

The Group Circle

Summer 2006

The Newsletter of the American Group Psychotherapy Association

Ethics Policies and Procedures Reviewed and Updated

Suzanne Cohen, EdD, CGP, FAGPA, Chair, Ethics Subcommittee
National Registry of Certified Group Psychotherapists

On February 22, 2004, the Executive Committee of AGPA asked the National Registry of Certified Group Psychotherapists (NRCGP) to review the tri-organizational structure's Ethics Policies and Procedures and to include the following in its report:

1. implications of recent changes in the membership criteria;
2. individual treatment versus group treatment issues;
3. ethics guidelines for supervisors and faculty, including AGPA Annual Meeting Faculty;
4. potential differences in ethics for those in membership versus those certified;
5. due process requirements for ethics cases, including organizational liability and insurance requirements;
6. confidentiality and online discussion implications of recent Special Interest Group online discussion of ethics matters;
7. implications of AGPA being at variance with the findings of a primary professional discipline organization regarding disciplinary action;
8. HIPAA compliance issues for AGPA members and CGPs; and
9. advantages and disadvantages of use of the Executive Committee as the organization's Ethics Committee.

A subcommittee of the the Registry, chaired by myself, made a study and recommendations of ethics as they apply to AGPA, NRCGP, and the Group Psychotherapy Foundation (GPF). The following activities have been undertaken:

1. The Registry put out an RFP (request for proposals) for a course on ethics in group psychotherapy, given the unique ethical considerations in group psychotherapy. A course curriculum, *Ethics in Group Psychotherapy*, was developed by Rebecca MacNair-Semands, PhD, CGP. The course manual includes four modules: Ethical Foundations; Ethical and Legal Issues of Confidentiality; Leader and Group Member Behaviors; and Legal and Ethical Considerations related to Professional Decision-

Making. Dr. MacNair-Semands has taught workshops on ethics at the Annual Meeting. The manual is available to AGPA members through the NRCGP.

2. The Guidelines for Ethics of AGPA and the NRCGP were reviewed and found to be complete with the exception of provisions for privileged communication. The AGPA Board approved an additional section, which now reads: "The group therapist is knowledgeable about the limits of privileged communication as they apply to group therapy and informs group members of those limits." The Guidelines are available on the website to AGPA members and the public.

3. Since AGPA and NRCGP rely on primary disciplines to make decisions on ethical complaints, the Codes of Ethics were reviewed for all disciplines accepted by the Registry for certification. We concluded that Codes of Ethics for all disciplines had comparable expectations for ethical conduct. There are no differences in ethics compliance for AGPA members or CGPs, as each member/CGP follows the ethics for their discipline. The subcommittee recommended that the AGPA office have a list of contacts for ethics in each of the primary disciplines so that the Executive Committee can coordinate with them if an ethics complaint arises.

4. Since AGPA and the NRCGP continue to rely on the standards of the appropriate state licensing board or national professional organization regarding ethics complaints, the Executive Committee of AGPA is the appropriate body to handle such questions in consultation with our legal counsel.

Since AGPA relies on state licensing boards and primary professional organizations, it must follow the determinations of those bodies and cannot form its own determinations. Thus, if an AGPA member resigns, is suspended or censured from a professional association, or loses his/her license, the same will be carried out in AGPA. It is up to the individual member to notify AGPA about any changes in status of licensure.

The Executive Committee will refer AGPA members/registrants with ethics questions to the Ethics

From the President

Elizabeth Knight, MSW, CGP, FAGPA

The doldrums of summer are definitely a myth, certainly as far as AGPA Officers, Committee and Task Force Chairs, Affiliate Assembly and our staff are concerned. We are off and running. Although your governance isn't a horse race, after spending a weekend in New York orienting new Board members, plus coordinating the 2007 Annual Meeting program (March 5-10 in Austin, Texas), and an intense Executive Committee meeting pounding out our 2006-2007 budget, many of us are breathing hard.

