notice that indicate that sensorimotor work needs to be included in the therapy?*

PO: What I’m looking for are the patterns of the past that have made their imprint but are no longer relevant today, thus they are limiting options in current life. I look for other physical manifestations of limiting beliefs or emotions, such as pulling back, stopping breathing, tightening up, losing our grounding, or getting panicky.

“We want to increase people’s movement vocabulary. We work with re-discovering those actions we’ve abandoned, whether it is alignment, pushing away, reaching out, holding on, softening, relaxing, yielding, or something else. A more comprehensive movement vocabulary gives us a richer experience.”

Also I assess whether the body supports emotional richness. For example, consider a group working with expressing anger; when the bodies are slumped and arms are limp, there isn’t physical support for adaptive anger.

We look at specific actions. How does somebody seek proximity? Do they make eye contact, lean forward, reach out, have an open body, etcetera? All these proximity-seeking actions have to do with our ability to relate to others and to give and receive support, and of course, these movements communicate to others as well.

I remember a young college student I worked with who couldn’t keep boyfriends and didn’t know why. I noticed her chin was lifted up, like she was looking down on everyone. We explored what this lifting meant and the history connected to it. She said that her father wanted her to be very tough; he wanted her to be the best, better than everyone else. This pattern communicated that sense of being above others and did not support intimate relationships. She had to learn to lengthen the back of her neck, which lowered her chin, so she didn’t appear so arrogant. Along with that, she had to reclaim the felt sense of her own vulnerability, which was not accepted by her father.

MG: *Is there something about trauma therapy that particularly calls for a focus on the body?*

PO: Trauma, first and foremost, affects the body. The instinct to protect ourselves when our safety is threatened doesn’t even reach the cortex immediately; it’s instinctual. In trauma, sympathetic arousal can shoot up to mobilize strong actions, like fight or flight, to assure survival. But if fleeing or fighting back is not effective, arousal can then

plummet into hypoarousal. The person’s nervous system can remain in a dysregulated state, often vacillating between hyper and hypo arousal long after the trauma is over. We want to work first with the body to regulate a dysregulated nervous system and to find those actions (such as pushing away or running away) that might have been abandoned since they weren’t effective at the time of the trauma.

You can work top-down, saying to the client, ‘you’re safe now;’ ‘it’s different now.’ But we like to combine that with a real shift in the nervous system of the body itself where those dysregulated responses that arose when first threatened primarily reside. We can talk about the trauma being over, but that’s going to have limited efficacy in a dysregulated nervous system where arousal is outside of a window of tolerance.

Group members can re-traumatize themselves and other members with their stories, and the dysregulation can really escalate. I remember a Vietnam vet who said the war stories his group told became so re-traumatizing for him that he had to leave the group. The body offers a way to work through trauma, not that talking isn’t important, but talking can re-stimulate the trauma.

MG: *How does sensorimotor work contribute to the treatment of people who are not traumatized?*

PO: Any issue lends itself to working with the body. That being said, everybody has had an imperfect past, especially in attachment relationships and, therefore, has experienced some trauma whether or not they’re traumatized. For example, we’ve all had some threat to safety, such as a fall, a surgery, or an accident, but we may or may not have developed PTSD. For populations that don’t have PTSD, we take what issues they’re bringing to the group and work with how the body participates. For example, in a high-functioning college group that was talking about the stress of school, we asked them to think about the stress and sense what happened in their bodies—tension, collapse, rapid heart rate, pulling in or back, a change in breath, and so forth. Group members started to discover how their bodies were responding to the stress. Were they mobilizing by becoming tense or hyperaroused? Did they start to give up by collapsing or pulling back or becoming hypoaroused?

MG: *People typically think of body work in an individual context. Can you tell us how you integrate it into your group work?*

PO: We look at the theme of the group and explore how each member’s body participates in that theme. For example, if the theme is boundaries, like saying ‘no,’ and standing up for yourself, different group members will have different ways of relating to that issue. Some will tighten up; some will do the opposite. Then we start to embody that theme in the group, and people learn from each other. One person who can stand up for himself can teach the others how to do it.

