The Group Circle

Spring 2005

The Newsletter of the American Group Psychotherapy Association

Trial by Fire: Lessons Learned by a First-Time Group Therapist

Karin Hodges, MS and Lorraine Mangione, PhD, CGP

As I (Karin) entered the second year of my doctoral studies and first year as a clinician, I faced the anxieties of a novice therapist. For most of that year I felt young and regressed and fought to maintain some sense of equilibrium. Still, I wanted to move forward and challenge myself to grow, so I took opportunities as they arose. When I volunteered to co-lead an interpersonal group, I was not aware of the logistical, personal, and interpersonal challenges I would face. I did not know that my first group would feel like a trial by fire, but it did.

Initial Steps

When I thought about myself in this role, I was simultaneously elated and scared, wondering how I would set foot in a group setting without Yalom (1995) by my side. The group dynamics course from the semester prior seemed distant and abstract. I suddenly felt like I did not know enough. Classmates fed my insecurities when they suggested that these more process-oriented groups were not for the novice. I did my best to ignore them. My self-talk included statements such as, "I learn by experience" and "This feels like the right choice for me." I felt encouraged by my supervisor, who expressed confidence in my clinical abilities and respect for the therapeutic utility of groups.

Co-Leadership—Searching for a Partner

I was in awe of group leaders. A former dancer myself, I saw them as choreographers of a dance in which they move in and out of the group circle. However, my metaphor did not acknowledge the dance between leaders or the impact of one leader on the other. I began to learn about that when my first co-leader decided he was not ready to lead an interpersonal group. My internal response ranged from disappointment to anger.

A peer in my doctoral program agreed to become a co-leader. I was both relieved and concerned. She appeared confident with her clinical decisions, while I was more tentative, often feeling unsure about my choices. I was more process-oriented; she was more content-oriented. Our common ground was a Yalom-based frame for the group. Yet I was afraid our differences might overshadow the group.

When she raised issues about our different academic degrees (hers a masters and mine a bachelors), I wondered if she saw herself as the leader and me as the junior therapist. I feared that our equal status as doctoral students would be eclipsed, and I would not be an active and equal member of the partnership. Two variables diffused the tension between us. First, I voiced my fear that she would want me to become a junior member of the team, and allowed her to clarify her intentions. Second, supervision offered an opportunity for us to further acknowledge residual feelings about this power struggle. The unconditional positive regard of our supervisor created a sense of safety, facilitating open dialogue between us.

To my surprise, we developed into two complementary leaders, both holding the metaphor that we were "parents" of the group, putting differences aside and presenting a solid front during the group. We expressed our differences in supervision (e.g., how to handle group cancellation, how to manage check-ins), identified concerns (e.g., client dropouts, client ambivalence), named fears (e.g., not doing good work, not being heard), and moved towards an aligned leadership position. Our differences were a help rather than a hindrance because our varying observations facilitated rich conceptualizations of the group and its members.

The Long-Awaited First Day

On the first day of group, we were warmed up, excited, and ready. With paper work at our side we met with our supervisor, and we felt prepared. Unfortunately, it snowed! There was no policy for handling snow days for groups. We were baffled! I worried about the message that a cancellation would send. To maintain a safe holding environment, I felt we should hold group for any of the members who arrived. Because I had conveyed the start date to them, I felt I had entered into a contract with them personally. I was also eager to begin after months of marketing and screening. My co-leader did not want to begin without all of the members, arguing that if

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Group Circle Editor Search

The Newsletter Editor Search Task Force invites AGPA members with writing experience to apply to become *The Group Circle* Editor, beginning in 2006. Self-nominations are welcome. The deadline for application is July 15, 2005. To apply, or to suggest a candidate, please write Bonnie Buchele, PhD, CGP, DFAGPA, at c/o AGPA, 25 East 21 Street, 6th Floor, New York, NY 10010, or info@agpa.org.

From the President

Robert Klein, PhD, CGP, FAGPA

The afterglow of our fabulous Annual Meeting continues to linger. How sweet it is!

Now, of course, it's back to work for most of us. In terms of the work of the organization, I'd like to summarize what we have been doing over the past year, and give you an overview of where we are heading for this coming year.

Last year, we identified six key initiatives: the Capital Campaign endowment; the identification of funding opportunities; the conceptualization of the Academy of Group Practice and Training; the continued pursuit of public outreach initiatives; the development of an AGPA educational product line; and sponsoring of a public mental health response protocol conference. All of these were directly related to our primary strategic plan goals, especially those involving community outreach/visibility, education/learning, and organizational sustainability. I am pleased to report that we have made substantial progress with regard to all but one of these key initiatives.

First, largely as a result of the enormous generosity of our members, coupled with the extraordinary efforts of Patricia Barth, PhD, CGP, FAGPA, Chairwoman of the Group Psychotherapy Foundation, and our CEO, Marsha Block, CAE, CFRE, the Capital Campaign has enabled us to raise over $1.25 million. If we can reach our goal of raising an additional $100,000 by June 2005, we can then retire the mortgage on our headquarters. This will mean reducing our currently budgeted interest debt service of $100,000 per year.

Second, we are continuing to successfully cultivate and pursue external funding opportunities. Although circumstances have changed significantly and funding opportunities are no longer as readily available as they were in the immediate aftermath of

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The Group Circle is published three times a year by the American Group Psychotherapy Association, Inc.

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

AGPA Welcomes Two New Fellows

Fellowship in AGPA indicates outstanding professional competence and demonstrated leadership. The Fellowship and Awards Committee takes five areas of activity into consideration. These are leadership; clinical practice and/or administration; teaching and training; research; and publications. The Committee expects candidates to demonstrate excellence in at least two, one of which must be leadership in AGPA and/or one or more if its Affiliate Societies. At the February Board Meeting, Fellowship was conferred on Ronnie Levine, PhD, CGP, FAGPA, and Stanley Schneider, PhD, CGP, FAGPA.