As you may have heard, we have received an American Red Cross grant for \$500,000 that will allow us to continue our 9/11 work, in collaboration with Toby Chuah-Feinson, MSW, PhD, CGP, in the New York City public schools for the next 18 months. Diane Feirman, CAE, Public Affairs Director, and Marsha Block, CAE, CFRE, Chief Executive Officer, deserve kudos for the excruciatingly correct work demanded from granting institutions these days.

Also exciting was our invitation to participate in a SAMHSA (Substance Abuse and Mental Health Services Administration) meeting, "The Spirit of Recovery" in New Orleans. Our Community Outreach Task Force, chaired by Richard Beck, RCSW, BCD, CGP, FAGPA, and D. Thomas Stone, PhD, CGP, FAGPA, were joined by Past President and Co-Editors of our Public Mental Health Disaster Response Protocols Robert Klein, PhD, ABPP, CGP, FAGPA, and Suzanne Phillips, PsyD; President-Elect Connie Concannon, MSW, CGP, FAGPA; Marsha Block; and Diane Feirman. We received excellent feedback in presenting the importance of group in trauma work. This recognition of our expertise in disaster recovery gives us an opportunity to apply what we have learned following 9/11, in New Orleans and in other stricken cities. Many important connections were made with key national government figures and local leaders who are attempting to rebuild this magnificent old city.

The Affiliate Societies Assembly met in Denver this summer, an historic first

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President

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in that they will not be meeting in conjunction with an AGPA Board meeting. This is truly a fascinating systemic development for our organization, and we look forward to more creativity from our grass roots.

Membership continues to be a hot issue. Courtesy of our very successful free membership offers, we have over 900 new members. We welcome our newest members with open arms; you are vitally important to us, as are all our members, be you long-standing or just-joining. Nina Brown, EdD, LPC, NCC, and Hylene Dublin, MSW, CGP, FAGPA, Membership Committee Co-

From the Editor

Jerome Gans, MD, CGP, DFAPA, FAGPA

Our 2006 Annual Meeting in San Francisco was a great success; four articles capture some highlights of the meeting. Marti Kranzberg, PhD, ABPP, CGP, FAGPA, who thankfully has resurfaced as a writer for *The Group Circle*, highlights the major points made by George Lakoff, PhD, in his Group Psychotherapy Foundation's Mitchell Hochberg Memorial Public Education Event Plenary Address. Her article, "What Does This Have to Do With Group Psychotherapy? Everything," succinctly distills Dr. Lakoff's comments about the universality of metaphor, its implications for the current political scene, neuroconnection strengthening, and the relevance of mirror neurons for empathy and group therapy.

Robert Schulte, MSW, LCSW-C, CGP, does a lovely job in capturing the exciting and entertaining Conference Opening Plenary Address by Daniel Siegel, MD, on "The Social Brain in Human Relationships: Insights from Interpersonal Neurobiology." I hope the following observation made by Dr. Siegel will entice you into reading Bob's article: "The brain of a newborn infant 40,000 years ago is 'nearly identical' to that of an infant today, and yet the brain of the adult is 'massively different'."

In recent years, the Annual Meeting Committee has urged its members to submit novel proposals. Hylene Dublin, LCSW, CGP, FAGPA, gives us an appreciation of one of them—"Three Characters in Search of a Group Therapist"—a reading of the play *Art* by our in-house dramatists John Dluhy, MD, CGP, FAGPA, John Thomas,

MSW, CGP, and Tom Wessel, EdD, CGP. Hylene nicely summarizes the play and topics relevant for group therapists: men's difficulties in loving one another; personal growth experienced by the other as abandonment; contagion; and projective identification.

Suzanne Cohen, EdD, CGP, FAGPA, Chair of the National Registry of Certified Group Psychotherapist's (NRCGP) Ethics Subcommittee, reviews and updates the ethics policies and procedures of AGPA. There is much in this report that should be of interest to all members.

Sherrie Smith, LCSW-R, CGP, FAGPA, and Robert Schulte MSW, LCSW-C, CGP, report on the 2006 Award for Outstanding Contributions in Education and Training in the Field of Group Psychotherapy awarded to Marvin Aronson, PhD, CGP, FAGPA by the NRCGP.