MG: *What do you hope people will learn from your Plenary?*

PO: I hope people will become very curious about bodies and how they might include the body in their group work. I hope they’ll be inspired by the way that children and adults explore the body together and expand their movement vocabularies and their psychological capacities simultaneously. 🧘

American Group Psychotherapy Association

www.agpa.org



Special Institute: Mon., Feb. 26 • Institute: Tues. & Wed., Feb. 27 & 28 • Conference: Thurs., Fri., Sat., March 1- 3

Generational Mentoring: Weaving Mentees and Mentors Together

Karen Travis, LCSW, BCD, CGP, FAGPA



Etta Martin (left) presents her mentee, Karen Travis, with a weaving done by Etta’s late husband, Perry Roth.

What a delight and honor to be asked to write this article on mentoring in celebration of the 75th Anniversary of the AGPA. Mentoring is a topic that is very special to me. In the June/July 2003 issue of the *Group Circle*, my AGPA mentor, Etta Martin, MSW, CGP, FAGPA, and I were featured along with two other mentor/mentee relationship pairs (Scott Rutan, PhD, CGP, FAGPA, and Sara Emerson, LICSW, MSW, CGP, FAGPA, and Frances Bonds-White, EdD, CGP, FAGPA, and Anne McEaney, PhD, ABPP, CGP, FAGPA). The article, *Mentoring: The Heritage of AGPA*, was written by Sally Hansell, LCSW.

I first met Etta on an escalator on our way to the Women’s SIG at the 1996 AGPA Annual Meeting in San Francisco. She informed me that it was time to begin presenting at AGPA, and I said, “Yes, ma’am.” At AGPA’s 1999 Annual Meeting in Houston, I presented for the first time on a panel on mentoring. The rest is history, as Etta and I have presented on mentoring several times at AGPA and the Canadian Group Psychotherapy Association.

During the 2015 Annual Meeting in San Francisco, I led a panel with three of my mentees where we showed videotape of Etta speaking about our relationship, as well as about her own AGPA mentor—Pearl Rosenberg, PhD. I completed a circle by offering a tribute to her 19 years later. That Open Session, *Promoting Secure Attachment through Generational Mentoring: A Family Affair*, is a historical account of AGPA mentors/mentees and a testimony to the strong role that these relationships play within our organization.

David Stoddard, author of *The Heart of Mentoring: Ten Proven Principles for Developing People to Their Fullest Potential*, states: “Effective mentors recognize that mentoring + reproduction = legacy.” Mary Doyle, author of *Mentoring Heroes: 52 Fabulous Women’s Paths to Success and the Mentors Who Empowered Them*, notes that mentoring “... is an opportunity to empower, supporting a protégé’s growth at their own pace and in their own way, introducing your protégé to other helpful people, watching someone exceed your level because of you and sharing your gifts, your time, your knowledge and your self.” It is important to note that mentoring is a commitment of time; money is not exchanged, so the relationship is different than that of being a supervisor. While there can be thin lines between mentor, supervisor, therapist, and role model, each of these holds a different meaning.

Historic Relationships

The mentoring process is crucial to the personal and professional development of a group therapist. Consider some of AGPA’s more historic mentoring pairs, including mentee Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, and mentors Irvin Yalom, MD, DLFAPGA, and Harold Bernard, PhD, ABPP, CGP, DLFAGPA. Dr. Yalom opened up the AGPA world to Molyn after the latter finished his residency; the mentoring relationship emerged during his fellowship year. Dr. Bernard opened up opportunities of responsibility within AGPA. It is no small matter that Dr.

Leszcz went on to co-author *The Theory and Practice of Group Psychotherapy* with Dr. Yalom.

Mentee Ruth Hochberg, PhD, CGP-R, DLFAGPA, and mentor Saul Scheidlinger, PhD, met shortly after Ruth completed her doctorate and moved from New Jersey to California. Dr. Hochberg told me Dr. Scheidlinger selected her as his mentee and introduced her to the local Affiliate, the Los Angeles Group Psychotherapy Society. Mentee Marti Kranzberg, PhD, ABPP, CGP, FAGPA, met her AGPA mentor, John Gladfelter, PhD, ABGP, while in her mid 20s and not yet a doctoral student. Their 35+ year relationship continued until his death. Elliot Zeisel’s, PhD, LCSW, CGP, DFAGPA, group mentor was Louis Ormont, PhD, and while writing his doctoral thesis, Dr. Zeisel tracked down Dr. Ormont’s first group analyst, Alexander Wolf, MD, and interviewed him. Ultimately, Dr. Zeisel entered treatment with one of Dr. Ormont’s mentors, Hyman Spotnitz, MD, the founder of the Modern Analytic Method.