Ronnie Levine has been a member of AGPA since 1991, has served as Member-at-Large on the Board of the Eastern Group Psychotherapy Society (EGPS) for two four-year periods, and has been an EGPS Board member since 1996. She has chaired the Professional Discussion Group at EGPS since 1999. She was an Affiliate Society Institute Designate at the 2003 AGPA Conference. Dr. Levine has been a vital part of AGPA's and EGPS's outreach efforts. She represented AGPA at the Red Cross as part of the Disaster Outreach Task Force (2002–2004) and started a telephone group for citizens in the New York City area coping with anxiety as part of Project Liberty (2002–2003).

Dr. Levine's contributions in the area of group therapy training are manifold. She has taught many courses, most of them more than once, as a faculty member of the Center for the Advancement of Group Studies, New York City, from 1993 to the present and has led several weekend-long process groups at the Center's Off-Site Training Program in New York City. She has presented nine workshops at AGPA Conferences and 13 workshops at EGPS Conferences. She has lectured as faculty of the Eastern Group Psychotherapy Society Training Program and has supervised and trained psychology and psychiatric interns and clinical staff in several prestigious locations including Columbia Presbyterian, Pace University, and Carnegie Mellon. Dr. Levine has had an active group psychotherapy practice since 1982 and has conducted regular group psychotherapy supervision in private practice. With regard to the promotion of group therapy in other domains, Dr. Levine has conducted seminars for teachers, healthcare providers including those working with Alzheimer's patients, and clergy.

After completing Rabbinical studies along with MA degrees in Psychology and Bible & Semitic Languages, **Stanley Schneider** received his MSW in 1972 and PhD in 1982. In 1997, he graduated with a certificate in psychoanalysis from the Israeli Psychoanalytic Institute. His work and teaching experiences have been extensive. He has been in private practice since 1982 and is Professor at Yeshiva University's School of Social Work in New York, Michlalah Jerusalem College, and Hebrew University in Jerusalem.

Dr. Schneider was Chairman of the Training Committee for the Israeli Group Analytic Society for 10 years and Chairman of the Group Psychotherapy Program at Hebrew University for seven years. He has published 65 articles in refereed journals and has contributed as an editor in eight books and as an author of book chapters (22), book reviews (14), and non-refereed publications (30). Dr. Schneider has presented worldwide in group psychotherapy and at many AGPA Conferences. ●

AGPA Elects New Directors

Congratulations to the newly elected directors of AGPA. Elected to the Board of Directors for the 2005–2008 term are:

- Nina Brown, EdD, LPC, NCC
- Hylene Dublin, MSW, CGP, FAGPA
- Joseph Kobos, PhD, ABPP, CGP, FAGPA
- Molyn Leszcz, MD, FRCPC

The vote count for this election is available from the AGPA office upon request.

Canadian Group Psychotherapy Association Conference
Building Bridges:
Collaboration from Coast to Coast
November 2–5, 2005
Marriott Pinnacle Hotel
Vancouver, B.C., Canada
Information: www.cgpa-conference.info
E-mail: conference@cgpa-vs.org
Contact: Alice Chan:
604-682-2344, ext. 62588

Dear Editor:

The "Terminal" Consultation, Please vignette in the Fall 2004 issue of *The Group Circle* stirred me enough to add my perceptions of the group problem. Although I have not been in practice for over 10 years, I enjoy the problems and the consultations.

I think that the central issue here is the length of time devoted to what appears to be a single group conducted by two therapists. In effect, as others have also noted, we have a long-standing family, all adults, who have skirted around the therapists' own problems. It does not require much insight to understand that the differences in philosophy or therapeutic style have evolved over some time. Those differences have not emerged in the group process, nor has either of the therapists found a way to use their differences in helping group members cope with their own issues. It would have been far more useful and refreshing for some direct sharing by each of the therapists of personal or fundamental questions. Dr. Motherwell's observation that the group members must have been aware of this evolving tension is to the point.

The group theme then is that the group itself was looking for change in its structure or purposes. The therapists, too, during this long time span were also changing. Therefore, instead of anguishing over the group trauma about ending, ought not the therapists and the group members see this as an indication that all were ready for moving out into the world? The goodbyes then have an entirely different function. Yes, an opportunity to express concealed anger or resentments, but mainly the chance to feel freer to leave the family and go on to live differently. Hasn't the struggle to cope with the extended cohesion that such a lengthy therapeutic experience ever been an active question during those 13 years? Termination then becomes a positive, educational experience without minimizing feelings of pain and loss.

I felt that both the question and the consultations were more concerned about the group's tenderness, even fragility, rather than its strength and capacity for independence after so many years.

Isidore Shapiro, MSW
Tucson, Arizona

Eleanor Counselman, EdD, CGP, FAGPA

The Annual Meeting was a huge success! With over 1,200 people in attendance, the Institutes and various presentations were well-filled, and the enthusiasm of the participants was palpable. It was great to see so many young professionals and first-time attendees. Many were scholarship recipients, and the scholarship donors deserve considerable thanks for making their attendance possible. These young men and women are the future of AGPA. It was wonderful to hear them so excited about the organization.

A round of applause for all who made the meeting possible: the Annual Meeting Committee and its Co-Chairs—Jerome Gans, MD, CGP, FAGPA, and Esther Stone, MSSW, CGP, FAGPA—the office staff, the faculty, and our hosts (for the second year in a row!) the Eastern Group Psychotherapy Society. We look forward to San Francisco next February.

Five years ago I became Editor of this newsletter. I have enjoyed this role immensely but it is time to step down. During the coming months a Search Committee, chaired by Bonnie Buchele, PhD, CGP, DFAGPA, will choose my successor. Editing *The Group Circle* is an opportunity to work with a terrific committee and with both new and experienced writers. If you have writing experience and are interested, please consider applying. For further information, see the notice on page 1 in this issue. I would be happy to answer questions about the job and can be contacted at EleanorF@Counselman.com. ●

Strangers in a Strange Land: Exploring the New & Unknown in the Group Experience

24th Annual
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Public Affairs Committee Update

More Research Required in Public Health Debates

Elizabeth Knight, MSW, CGP, FAGPA, President-Elect

What an honor to represent AGPA at the Carter Center Symposium on the President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America" and "Transforming Mental Health for Children and Families in Light of the President's New Freedom Commission on Mental Health." In November 2003 and 2004, AGPA's CEO, Marsha Block, CAE, CFRE, and I, as Co-Chair of the Public Affairs Committee, attended both meetings. The experience of coming together with the major players—government, providers and consumers—in our mental health system left me encouraged and energized by the ideas generated, daunted by the scope of the work, and curious as to AGPA's role in this national challenge to transform mental health in America.