Richard Beck, RCSW, BCD, CGP, FAGPA, keeps us abreast of Affiliate Society News and Michael Hegener, MA, LCP, CGP, in *Consultation, Please* has consultants address whether a patient has been improperly selected for a group or whether the leader's countertransference is interfering with the optimal functioning of the group.

Our president, Elizabeth Knight, MSW, CGP, FAGPA, summarizes some of the recent exciting activities of governance, including the \$500,000 grant AGPA received from the American Red Cross that will enable us to continue our work in the New York City public schools for the next 18 months.

As I write this column, I am recovering uneventfully from spinal surgery for lumbar stenosis. My doctor has ordered me to take three weeks off from work and do nothing. I can only ask myself, "Why haven't I had enough sense on my own to do so before now?" and say to you, my dear readers, "Don't take your health for granted. Find something to be thankful for each day." ●

AGPA Online
It's not too early to plan to attend AGPA's Annual Meeting in Austin, Texas, March 5-10, 2007. Follow the link on AGPA's website at www.agpa.org.

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Join Us In Texas For The Promise of Group Therapy

Mary Dluhy, MSW, CGP, FAGPA, and Esther Stone, MSSW, CGP, FAGPA, Co-Chairs, AGPA Annual Meeting Committee

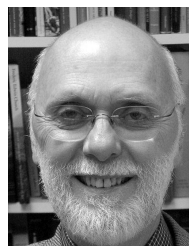
Austin, the capitol of Texas, with its beautiful lakes and hilly countryside—also known as the Live Music Capitol of the World—is the site of AGPA's 2007 Annual Meeting. To be held March 5–10, the Meeting has as its theme: “The Promise of Group Therapy.”

We are making four promises. First, we promise you will find an exciting meeting full of your favorite topics, with seasoned presenters and new faculty. Second, we promise you can choose from among current hot topics such as interpersonal neurobiology, mindfulness, and the expressive arts. Third, we promise you will come away prepared to offer your patients and clients a more informed clinician. Finally, we promise that you will have a great time. We intend to deliver!

The Annual Meeting will be off to a roaring start with the Special Institute (March 5) on “Who’s Crazy Here? The Slippery Slope in the Therapeutic Moment,” to be presented by Anne Alonso, PhD, CGP, DFAGPA. She will focus on the “impossible” moments in treatment that impact both the therapist and patient. She will explore “ways to join our patient’s experience while maintaining boundaries and equilibrium in all parties to the experience.”



David Hawkins, MD, CGP, DFAGPA, will deliver the Institute Plenary Address and set the stage for a great blend of traditional process group and specific interest Institutes. His talk on “Finding Yourself in the Group” expands on the idea that since we all live, work and find/form our identities in group settings, what better place could there be in which to meet and know ourselves.



Anna Ornstein, MD, the Conference Opening Session Plenary Speaker, will talk about the power of emotional connections in dealing with trauma and as a core ingredient for survival. Dr. Ornstein is Professor Emerita of Child Psychiatry at the University of Cincinnati and a lecturer in Psychiatry at Harvard Medical School. She is the author of numerous articles on the process of psychotherapy and psycho-



analysis and is among the world’s foremost exponents and interpreters of Kohut’s self psychology and the psychological effects of trauma arising from the Holocaust.

King Davis, PhD, will deliver the Hochberg Public Education Plenary. Dr. Davis is the Executive Director of the Hogg Foundation for Mental Health and the Robert Lee Sutherland Chair in Mental Health and Social Policy in the School of Social Work at the University of Texas at Austin. As former Commissioner of the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, Dr. King was responsible for executive leadership and management of a statewide behavioral health care system. He has received numerous awards including the Excellence in Teaching Award from the University of Texas and a lifetime achievement award from the Council of Social Work Education.



In addition to a full slate of general dynamic and specific interest Institutes, the Annual Meeting features an outstanding series of Open Sessions, Small Workshops, Early Morning Meetings, Courses and a three-day Large Group Experience. A 12-hour course, “Principles of Group Psychotherapy,” will partially fulfill requirements for a CGP. Less formal learning opportunities take place at conversation tables and at evening receptions and parties.