For those who may not know of the successes of these mentees: Dr. Zeisel is on the faculty at the Center for Group Studies and the Center for Modern Psychoanalytic Studies, a sought-after speaker and leader in our field, having served on the Boards of AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists, and one of the Special Institute leaders for AGPA Connect 2018 (formerly known as AGPA’s Annual Meeting) to be held in Houston. Dr. Hochberg is living a lengthy life, had a prosperous longstanding career, is an enduring member of the AGPA, including serving as Treasurer, and was the Chair of the Group Foundation for Advancing Mental Health. Dr. Kranzberg told me she excelled in her group career because Dr. Gladfelter helped her think critically, be aware of herself, and be comfortable being different—a maverick. She continues to practice in Dallas and teaches at the Fielding Institute in California.



Annie Yocum is being mentored by Karen Travis.

Common themes emerged in the accounts of these mentees, who all now serve as mentors to others. All four believe in the power of the AGPA and mentoring, and share an understanding and awe for the power of group developed through the mentoring relationship. All noted that having a mentor led them to becoming involved in their local Affiliate Society, as well as the AGPA, which helped them excel in their group career. All also noted that their mentor helped promote their work and wanted them to grow and develop. Said Dr. Hochberg, “The power of AGPA lies in its broad acceptance and involvement in many different aspects of group practice. It is always evolving, expanding, and renewing to reflect our changing world.”

What do mentors receive from their mentees? It was clear from the responses of those I talked to that to be a mentor is an honor. “The most valuable gift I received from one of my mentees was a sense that I was successful in paying forward the enormous gifts that had been bestowed upon me through the course of my professional life. The best way to repay our mentors is by contributing to the growth and development of the next generation,” said Dr. Leszcz. Dr. Kranzberg put it this way: “It may be the most valuable gift you give yourself and your clients.”

From Historical to Personal

This article would not be complete without me writing about one of my own mentees, Annie Yocum, PsyD. It is worth noting the parallels of my relationship to Annie and my relationship to Etta. Annie is from Pennsylvania and I live in Louisiana. Etta lived in Oregon, and we would set up specific times to talk by phone. Annie and I also met at the AGPA’s Women’s SIG, where a discussion about mentoring took place. I offered my availability to mentor, and after the meeting, Annie approached me and asked if I would consider mentoring her. I liked her capacity to risk take. We set up a phone call to discuss *what she was looking for* in a mentor and determined we were a good match. We talk once a month about her career, particularly the group practice she is building. Other topics have included her involvement in her local Affiliate, the Philadelphia Area Group Psychotherapy Society, where she serves as President, as well as her desires to be involved in the AGPA leadership. I invited her to be on the mentoring panel at AGPA’s 2015 Annual Meeting in San Francisco, which she accepted.

Young professionals are vital to AGPA. It is important to involve them and listen to them. Annie told me that what has been most helpful to her in our mentoring relationship was having “a forum in which to talk about group therapy. There are not a lot of people doing process groups where I live. I don’t have anyone to have those conversations with. The formalized, though it thankfully does not feel formal, nature of our relationship helps keep me accountable,” she said.

What do young mental health professionals need from their mentors? “Some new professionals need the nuts and bolts of starting and growing therapy groups. In agencies or similar settings, insight is needed in dealing with difficult aspects of institutions when it comes to groups,” said Annie. She went on to say how much she appreciated being invited to present at the AGPA Annual Meeting and being introduced to people in AGPA.

Etta was a pro at introducing me to people and encouraging me to participate in governance. She stretched me to lengths I did not know I had. As I have said many times and will say again, mentoring and being mentored is vital to the group psychotherapist. In Etta’s words: “Mentoring helps give a person a leg up.”