David Brook, MD, CGP, FAGPA, Co-Chair Public Affairs Committee, summarized the commission's report in the January 2004 *The Group Circle*. It is recommended reading for all those interested in the latest developments on the national political scene, and even more highly essential reading for those who are *not* interested, as ultimately our practices and pocketbooks will be effected.

My state of denial regarding evidence-based treatment (EBT) was challenged by attending the Carter Symposium. Interwoven through the panels, presentations and workshops were assumptions that EBT is the basis for government and private reimbursement policies, and corporate and philanthropic grants. I suspect I am representative of a major segment of our organization, aging (more euphemistically, experienced), private practitioners, who pay lip service regarding the need for AGPA to be proactive politically, support efforts for research on the efficacy of group treatment, but basically are much more invested in clinical concerns. As the scales fell from my eyes, I realized in the public arena and increasingly in the private arena, EBT is a *fait accompli*, not a subject for debate.

Until recently, many AGPA members have reacted to EBT with my similar ostrich approach, resisting developing and participating in new research efforts. In the fall of 2004, AGPA President Robert Klein, PhD, CGP, FAGPA, moderated an EBT Seminar for the Tri-Organizational Boards. The discussion was lively and informative. However, as one may have predicted, participation was underwhelming. We boldly assert in our brochure that *Group Works!* and we are now being told "prove it!" Meanwhile, we're still debating, disinterested, or phobic at the mention of research.

In January of this year, the AGPA Board held a conference call solely on EBT. The goal of the call was to articulate strategies for AGPA's response to the EBT movement. A Task Force—Science to Services—is in the process of being formed with a formidable charge: to bridge the gap between research and clinical practice; to advocate for group approaches; to stimulate new research; and to compile what research has already been done. Through this effort, AGPA is joining the national movement to bring about a collaboration between research and clinical practice in mental health.

The Group Circle is publishing a series of articles by members of its CORE Battery Task Force, chaired by Gary Burlingame, PhD, CGP, on the revision and use of the CORE Battery. Clinicians may find these tools quite helpful in assessing group dynamics and outcomes, and in selecting members for participation.

Of note is the recent report from The Substance Abuse and Mental Health Services Administration (SAMHSA) unveiling a comprehensive guide on the use of group therapy in the treatment of substance use disorders. The consensus panel that created "Substance Abuse Treatment: Group Therapy," chaired by AGPA's Philip Flores, PhD, CGP, FAGPA, emphasized that group therapy is both an effective treatment and a cost-effective way to deliver that treatment. The implications for AGPA in the SAMHSA report are myriad, far-flung and uniformly positive.

We need more such endorsements of our efficacy in other arenas of group therapy, and we will need to document our assertion with research. The sea of change is upon us; we need to wake up before the tide is turned. ●

President

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9/11, we have nevertheless managed to secure several additional grants. Specifically, we were awarded $275,000 from the Jacob and Valeria Langeloth Foundation to complete our population-specific protocols for using groups for disaster intervention and to publish and disseminate these materials. We also secured a $10,000 grant from Pfizer for our work on HIV/AIDS. Most recently, we learned during the Annual Meeting that we had received a substantial grant from the American Red Cross for $499,000 to continue our work with children and their counselors in the New York City elementary schools.

Third, the Academy of Group Practice and Training Task Force, a blue-ribbon panel co-chaired by Anne Alonso, PhD, CGP, DFAGPA, and Harold Bernard, PhD, CGP, ABPP, FAGPA, provided a comprehensive report to the AGPA Board of Directors on the possibilities and obstacles in assembling a comprehensive, coordinated educational program across both national and Affiliate levels. That report is currently undergoing careful consideration as we plan our next steps.

Fourth, we are continuing our public outreach activities through the development of a successful public relations campaign that has included representation in the national media, increased contact with legislators, participation in government sponsored mental health partnership alliances, an enhanced website with a newsroom added, website listing of CGPs accessible for group psychotherapy, and increased availability of the *Group Works!* brochure with a trauma insert, both in English and in Spanish.

Fifth, with regard to developing an educational product line, an initiative that would bear upon both our education/learning and organizational sustainability goals, I am pleased to report that we have published and begun to distribute the highly acclaimed volume, *Group Interventions for Treatment of Psychological Trauma*, edited by Bonnie Buchele, PhD, CGP, ABPP, DFAGPA, and Henry Spitz, MD, CGP, DFAGPA. In addition, we recently completed publication of a new ethics curriculum assembled by Rebecca MacNair-Semands, PhD, CGP, *Ethics in Group Psychotherapy*, copies of which are now available for use. A number of other curricula are in various stages of development, and we are hopeful that they, too, will be available shortly.

Our interest in generating a Distance Learning Program, however, has not been able to move to implementation. We have learned just how complicated it is to launch and to maintain distance learning initiatives. Determining the most appropriate online platform, gaining the necessary CEU accreditations for participants from different disciplines, establishing a user-friendly testing service to accumulate CEU credits, selecting and organizing the curricula, training faculty presenters, etc.—all constitute formidable challenges that require time, staff support, an effective infrastructure, and funding. We have decided to pilot a couple of programs this year in order to gain the needed experience and have added distance learning to the call for program submissions to identify members interested in this learning venue.

Sixth, we successfully sponsored a Public Mental Health Response Protocol Conference as a part of our Annual Meeting last year and again this year in the form of follow-up events designed to teach participants how to apply the protocols that have been explicated. In addition, Suzanne Phillips, PsyD, CGP, and I are in the process of editing AGPA's population-specific protocols which we anticipate will appear in a volume to be published later this year.