Entertainment and fun are mainstays of any great conference. The Group Psychotherapy Foundation (GPF) hosts the traditional Friday evening dance which will feature Hotcakes Entertainment, one of America’s hottest dance bands. The Saturday luncheon, also supported by the GPF, will feature Ruthie Foster who sings soulful hybrid of blues, gospel, roots, and folk music.

For many of us, AGPA Annual Meetings have become a professional anchor, providing an opportunity to establish new friendships and to reconnect with colleagues who return year after year. Where else can you hang out with so many old and enduring friends and make some meaningful new ones? In close coordination with the Local Hosting Society—The Austin Group Psychotherapy Society—we are committed to making this the best conference ever! ●

Congratulations New Fellows

Fellowship in AGPA indicates outstanding professional competence and leadership capacity. AGPA congratulates its newest Fellows— Martin Livingston PhD, CGP, FAGPA, and Lise Motherwell, PhD, PsyD, CGP, FAGPA. Fellows represent, in a visible way, the highest quality of the Association.

Martin Livingston PhD, CGP, FAGPA, has extensive leadership activities in AGPA and other group therapy-related activities. Dr. Livingston has been a Board Member of the Eastern Group Psychotherapy Society (EGPS) from 2001-2005, and has been Chair of the Editorial Committee of *Group* from 2001 to the present. He has been Chair of the Annual Meeting Program at EGPS since 1999. He is also on the Nominating Committee of EGPS. He has been Director of Group Therapy Training at the Postgraduate Center for Mental Health since 2001 and was Director of Group Therapy Training from 1971-1975 at the Brookdale Medical Center. He has given many presentations on group therapy at professional meetings, including six workshops at EGPS, five workshops at AGPA and most recently the PGE Institute at AGPA in 2005.



Dr. Livingston has distinguished himself through leadership in publications. He has been on the Editorial Board of the *International Journal of Group Psychotherapy* since 2002. In 1995, Dr. Livingston founded the journal *Issues in Group Psychotherapy* at the Postgraduate Center for Mental Health. He has published at least 12 articles and book chapters explicitly on group therapy and a vast number of other publications including two books on the therapeutic

process, self psychology, marital and family therapy, and other topics pertinent to the practice of group therapy. In 2005, he was granted the Anne Alonso Award for Excellence in Psychodynamic Group Theory by the Group Psychotherapy Foundation for his book *Vulnerable Moments: Deepening of the Therapeutic Process*.

Lise Motherwell’s, PhD, PsyD, CGP, FAGPA, leadership contributions include serving as President of the Northeastern Society for Group Psychotherapy (NSGP) since 2004. She was Secretary-Treasurer of the NSGP Foundation from 2002-2004, and is currently the Affiliate Society Representative from NSGP. She was on the Annual Meeting Workshop Subcommittee at AGPA from 2002-2004. She was founder and chair of the Breakfast Club colloquium at NSGP from 2001-2004. She has presented twice at AGPA Conferences and once at NSGP and once at the Maine Group Psychotherapy Society. Dr. Motherwell has directed a Group Therapy Training Program at Massachusetts General Hospital from 2003-2004.



Dr. Motherwell has also distinguished herself through leadership in publications. She has been Editor of the NSGP Newsletter for 11 years. She has regularly published articles and a column from the Editor for nine years and a column from the President for the last year. She has published one article in the *International Journal for Group Psychotherapy* and two in *Group*, as well as numerous articles in *The Group Circle*. She published a chapter in a book, *Complex Dilemmas in Group Psychotherapy* in 2005.

What Does This Have to Do with Group Psychotherapy? Everything

Marti Kranzberg, PhD, ABPP, CGP, FAGPA

This was the question that George Lakoff, PhD, asked near the end of his presentation at the AGPA Annual Meeting in San Francisco. In *The Family Morality and Politics: Strict and Nurturant Parents*, Dr. Lakoff identified two fundamentally opposed family models and their impact on political thinking. He also made some unexpected connections between his field of cognitive linguistics and the practice of psychotherapy.