Etta’s late husband, Perry Roth, also an active AGPA member, was a master weaver. When I visited Etta last, she asked that I choose one of Perry’s weavings to take home. The gesture was striking to the heart. The weaving hangs in my group therapy room.

We are all woven together through forbearers of mentoring, experiences, people we know, and this wonderful organization called AGPA. My life has been made richer by being mentored and by mentoring. 🧶

The urgent need at that time was not another academic paper to describe the situation, but an initiative to repair social fragmentation.

One woman shared in detail with me what it was like to lose a son to murder and then see the alleged killer, who was out on bail, walking around her neighborhood. She told me it was terrifying, and she lived in fear and apprehension. She then shared that she knew four other women in the same predicament. I arranged a meeting with all five of them. As I listened intently to their stories, even though I couldn't understand the particulars of each situation, a powerful healing bond developed in our group. I define this healing bond as 'family.'

Several groups were established where people would tell their stories in a contemplative environment of silence, love, acceptance, and non-judgmental listening. In 2012, Professor Andrew Briggs of Oxford (who was one of the directors of the Templeton Foundation) sat in one of the sessions. He was impressed with the testimonial evidence of people who had a reduced desire for revenge, increased anger management and conflict resolution, reduced abusive relationships, reduced loneliness, increased self-esteem, increased forgiveness, and developed a desire for healing community. Professor Briggs said that if I could develop some quantitative evidence of the group's effectiveness, this would make the project an excellent candidate for funding by the Templeton Foundation. With the use of nine psychological instruments (i.e., the Beck Depression Inventory, Buss-Durkee Hostility-Guilt Inventory, Gratitude Questionnaire, Hope Scale, Self-Deception Questionnaire, Internalized Shame Scale, Satisfaction with Life Scale, Spiritual Well Being Scale, and Transgression-Related Interpersonal Motivations Inventory [TRIM-18]), we were able to demonstrate reductions in violence, revenge, anger, shame, and abusive relationships. We also found an increased sense of benevolence and appreciation from being in a meaningful community.

AA: What will your lecture cover?

DA: I will describe how social fragmentation creates victims of shame and how people become destructive to themselves, others, and their community. In the resocialization (discovery) process through group, persons are liberated from being victims of shame to being open to the positive emotions of love, forgiveness, gratitude, and constructive community. I will describe the process and introduce the theory that has been used in the project, that is, the Contemplative Discovery Pathway Theory.

AA: What helpful insights from The Family can you share with other group therapists?

DA: There are several valuable lessons I've learned, including:

- The power of the story, that is moving from telling the story (cognitive), sharing the story (empathic), and releasing your inner woundedness and shame. It may be helpful for group therapists to view their patients' communications as story and narratives.
- The importance of spirituality as expressed in the A.A. dictum, 'my life is hopeless...I need a power greater than myself.' It is important for group therapists, particularly for those who work in marginalized communities, to remember that the seriousness and gravity of the issues are so powerful that many people will present with a sense of deep hopelessness and despair. It may be helpful for the therapist to point them to a power greater than themselves.
- The experience of the still point, where chronological time intercepts with Kairos, or the fullness of time, producing a deep stillness that may be healing. This is a powerful example of silence absorbing chaos, instilling calm, and inspiring hope. In our Family groups, many people have experienced terrible tragedies of murder, violent crime, domestic violence, and abuse. When the person sharing that deep pain demonstrates a sense of painful affect, what I call either 'a holy moment' or 'still point,' it draws attention to how the chronological despair is being met by the unfailing love inherent in the group

The world is undergoing a severe, social fragmentation process with polarization due to issues like race, political fractionalization, and terrorism. I believe The Family, in helping us to share our story, produces healing dialogue and prevents or decreases destructive behavior ('Jaw, jaw, stops war, war')

and the Universe. Some people identify by crying. Others by remaining reverently silent, and in some cases, I've had people sing a song that brings hope.

- Illustrate the importance of song in bringing people together to heal and collectively carry painful traumatization. One of our Family groups in a seriously marginalized area seemed impossible to get going. Gangs with their motorcycles would try to break up the meeting. Intoxicated persons would come into the meeting and talk nonsense. At times, some people even wanted to fight. I found that the song *Bind Us Together* had a powerful quieting, sobering, and healing effect on the group. The interesting thing

is that the intoxicated person, the violent person, or the disconnected person, were all able to join in. This has become almost the hallmark of that particular Family group.