Our agenda for the coming year will, of course, remain focused on pursuing our strategic goals. Many of our activities currently underway will continue. The AGPA Board of Directors has identified our most important priorities as: the development of a continuous (throughout the year) and coordinated educational program; the ongoing cultivation of external funding opportunities and grant acquisitions; and the enhancement of membership and CGP certification through collaboration with our Affiliates. We are already tackling these priorities. In future columns I will keep you informed as to how we are doing.

As is our custom, we have formulated an important and challenging agenda. Our continued success will require mutual endorsement and support of our goals and effective collaboration to implement them. ●

Focus on Research

CORE-R Battery: Assessment of Group Therapy Outcomes

John Ogrodniczuk, PhD

Research Editor's Note: This is the second in a series of articles introducing members to the newly revised AGPA CORE Battery. This column focuses on outcome measures that may be helpful for group clinicians.

Outcome measures allow therapists to supplement their clinical judgment regarding patient progress with information about patient change derived from formal assessments.

This section of the CORE Battery concerns the assessment of treatment outcome. The increasing emphasis on therapist accountability and empirical demonstration of psychotherapeutic effectiveness points to the need for practicing therapists to integrate treatment outcome evaluation methods into routine clinical practice. The importance of outcome evaluation looms larger than ever as restrictions on insurance benefits for mental health care increase, and as policy planners, healthcare administrators, and purchasers of care decide how best to allocate scarce resources. The current focus on customer satisfaction and the changing role of the patient from passive recipient of treatment to active collaborator has served to highlight the necessity of documenting therapeutic outcomes.

There are several compelling benefits for integrating outcome evaluation into regular clinical practice, as highlighted by Asay and colleagues (2002). Outcome measures allow therapists to supplement their clinical judgment regarding patient progress with information about patient change derived from formal assessments; they complement and extend the therapist's impressions. It is also possible to utilize outcome assessments to obtain qualitative information about patient progress. Patients may communicate information on a questionnaire that they would otherwise not state verbally, especially early in therapy. Information from the assessment may facilitate discussion between the patient and therapist regarding factors related to a patient's lack of progress and possible changes that could be made in the clinical approach to improve treatment. In addition, use of outcome measures allows the therapist to compare the progress and outcome of patients in his or her own practice with that of patients from national samples. Use of outcome measures would also allow the therapist to develop a database of his or her own patients. This may provide a more meaningful perspective for assessing patient progress rather than relying solely on data from national samples. Above all, therapists can take professional and personal pride in improving skills, which is a natural consequence of continuous, systematic assessment of one's cases.

Assessing Group Outcomes

It is not practical for therapists to implement an extensive battery of measures tapping all dimensions of outcome and all possible perspectives. It is feasible, however, to conduct a relatively comprehensive assessment using only a few measures. For many therapists, resources may permit use of only a single assessment tool. The Task Force believes that such a measure must be: brief; comprehensive; easy to administer; free from theoretical biases; sensitive to change, with established reliability and validity; and widely used.

A measure that satisfies these criteria is the *Outcome Questionnaire-45* (OQ-45; Lambert et al., 1996). This brief, self-report instrument measures levels of symptomatic distress (e.g., "I feel hopeless about the future"), interpersonal functioning (e.g., "I feel lonely."), and social role performance (e.g., "I feel stressed at work/school."). The OQ-45 provides subscales scores for each of these areas of functioning, as well as an overall total score. The total score ranges from 0 to 180; higher scores indicate greater pathology. Administration of this measure requires about five to seven minutes. The OQ-45 can be easily scored by hand, and scoring takes about three to five minutes. The OQ-45 is the result of the combined efforts of academically based outcomes researchers, healthcare administrators, and practicing clinicians. It is a psychometrically sound measure that has a large body of normative data available (Lambert, Gregersen, & Burlingame, 2004).

Additional Outcome Measures

Some therapists may have the capacity to engage in somewhat more comprehensive assessment of treatment outcome. For these therapists, we recommend the following measures:

1. *Inventory of Interpersonal Problems* (Horowitz, 1999). This is a 32-item measure of current interpersonal distress. This instrument is designed to assess problems in interpersonal interactions that either are reflected by difficulties in executing particular behaviors ("It is hard for me to …") or difficulties in exercising restraint ("I do... too much"). The IIP-32 provides scores for eight subscales that reflect interpersonal problems characterized by the following adjectives: domineering, vindictive, cold, socially avoidant, non-assertive, exploitable, overly nurturing, intrusive. In addition to the subscales, the IIP provides a total score. Higher scores indicate greater interpersonal problems. The IIP-32 can be scored by hand or by using a simple computer program.
2. *Rosenberg Self-Esteem Scale* (Rosenberg, 1965). This is a 10-item measure of patient self-esteem. It measures global self-worth and self-acceptance. A single total score is produced, ranging from 10 to 40, with higher scores indicating higher self-esteem. The scale can easily be scored by hand.
3. *Group Evaluation Scale* (Hess, 1996). This is a seven-item measure of patients' experiences in group therapy. This scale assesses the patient's general feelings towards the group, feelings of stability or instability, the ability to explain problems in front of the group, the helpfulness of other group members, and the feelings of being understood, autonomous and responsible. Scoring results in a total score that varies between 7 and 35, with higher scores indicating greater benefit from the group. Scoring is by hand.
4. *Target Complaints* (Battle et al., 1966). This is an individualized measure of psychotherapy outcome based on a patient's description of the problems and difficulties for which they have sought treatment. Patients are asked to identify three goals for treatment and then rate each goal on either a 5- or 11-point scale according to the severity of distress and expectation for improvement. The therapist also rates each of the patient's goals along the same dimensions.

Use of these four measures, along with the OQ-45, will provide a thorough assessment of patients' therapeutic gains and experiences in group psychotherapy without unreasonable intrusion on therapists' or patients' time.