Cognitive Linguistics, Metaphor & Language

Dr. Lakoff, a pioneer in the relatively new and somewhat obscure corner of linguistics that studies the relationship of language to mind and meaning as central to language, is well known for his work on metaphor. Since the time of Aristotle 2,500 years ago, metaphor has been viewed as a function of language. It is now conceptualized as thought that originates in the brain, involves a process of linking together different domains of the brain, and is largely independent of language and culture. Metaphor is largely unconscious and learned early, sometimes prior to language acquisition. Evidence exists that all cultures have common metaphors.

This is how it works: We are born with millions of neuroconnections, but they are not tuned. When two parts are activated together, they form a circuit, which is metaphor. Repetition strengthens the connection and reinforces the metaphor, which Dr. Lakoff characterizes as physically existing in the brain. Furthermore, language is crucial because words activate both metaphor and the frames in which they are understood. Repeated enough, metaphor becomes unquestioned assumptions or accepted common sense.

Strict Father and Nurturant Family Metaphors

Dr. Lakoff, long fascinated by politics, became interested in what metaphors might be operating when issues seemed to be linked together in ways that do not make sense. What connections do pro-

death penalty and anti-abortion positions have in conservative thinking? What makes people against the death penalty and pro-abortion in liberal or progressive thinking? Remembering the metaphor of nation as family (Founding Fathers, Daughters of the American Revolution, Homeland Security, etc.), he discovered two metaphors seemed to make sense—strict father and nurturant family.

The strict father family supposes that there is evil in the world and the family needs protection that mother cannot provide. Father is the moral authority, and morality is obedience to this authority. Children are inherently bad, needing to be taught right and wrong, and severe punishment is the best way to insure that children internalize this morality. Children must be disciplined enough to function in the market economy in order to be prosperous. People living in poverty are not disciplined (moral) enough to be successful, and social programs are inherently immoral because they thwart incentives to succeed. Conservative political thinking derives from this model.

In a nurturant family, the goal of parenting is to nurture and to teach children to be empathic and responsible in caring for themselves and others. In this model, both men and women are capable of nurturing and need to be strong and well-educated to parent successfully. This metaphor values protection and safety, fairness and equality, freedom and opportunity. Community, cooperation, openness, trust, and honesty are central values that inform progressive and liberal politics.

Dr. Lakoff emphasized that people are bi-conceptual. Both metaphors exist in our brains, and we inherently know both models, whatever our political persuasion. Conservatives working within the strict father metaphor have been successful because they purposefully use language to activate it. Liberal politicians, unaware that arguing against a frame only reinforces it, inadvertently activate the strict father metaphor. The only way to counter a frame, said Dr. Lakoff, is to change frames.

Relevance for Therapy

How is this related to our work as therapists? First, research has shown that the strict father model is not good for children. In attachment theory, it results in weak, negative attachments. Socialization theory posits that good socialization involves a moral view that is independent of external forces. It requires cooperative functioning in social conditions, respect for others, non-aggression, and the ability to resist unhealthy temptation. A strict father model supports none of these. Finally, in looking at child and spousal abuse, abusers tend to come from strict father families. With awareness of the destructiveness of this model, we can help clients to activate nurturant family metaphor thus becoming more nurturant and productive.

Second, clients can change their metaphors and frames by strengthening new neuroconnections. What psychotherapy is about, Dr. Lakoff noted, is slowly getting people's brains to change over a long period of time, not just in surface metaphor but in the complex, more deeply felt metaphors involving values about how we live. Through repetition of language, thinking, action, and experience, clients can change the ways they perceive themselves and their world.

Finally, the discovery of mirror neurons sheds some new light on how we think about group therapy. Researchers in Italy inadvertently discovered that neural circuits are created not only when individuals perform actions themselves but also when they observe the same actions in others. This process forms the basis of empathy as people experience, in their own brains, what they are observing in others. It also allows us to make reasonable predictions about how others will behave.