- The value of psycho-spiritually inspired stories. In the Bahamas, the people are deeply spiritual, and often, we have to move from spirituality to psychology. Many people know the old stories of the Bible, and when told with a caring and loving tone, these stories (such as the story of Ruth and Naomi, David and Absalom, Moses and the Israelite Exodus, the Prodigal Son, among others) have a powerful effect. After hearing these stories, people become alert, and I find that I can transfer from the spiritual insight into psychological meaning.
- Show that social action of participants helping others (for example, hospital visitation or hurricane relief) enhances the therapeutic benefit. This was clearly demonstrated when a lady suffering from leukemia was referred to The Family. She shared that her house was broken into and her money and computer were stolen. The money was for her specialist consultation in Miami, and the computer was for her to Skype with her nine-year-old daughter while away. She was broken and discouraged. The following week, she came to group in a better mood. Surprised, I asked what happened. She said that members of The Family visited her during the week. They encouraged her and replaced the money and the computer, making it possible for her to seek the specialist consultation in Miami.

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

DA: The theory has gone through a number of stages and development with the input from distinguished group therapists. My thinking over the years with this project has enabled me to understand scapegoating in the group, humor as a way to release painful affect, and the power of role play to uncover painful, shameful issues such as incest, childhood abuse, rape, and even murder.

AA: How is The Family making a difference in the Bahamas? What are the global implications of this work?

DA: We have seen powerful testimonial evidence from people who were once committed to revenge after having lost a relative to murder. They have turned their lives around to move toward forgiveness. We have seen people who were totally isolated in society, many of whom were abused and involved in destructive activities, who claimed that because of The Family, they have a new meaning to their life and for the first time, they feel connection with others. We have also seen a development in the Prison Family Group, where the men changed the name of The Family group to the Free Your Mind Group and claimed in their own words that the group process has allowed them to appreciate the freedom of working on their inner life even though incarcerated. They have particularly shared that The Family has taught them how to grieve.

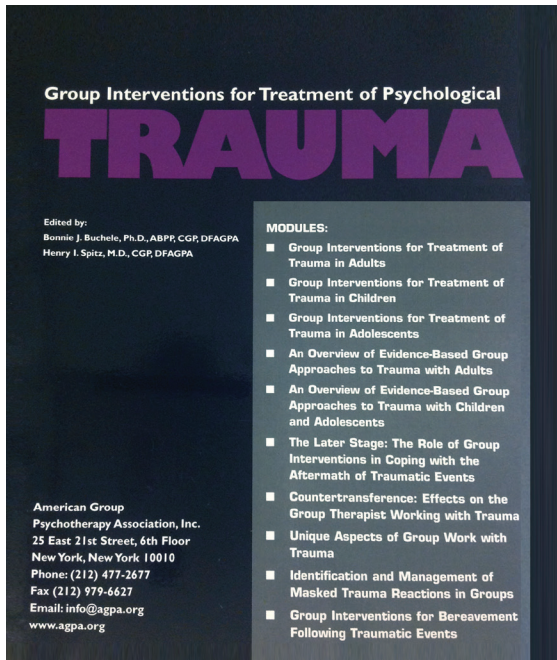
The world is undergoing a severe, social fragmentation process with polarization due to issues like race, political fractionalization, and terrorism. I believe The Family, in helping us to share our story, produces healing dialogue and prevents or decreases destructive behavior ('Jaw, jaw, stops war, war'). 🌍

AGPA Trauma Resources Available

Our hearts and thoughts have been with all of those affected by hurricanes Harvey, Irma, and Maria, the earthquakes in Mexico, and tragedies worldwide. Unfortunately, there's not a day that goes by that we realize members, their families, and their clients are affected by a traumatic event, whether natural or man-made.

AGPA wants its members to know that wherever you are, we are here for you, and we will do all that we can to be of assistance.