It is important for individual practitioners to participate in formal, systematic evaluation of patient outcomes. The rapid changes in our healthcare system indicate that administrators, policy makers, and consumers are expecting such evalua-

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Consultation, *Please*

Dear Consultant:

I am an intern at a university counseling center. As an undergraduate student, I became interested in group therapy and became involved in my local group psychotherapy society. That experience was rich and exciting, as I learned about different theories and practices of group psychotherapy. Here at the counseling center, group therapy doesn't seem to be a priority with the staff. When talking to clients about the services here, staff members mention group almost as an afterthought, often in a sort of apologetic tone. I think the mindset of most of the staff is that group therapy is a "lesser" form of therapy. Some members of the staff have led groups, but they are almost always theme groups, such as groups for eating disorders, coming out groups, etc. They seem uncomfortable with the idea of a general psychotherapy group without a theme. I would like to get the staff more excited, educated and enthusiastic about group. Can you help?

Signed,
Group Crusader

Dear Group Crusader:

You have encountered the age-old dilemma of agency resistance to creating a group culture. As a student, you have an additional hierarchical disadvantage. There are a few approaches you might take to remedy this situation.

First, find out if there are any structural resistances to groups in the agency. These might include the way clinicians are paid, paperwork quantity, etc. It would also be useful to know the attitudes about group treatment amongst supervisory and administrative staff.

There is a great deal of information and research about the efficacy of group treatment–the problem is, however, that as a student, you are probably not the person to communicate it. If there is a person on staff sympathetic to the group approach, it might be useful to work with him/her to get the center to invite an outside expert on groups (the AGPA office can be a helpful resource) to do a presentation to the staff on the efficacy of group treatment.

Finally, I've come to realize that as group practitioners, we are the best ambassadors for group treatment. Over the years, I've found that I quite naturally think and talk group. Thus when talking with clinicians about clients, I invariably associate to ways in which group might be helpful to them. This is perhaps the most effective way to begin to convert an agency from an individual to a group culture.

Robert Unger, MSW, PhD, CGP, FAGPA
Boulder, Colorado

Dear Group Crusader:

I identify with the dilemma you raised in your letter. When I first started working at a university counseling center we had no groups running. It was a lonely experience. I realized my colleagues had varying degrees of exposure to group therapy in their graduate programs and their own internship training. As a result, some were uneasy with the treatment modality. They hadn't had the opportunity to experience first hand the power of group therapy, not only to address symptoms, but to make lasting interpersonal and characterological change. Sometimes staff perception that it is a lesser form of therapy is mirrored by students who often initially experience hurt and disappointment when offered group therapy rather than individual treatment.

Here are some ideas for launching the type of group you are interested in.

- Talk with your training director about your interest in this treatment modality.
- See if you can find a colleague (peer or senior staff) to co-lead a group with you.
- If there is no one onsite to provide group therapy supervision, see if someone in your local group psychotherapy society could be authorized to supervise.
- Rather than offering a general psychotherapy group, call it an "interpersonal process group" or a "women's dynamic therapy group. "
- Write a good group description that would be appropriate both for clients and for referral sources.
- You could contact other university counseling centers to get their group therapy descriptions or your training director could query his/her colleagues.
- Develop and disseminate clear referral criteria. Think some about how to market your group.
- Educate your colleagues about how to make a good group referral by reframing the presenting problem into interpersonal terms and articulating for each individual client why group therapy could be the treatment of choice for their particular concerns. Be prepared to address their apprehensions as well as their curiosity in trying a therapeutic group.
- If all else fails and it's too late in your internship to launch a psychotherapy group, perhaps you could do a small project culling a few articles about the benefits of group therapy and how best to talk with students about a potential group therapy referral. You could collect descriptions of other university counseling centers group programs. You could design a psychotherapy group and in that way leave a legacy for future interns to bring to fruition.

In addition, here are some system-level ideas geared toward helping motivate the staff.

- Invite someone from your local group psychotherapy society to lead a workshop at your university counseling center on the "Art of Broaching the Idea of Group Therapy" both at intake and later during individual therapy. Work with the presenter on using a lot of case examples and role-playing so it fits your particular student population.
- Consider bringing in a consultant to do a day-long training on group therapy in university settings. Many AGPA members would be willing to do this for a small honorarium or free if transportation and overnight lodging were covered.
- See if your local group psychotherapy society could teach the AGPA two-day *Core Course on the Principles of Group Psychotherapy.* Encourage them to give discounts not only to graduate students, trainees and new professionals, but have them also consider inviting supervisors, training directors, and first time nonmember attendees at a very inviting low rate.
- Suggest a lunchtime peer supervision group for interns and staff interested in leading psychotherapy groups to read articles together and share their clinical group experiences.
- At the point in the semester when individual case loads are full and waiting lists are developing, offer appropriate students the choice of a free, confidential, on-campus psychotherapy group or an individual private practice referral.
- Lobby for your staff to hire or appoint a staff clinician in the role of group therapy coordinator. Consider applying for the position yourself!
- Be steadfast as a group crusader! I applaud your courage to suggest shifts at a systems level especially when you might feel vulnerable to criticism or "one down" in an internship position. Your enthusiasm, excitement and commitment to the group therapy treatment modality can be contagious in opening doors for other people including clients, interns and senior staff.
- Stay involved with your local group psychotherapy society and AGPA. You will meet wonderful friends, colleagues and mentors who share your vision and who can help you grow throughout your entire career.

Emily Lape, LCSW, BCD, FAGPA
Charlottesville, Virginia

Members are invited to contact Michael Hegener, MA, LCP, CGP, 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. He can be reached by fax at 512-469-0889 or e-mail at mhegener@onr.com.

Research *continued from page 4*

tion, and treatment can be enhanced by the endeavor. It will be a challenge to build outcome assessment procedures into routine clinical care. However, the benefits suggest that the effort will be worthwhile. The Task Force looks forward to continued feedback from AGPA members about their impressions of the CORE Battery. ●

John Ogrodniczuk, PhD, is a member of the AGPA CORE Battery Task Force. Other members included Gary Burlingame, PhD, CGP; Anthony Joyce, PhD; Rebecca MacNair-Semands, PhD, CGP; Shawn Taylor, PhD; K. Roy MacKenzie, MD, FRCP, CGP, DFAGPA; and Angela Stephens, AGPA Professional Development Director.