We have long understood that group therapy provides an environment rich with opportunity for clients to discover themselves through other people. Now we understand a mechanism for that process: By observing others change their lives for the better, clients do the same by firing up their own mirror neurons. It seems we have a new metaphor for how and why group therapy works. ●

Ethics

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Course Manual. If there is a need for further consultation on ethics matters, the AGPA member/registrant will be referred to individual AGPA members who have expertise in this area. Individual members who can be called upon currently are: Eleanor Komet, PhD, CGP, FAGPA, Rebecca MacNair-Semands, D. Thomas Stone, Jr., PhD, CGP, FAGPA, and Sherrie Smith, LCSW-R, CGP, FAGPA. The Ethics Subcommittee is an additional resource to the Executive Committee on ethics matters.

5. The Registry will refer our members who have questions about HIPAA and group therapy to resources outside of AGPA, such as the American Psychological Association, on the advice of Rebecca MacNair-Semands. It is not possible for AGPA to have its own HIPAA compliance resources.

6. AGPA's Annual Meeting Faculty are bound by the ethics codes for teaching and supervising that correspond to each faculty member's professional discipline. The Annual Meeting Co-Chairs, on the Ethics Subcommittee's recommendation, have included this reminder in the

new faculty guidelines.

7. Regarding issues of confidentiality of Special Interest Groups online discussion of ethics matters, the Registry Board recommends that if ethics issues arise, the SIG Co-Chairs refer them to the Executive Committee.

We hope that this report will clarify ethics policies and procedures for our members and registrants. For questions regarding this report, contact Suzanne Cohen at suzannecohen@rcn.com or Marsha Block, CAE, CFRE, at the AGPA office at mblock@agpa.org. ●

NRCGP Recognizes Marvin Aronson, PhD, CGP, FAGPA

Robert Schulte, MSW, LCSW-C, CGP, and Sherrie Smith, LCSW, CGP, FAGPA

The National Registry of Certified Group Psychotherapists (NRCGP) presented Marvin Aronson, PhD, CGP, FAGPA, with the 2006 Award for Outstanding Contributions in Education and Training in the Field of Group Psychotherapy. The Award was presented at AGPA's Community Meeting during the 2006 Annual Meeting in San Francisco.

The Awards Committee noted that Dr. Aronson has been an exemplary group trainer for decades. He served for 30 years in the role of Director of the Group Psychotherapy Training Department of the Postgraduate Center for Mental Health (PCMH) (1971-2001), which during his tenure graduated more than 200 group therapists from around the world. Graduates include many past and current leaders of EGPS, AGPA and other national training institutions. Dr. Aronson is also an accomplished writer, having served as Co-Editor of *Group Therapy—An Overview*, and as an Interim Editor of *Group*. He encouraged his faculty and students to develop scholarly articles on group theory and practice.

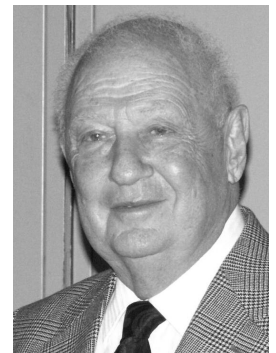
Nomination support letters were enthusiastic and described Dr. Aronson's unique and effective

training style. He clearly made his own mark on the PCMH group program and the many individuals he taught there. He helped the program become world-renowned with students attending from around the globe. Trainees representing many different mental health disciplines were able to study together group in an atmosphere of acceptance, support, and warmth. His willingness to listen to his students and faculty and thus change with the differing needs of the times kept the group program viable through the years and made it a model for others to emulate.

Through his professional career, Dr. Aronson continued a tradition of excellence and innovation, attracting a new generation of practitioners/teachers/scholars, and producing a steady flow of well-trained supervisors, educators and therapists devoted to the field of group treatment. He made enormous contributions to group training by leading a training program, inspiring his students, and reaching out through his writing. His enduring contributions over the years to group psychotherapy training and education through his leadership, inspiration, and dedication made him a most deserving recipi-

ent of this prestigious award.