We also want to remind you of AGPA's vast resources in the event they might be of help to you or others in your community. Please use the AGPA website, www.agpa.org, as a resource for yourself and others. There are a number of materials on the site for clinicians, the public, and the media regarding the effects of disasters and trauma on communities and the appropriate and effective use of group interventions, including electronic

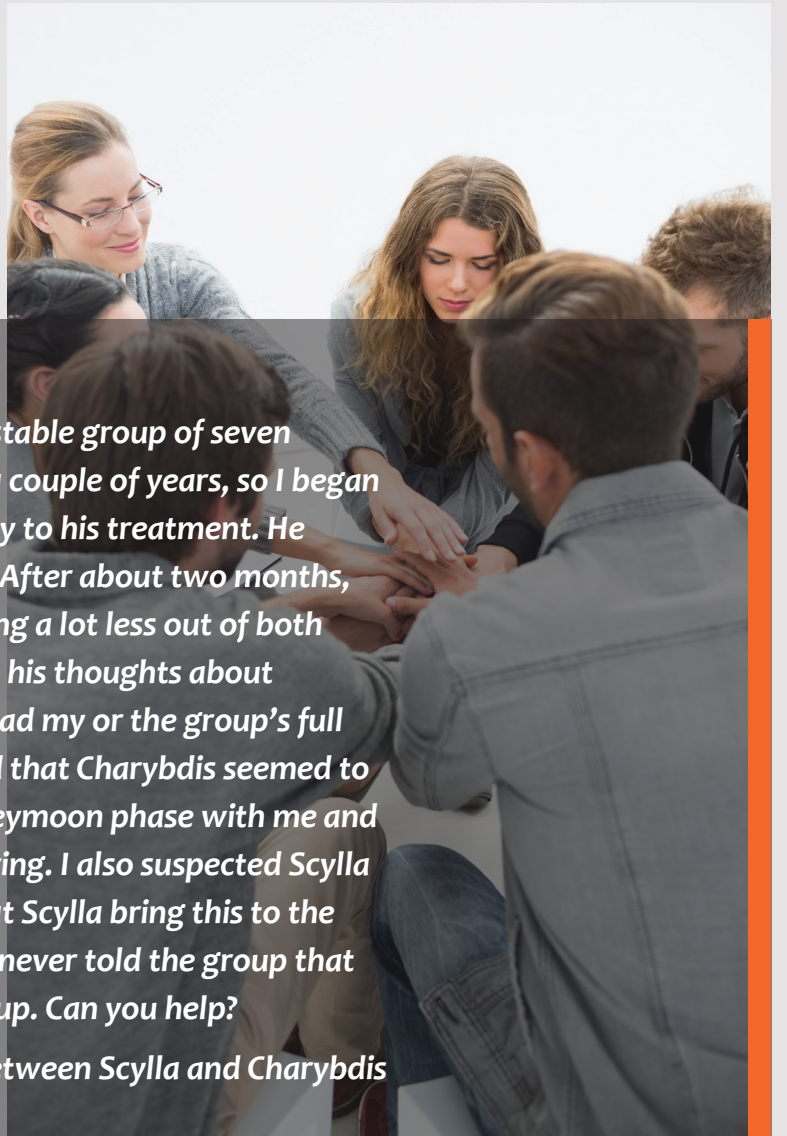


copies of the modules in the AGPA Training Manual *Group Interventions for Treatment of Psychological Trauma*. There is also information on how parents can talk to their children about events such as these. You can find these materials in the [Practice Resources](#) section of our website.

If you would like more specific support, or if you are interested in conducting outreach in your community to provide services to those in need, AGPA's Community Outreach Task Force, co-chaired by Craig Haen, PhD, RDT, LCAT, CGP, FAGPA, and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, is available for consultation. To contact the Task Force or for additional information, contact Diane Feirman, CAE, Public Affairs Senior Director, at 877-668-AGPA(2472) or dfeirman@agpa.org. 🌍



consultation, please!