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Trial *continued from page 1*

there are three members we only have half of the group, an unwise beginning! Ultimately, I relented, worried that we would not have a group with two united leaders, but instead two frustrated and disagreeable leaders. By the time I agreed to cancel, we could not reach two members, and they showed up.

Supervision already benefited us in that we knew to convey a united front to the members in telling of our decision to cancel. However, this false start would haunt the group and perhaps contribute to dropouts.

Leading Alone

One day my co-leader was sick, and I led the group alone. I was more fearful than in the past and felt a strong sense of responsibility. It was up to me alone to make sure that the group experience was safe for members and that members had an opportunity to grow. Because I was not gauging my activity level to another leader, I engaged in more risk-taking. I was not looking to her for cues and no longer needed to make decisions jointly. I was far more active than I had been. I introduced the concept of feedback, modeled feedback, encouraged process, and made interpretations. This heightened sense of activity reminded me of my vision of what a group leader is, and the group responded by moving as I had hoped it would.

Although I felt a sense of accomplishment, I also felt scared about what I had done, anxious about stepping out of the co-leader role. During supervision I questioned whether I had exceeded the bounds of that position. Supervision allowed me to conceive of the possibility that things are simply different depending on who is present. Leading a group alone would be easier on some days and more difficult on others. I imagine if I led the group when it was storming, I would want my co-leader. On a day when the group was ready to move, not having to negotiate with my co-leader would remove a task and make leadership more enjoyable.

The Group Goes Its Own Way

Halfway through our sessions, the group rebelled by trying to change the rules. They set up an outing where members could meet outside of group to observe an educational presentation, then socialize. When members asked permission to meet, my co-leader and I were stumped. This was not subgrouping; the group was creating its own alternative group! We felt frustration towards and rejected by the group, but maintained a stance of accepting and supportive leaders. We pretended that we were not thrown. We decided to let members go, but encouraged them to keep socializing to a minimum. Again, our supervisor was able to hold our feelings and remind us that such leadership choices in the moment are not easy, and such requests have multiple meanings.

Is It Really Over?

Our group was time-limited. In addition to creating calendars for each member with the dates of meetings circled, we verbally communicated the number of weeks we had left before the end date. The week before the last, we told the group there was one week left. Still, on the final week, one member was stunned and said she did not know that it was the final session. I was confused, wondering how we could have better prepared this member for the ending. My supervisor explained that the client was not ready for the ending and therefore did not process it. It would not matter how many calendars or announcements were made. This group member would not have taken that in.

This final episode, in which I was forced to face the limits of my influence on clients, summed up my entire experience. I understood, finally, that there are things for which we cannot plan, and that despite all our efforts and preparation, there are limits to our influence. By acknowledging these limits and working within such boundaries, we can still learn and our clients can still grow.

My Experience in Light of the Literature

Although I was often surprised during this training experience, the group literature indicates that many of the challenges we faced were not uncommon. Frost and Alonso (1993) suggested that there may be a certain developmental trajectory for therapists-in-training. Catalysts for one's development towards an identity as a group therapist include: a belief in the utility of group work, curiosity about group dynamics, support by mentors and clinics, and past positive group experiences in the course of personal treatment. Impediments to development as a group therapist include fear, lack of confidence, and a large amount of effort required in group practice. While fear and lack of confidence were blocks for me, my curiosity and belief in the therapeutic effects of groups facilitated my movement forward.

Even though I had the training and support that Markus and King (2003) highlight (group coursework, group leadership opportunities, skilled group supervision, and participation in both an experiential process group and personal group therapy), I often felt as if I were undergoing trial by fire. I had to shift, adapt, navigate differences, face countertransference reactions, and remain focused on offering the best possible care I could. I can't imagine that first group without the support and training I was afforded, yet I know trainees often lack such support. I wonder if those trainees remain embedded in a "trial by fire" for the entirety of their first group experience. ●

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In Memoriam: E. Bruno Magliocco, MD, FAGPA

E. Bruno Magliocco, MD, FAGPA, 76, a long-time member of AGPA, died on September 20, 2004 at his home in Sierra Vista, Arizona. He was born in Rome and was graduated from the University of Rome in the Department of Neurology and Psychiatry in 1951. In 1954 he obtained one of the first Fulbright scholarships from Italy to the United States to work at the University of Cincinnati College of Medicine from 1954–56. He relocated to Topeka in 1958, where he joined the staff of the Menninger Clinic and was employed there until 1966.

During his time at Menninger, he became active in the relatively new group psychotherapy activity and was one of the pioneers in helping the modality grow. He was the first therapist at the clinic to start a group for adolescents. He was also one of the few clinicians to join the early seminars offered by Dr. John Sutherland, Medical Director of the Tavistock Clinic.

In 1966, he moved back to Cincinnati and joined the faculty of the University of Cincinnati Department of Psychiatry, an affiliation he maintained until 1993 when he was named Professor Emeritus. Throughout this period, he maintained his interest in group psychotherapy and taught group dynamics and group psychotherapy. He was a Life Fellow of AGPA, gave numerous workshops, and served on the Standards and Ethics Committee.

In 1990 he moved to Sierra Vista, where he became a consultant to several area hospitals and developed a private practice. He became active in community affairs and was highly visible in the community.

Bruno will be remembered by all who knew him as a colorful personality who was capable of brightening a room with his warmth and congeniality. He loved to share his many interests and ideas, both professional and general, such as his views about the treatment of borderline patients but also his deep interest in aviation history. At the same time he was equally interested in hearing from others and he invariably inquired about members of our family. He will be missed much by all who knew him.

Leonard Horwitz, PhD, DFAGPA

In Memoriam: Lawrence Kennedy, MD, CGP, FAGPA

A loyal member of AGPA and a good friend to many of us, Lawrence Kennedy, MD, CGP, FAGPA, died on September 8, 2004 of a sudden and unexpected heart attack at the age of 79. He was a frequent contributor and teacher both in the AGPA Institute and Conference. His specialty was working with patients who were transitioning from inpatient status to day hospital and the community. His many contributions to AGPA included serving on the Board of Directors, as well as on numerous committees.

Larry was a long-time staff member of the Menninger Clinic and held many important posts there. He was the founder of the Day Hospital program, and until the closing of Menninger in Topeka in 2001, he served as Director. He introduced a wide variety of group activities, but his special interest was in psychotherapy groups for the day hospital population.

He shared his expertise with audiences nationally and internationally, including in France, Spain, Ireland, Japan, Taiwan, and China. For many years he and Pearl Washington taught the group psychotherapy course in the Menninger School of Psychiatry and Mental Health Sciences. He was the author of many articles on the subject of group treatment.

In addition to his group interest, he undertook psychoanalytic training in the Topeka Institute for Psychoanalysis, and about a decade ago, he attained the status of training analyst. He was also active in the American Psychoanalytic Association and presented regular discussion groups on the subject of group treatment.

Larry was no ivory tower professional and participated in numerous community organizations where his participation and counsel were much valued. Among the many groups he joined in Topeka were Breakthrough House, Florence Crittenton Home, and the Mulvane Art Center.

Larry was proud of his large and accomplished family of four boys and one girl, and numerous grandchildren. Three of his sons followed his footsteps into the field of medicine. He was married to his wife Carolyn for 49 years and was an attentive and loving husband despite their long struggle with her disability.

Larry will be best remembered for his lively optimism and genuine warmth. He infused his multidisciplinary staff with perseverance and commitment to the care of their patients, many of whom required chronic care. But at the same time, he never lost his *joie de vivre* and outgoing friendliness that his patients, colleagues, and friends valued so much. I join scores of others in saying farewell to a much-valued friend.

Leonard Horwitz, PhD, DFAGPA

Audience Consensus: Two Pioneers Give Inspiring Talks at AGPA Meeting

Robert Schulte, MSW, LCSW-C, CGP

The Opening Plenary of the 2005 AGPA Annual Meeting featured Judith Wallerstein, MD, internationally recognized authority on marriage and the effects of divorce on children and their families. In her talk, "The Unexpected Legacy of Divorce: Report on a 25-Year Study," she detailed the clinical findings of her unique 25-year longitudinal study of 131 children and their divorced parents. Her surprising findings challenge conventional wisdom such as children are inherently "resilient" and that the effects of divorce can be substantially mitigated simply by reducing parental conflict and maintaining parent/child bonds. She gave vivid examples of the "unexpected gulf between growing up in intact versus divorced families and the difficulties that children of divorce experience in achieving love, sexual intimacy and commitment to marriage and parenthood." A surprising 90% of her initial subjects were available 25 years later for follow-up. Finally, she framed the challenge for group therapists to re-think interventions that can be truly helpful to young adults pursuing healthy relationships and family life.

The S.R. Slavson Memorial Lecture featured Irvin Yalom, MD, DFAGPA, Emeritus Professor of Psychiatry at the Stanford University School of Medicine, accomplished author of textbooks and novels, and international lecturer. He openly confided that his passion for teaching group technique through the literary experience served as the inspiration for his most recent novel, *The Schopenhauer Cure*. As he began to describe the premise of his novel—an elderly group therapist facing a terminal illness with a most difficult male patient from the past reappearing wanting not therapy but professional "supervision"—appreciative laughter of recognition erupted spontaneously from the audience. The group therapist's requirement that the returning patient complete six months of group therapy as a prerequisite for the supervision provided the author with the perfect setup for his real agenda—portraying a realistic and positive view of the power of group therapy to the reading public. A funny and engaging storyteller, Dr. Yalom's search for 'novel' ways to reach and teach a new generation of group therapists—and patients—was inspiring.

A book signing party for both authors created long lines of admiring colleagues. Their books are available through the AGPA website at www.agpa.org (just click on the Amazon link on AGPA's homepage) or on sale in your local bookstore. ●

AGPA Member Assists in Tsumami Disaster Relief

Ben Weinstein, PhD, has been living with his wife, Jen, in Thailand for a little more than one year. Ben is a psychologist, a member of AGPA and the Northeastern Society for Group Psychotherapy (NSGP). When Ben learned of the tsunami disaster he volunteered his services and e-mailed accounts of his experiences back to friends in the United States.

AGPA helped by providing the newly released Trauma Training Modules and telephone consultation with AGPA President Robert Klein, PhD, CGP, FAGPA. Ben's moving account of his frontline work is too lengthy to publish in *The Group Circle* but can be read online at: www.agpa.org/weinsteinnotefrombangkok.pdf. ●

In Memoriam

Please share our sorrow for AGPA members who we lost during 2004.

Fernando Astigueta, MD, FAGPA, New York, New York

Judith Caligor, MS, PhD, New York, New York

Leopold Caligor, PhD, New York, New York

Nancy Edwards, EdD, ABPP, FAGPA, New York, New York

Arlene Epstein, RN, MS, CS, CGP, Sudbury, Massachusetts

Grace Marshall Hart, MSW, CGP, Washington, D.C

Lawrence Kennedy, MD, CGP, FAGPA, Topeka, Kansas

E. Bruno Magliocco, MD, FAGPA, Sierra Vista, Arizona

Edward Pinney, MD, CGP, FAGPA, Falling Waters, West Virginia

Murray Tieger, PhD, Cincinnati, Ohio

Affiliate Society News

The **Carolinas Group Psychotherapy Society's** (CGPS) Annual Fall event featured "Who We Really Are: A Spiritual Approach to Group Psychotherapy" with Kenneth Porter, MD, CGP, FAGPA. The workshop, held in the scenic mountains of North Carolina, included didactic, fishbowl and experiential components. The CGPS's Spring Workshop featured Marti Kranzberg , PhD, CGP, FAGPA, and Shari Porter Jung, LMSW-ACP, MSSW, who spoke on "Redecision in Action." Irvin Yalom, MD, DFAGPA, spoke in April as part of the University of North Carolina School of Social Work's lecture series, cosponsored by CGPS.