Dear Consultant:

About four months ago, I added a new member (Charybdis) to a longstanding and stable group of seven members. He had been referred by his friend (Scylla), who had been seeing me for a couple of years, so I began to see him in individual therapy, and after about three months, added group therapy to his treatment. He quickly assimilated into the group and has been an active contributor to the group. After about two months, Scylla, who is also in combined therapy, started to share that he seemed to be getting a lot less out of both modalities; his dissatisfaction caught me off guard. I attempted to explore with him his thoughts about what had happened, and the most he could identify was that he didn't feel like he had my or the group's full attention and interest. In passing, during one of our individual sessions, he reported that Charybdis seemed to be getting "the better end of the deal." In my mind, Charybdis was in an initial honeymoon phase with me and the group and had yet to experience the challenges that open-ended therapy can bring. I also suspected Scylla was feeling jealous of Charybdis' idealized reports of his experience. I suggested that Scylla bring this to the group's attention, but he was reluctant to do so. It also occurred to me that he had never told the group that he had referred his friend Charybdis to me and that I had added him to another group. Can you help?

Between Scylla and Charybdis

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

Dear Between Scylla and Charybdis:

After reading your scenario multiple times and not really understanding your dilemma, we came to believe that the problem is with you. You seem to have a strong foundation of knowledge about group dynamics. So, we were surprised that you were caught off guard that your client disclosed dissatisfaction about his therapy.

As you are aware, sibling rivalry occurs within groups and between groups. We cannot understand why your long-term client cannot disclose his sentiments about his feelings within his group, and we encourage your exploration of this. There is also another issue that needs to be explored and that is whether your long-term client felt he was entitled to special dispensation because he referred a client to you. What were his fantasies about what would happen when he referred his friend? Did he have any feelings about your initial agreement to accept his friend as a client?

The long-term client did, according to you, use the term "deal." It would be fortuitous, we believe, to ask him what is his concept and belief about the term deal? It is often the unspoken that is the root of diverse disclosures coming out of left field.

Scott Fehr, PsyD, CGP, LFAGPA
Hollywood, Florida
Klifton Fehr, MS
Fort Lauderdale, Florida

Dear Between Scylla and Charybdis:

It seems that Scylla has experienced you taking on his friend as a client as quite emotionally stirring, perhaps in a way that neither he, nor you, could have predicted. It is understandable that one or both of them could eventually develop these competitive feelings. It would be useful to help Scylla make sense of what he is feeling and of the deeper meaning of his experience. You might frame for him that you believe what he is experiencing is important and relevant to his treatment and surely worth spending time and energy to process.

Might Scylla have been unconsciously inviting you into a reenactment when he initially referred his friend to you, whereby he set the stage to eventually feel discouraged about where he stands in relationship to you? Given his struggle to articulate more to you (and to the group), he may be feeling shame about his feelings of jealousy and also be angry with you for choosing to take on his friend as a client. These struggles could be related to early sibling dynamics or instances when he felt like he had to fight for the attention of his caregivers, something that is alive and well for him in the here-and-now, and something that he is cultivating through his silence.

It could be useful to continue exploring Scylla's resistance to telling you more about his thoughts and feelings, both in himself and towards you, regarding what is transpiring for him in relationship to Charybdis' reports. Who does Charybdis represent in his life? When has he felt like others have gotten the better deal? How does he feel toward you about working with his friend? Was he able to express his frustration and anger directly to his caregivers? Might he be worried about destroying you in front of the group? What countertransference resistance might you be contending with as it relates to his struggle to say more to you and the group? Be mindful about how his cultural identity is informing his reaction.

One last consideration pertains to the frame you have set regarding Scylla and Charybdis communicating with one another about their treatments. If you have not already done so, you may slowly explore with Scylla what it might be like for him to refrain from talking with Charybdis about his therapy so as to keep the boundaries clean and the energy of his work from leaking out in these outside conversations.

Lastly, lean on the support of your colleagues to process any feelings of frustration you may be having to help you remain open to what Scylla may need to say to you. This is a challenging situation where support will likely be helpful.

Zach Bryant, PhD
Nashville, Tennessee



NEWSLETTER OF THE
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INTERNATIONAL BOARD FOR
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See Group Assets insert

affiliate society NEWS

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

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

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

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

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

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

The **Louisiana Group Psychotherapy Society (LGPS)** thanked Jeffery Hudson MEd, LPC, CGP, FAGPA, for his overwhelmingly well-received presentation,

Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders, offered at its Spring Conference.

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

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

PLEASE NOTE:

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

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