The **Eastern Group Psychotherapy Society** (EGPS), the first AGPA Affiliate Society, will celebrate its 50th Anniversary at a Fundraiser on June 12. EGPS will honor Bert Weinblatt, PhD, CGP, FAGPA, Barbara Feld, CSW, MSW, CGP, and Nancy Edwards, EdD (posthumously). EGPS's Spring Event featured a dynamic presentation by David Scharff, MD, on couples therapy. In addition, newly elected board members took office as outgoing president Richard Beck, RCSW, BCD, CGP, FAGPA, handed incoming president Margaret Postlewaite, PhD, CGP, the gavel and mantle of leadership. EGPS's Professional Discussion Group, headed up by Ronnie Levine, PhD, CGP, FAGPA, and her committee, continues to offer the professional community valuable learning opportunities. The most recent discussion focused on eating disorders, led by Janet Baumann, MSW, CGP, and Martha Broderick, MSSW, CGP.

The **Louisiana Group Psychotherapy Society** (LGPS) hosted its 50th anniversary conference entitled "Honoring Our Past, Celebrating, the Present and Preparing for Our Future." Harold Bernard, PhD, ABPP, CGP, FAGPA, was the Keynote Speaker. Volunteering past presidents of each generation of LGPS participated in the fishbowl group. This conference had a similar format as previous years, including large group, experiential groups and breakout sessions. LGPS continued its silent auction and a wonderful cocktail party hosted by Carol and Doug Greve, MD, CGP, FAGPA, at their home in the French Quarter.

The **Mid-Atlantic Group Psychotherapy Society**'s newly elected officers include: Robert Schulte, MSW, LCSW-C, CGP, President; Lenore Pomerance, MSW, President-Elect; Farooq Mohyuddin, MD, Treasurer; Nancy Harrington, MSW, CGP, Secretary; and Amy Bush, PhD, Membership Chair. Newly elected Members-at-Large to the Board of Directors include: Maryetta Andrews-Sachs, MA, CGP; Trish Cleary, MS, LCPC-MFT, CGP; Reginald Nettles, PhD; and Barry Wepman, PhD, CGP. Ex-officio Board members include Ronald Kimball, PhD, CGP, Newsletter Editor, and Nial Quinlan, MsEd, and Deborah Sinek, PhD, Student/New Professional Representatives. Past President Emily Lape, LCSW, BCD, FAGPA, is also on the Board.

Richard Billow, PhD, presented "Passion in Group Therapy: Loving, Hating, and Knowing" at the **Northeastern Society for Group Psychotherapy's** (NSGP) October event. Study groups met for several months before the event to read Billow's book and then held several panel discussions and a demo group for a larger audience. Samuel James, EdD, FAGPA, spoke on "Is Leadership Leading or Is Leadership Following?" Kelley Bothe, LICSW, CGP, spoke on "Divorce Groups: Recovering from Ruptured Relationships," and Suzanne Cohen, EdD, CGP, FAGPA, spoke on "The Therapists Body: Using Somatic Awareness to Become More Attuned to Our Groups" at recent NSGP Breakfast Club meetings. NSGP will hold its Annual Conference—"Strangers in a Strange Land: Exploring the New and Unknown in the Group Experience"—June 17–19. Register at www.nsgp.com.

The **Northern California Group Psychotherapy's** (NCGP) Annual Training Institute, to be held June 3–5 at the Asilomar Conference Center, Pacific Grove, California, offers 16 groups, six psychodynamic process groups, and 10 special group approaches including: control mastery, self-psychology, redecision, psychodrama, Jungian group relations, couples, expressive arts, interpersonal gestalt, shame and secrets, and leadership roles. A complete course catalogue is available online at www.ncgps.org. Twelve CEUs are available. NCGP's Annual Dinner, "A Night in Provence," included live music from the Bagette Quartet and wonderful French country food. The event was well attended and proved to be fun filled from start to finish. The dinner included NCGP's first ever silent auction, proceeds of which go to its scholarship fund.

The **Oregon Group Psychotherapy Society's** Annual Spring Conference featuring Steven Donaldson, MA, LPC, a local therapist, who spoke on "Treating Sexual Compulsivity: A Psychodynamic Group." This seminar was designed to give participants an introduction to the treatment of sexually compulsive clients that is based on an intensive psychodynamic group model. With this model, the therapist plays an active role in identification of the client's defenses and confronting resistance to move clients along rapidly. This seminar covered the psychodynamics of sexual compulsivity, assessment tools, and therapy technique. Participants gained: a psychodynamic understanding of sexual compulsions; an understanding of why sexual compulsions are treatment resistant; tools for assessing a client's potential as a group psychotherapy candidate, for preparing a client for group therapy, and for assessing a client's readiness for group; techniques for identifying and actively confronting resistance; and tools for using the power of group to break resistance and heal the original injury.

Newly elected officers of the **Puget Sound Group Psychotherapy Network** (PSGPN)—Eugene Kidder, MDiv, CGP, President; Terry Hand, MSW, CGP, Secretary; and Robert Berley, PhD, CGP, Treasurer—took office at the society's Quarterly Professional Meeting in March. At the same meeting, attendees at the AGPA Annual Meeting presented on the conference theme "Best Group Practices: Expert Consensus." Past President Robert Carlson, MDiv, MSW, CGP, will continue as a member of the Executive Committee. Darryl Pure, PhD, ABPP, CGP, FAGPA, presented at PSGPN's second Annual Conference on "Healing Influence of Group Psychotherapy on Attachment Disorders in Adults." The conference included an experiential segment on "Working with Adult Attachment Styles in Group Treatment." Puget Sound will implement a proposal presented by leaders of the Affiliate Societies Assembly, whereby proceeds after costs from the Annual Conference will be split equally between AGPA and the society.

The **Westchester Group Psychotherapy Society** heard a presentation by Ona Robinson, PhD, Peter Taylor, PhD, CGP, and Margaret Postlewaite, PhD, CGP, on "Reflections on Self-Disclosure: Deepening Our Work or Losing Our Balance." Marcia Geller, PhD, CGP, and Chris Farmer, MD, presented on "The Integration of Psychodrama and Family Therapy Techniques in Group Therapy

Please note: Affiliate Societies may submit updates on their activities to Richard Beck, RCSW, BCD, CGP, FAGPA, Editor of the Affiliate Society News column, by fax: 212-721-1256; or e-mail: RBECKNY1@aol.com.

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