The National Registry of Group Psychotherapists advances group psychotherapy by establishing and promoting standards for professional practice and certifies group psychotherapists according to nationally accepted criteria. The Award was established by the Registry to recognize individuals and programs that have made outstanding contributions to group psychotherapy education and/or training, or to standards of practice in a meaningful way. The NRCGP Award for Outstanding Contributions in Education and Training in the Field of Group Psychotherapy is presented each year at the AGPA Annual Meeting and nominations are invited from the AGPA general membership. The deadline for nominations is October 1, 2006. For more information, contact Awards Chair, Barry Wepman, PhD, CGP, at bjwep@aol.com. ●



Three Characters in Search of a Group Therapist

Hylene Dublin, LCSW, CGP, FAGPA

What a scintillating experience to have the play *Art* artfully (excuse the pun) read by our own in-house dramatists, John Dluhy, MD, CGP, FAGPA, John Thomas, MSW, CGP, and Tom Wessel, EdD, CGP, during the Open Session at the 2006 Annual Meeting and to contemplate the significance of their characters as they relate to our understanding of relational and group phenomena. This evocative session provided an opportunity to reflect on the dynamics displayed in both small and large groups. Philip Flores, PhD, ABPP, CGP, FAGPA, and David Hawkins, MD, CGP, DFAGPA, manned the discussion microphones, and Robert Schulte, MSW, CGP, chaired the event and directed the cast.

Art, which first appeared in London in 1996, in Dublin in 1997 (where this author first saw it), and in New York in 1998, is set in the Paris, France, apartments of three friends—Marc, Serge, and Yvan. Written by Yasmina Reza, a 20-something Iranian woman and translated by Christopher Hampton, the play explores the relational dynamics between three friends who struggle with the universal issues involved in maintaining close relationships.

Serge, a practicing gynecologist, has purchased an expensive (200,000 francs), deconstructionist, modern painting of white on white composition. Marc, an aeronautical engineer, the more traditional of the two, reacts angrily to his friend's purchase of "shit." As later acknowledged, Marc's strong reac-

tion reflects his strongly felt anxiety that his friend's independent and differing choice is a type of abandonment, about which he is quite upset. His underlying hurt is only later revealed.

Serge initially reacts to what he experiences as Marc's bitter-edged condescension by steadfastly validating his purchase decision and responding angrily to Marc's high-handed manner. These two seem unendingly involved in dependency/autonomy and adequacy/inadequacy conflicts, which a good group therapist would help them explore.

Yvan, a sales representative for a stationery business belonging to his soon-to-be father-in-law, is getting married in two weeks. His passivity and non-involvement frustrate the other two, particularly strong-opinioned Marc. During Yvan's viewing of Serge's new painting, he agrees with Serge's statements about liking the painting and its "resonant" qualities. But when Yvan concurs that the painting was "reasonably priced," both laugh aloud, acknowledging the unreality and absurdity of this conclusion—thus moving beyond the issue of approval/disapproval in their relationship.

Yvan represents the frightened, intimidated, easily dominated character, who hesitates to assert himself. He has trouble recognizing his own feelings and reacts primarily to the expectations of others. His consistent lateness for the friends' get-togethers is particularly provoking to Serge, with his obsessive-compulsive proclivities.

Yvan also divulges the conflictual relationships he has with the women in his life (the bride, his mother, and step-mother) with whom he feels pressured regarding wedding plans. The women are depicted as hysterical and demanding, and his friends encourage him to break off the relationship. Thus, hostility is projected outside of the threesome onto females, clearly a potential dilemma in single-sexed groups.

As the three men reflect on their dealing with each other, each recognizes something about his role and responsibility and plans to act differently. Like good therapy clients, the men attempt to interact differently based on increased self-understanding. These changes precede a lengthy interaction between the three men, where much confrontation regarding the others' perceived traits takes place. After many hurtful comments are made, Yvan leaves, only to return subsequently to confront his harshest critic, Marc, and to challenge his perception of Serge as "obsequious."

Much more mutual confrontation takes place between the three men. Ultimately, recognizing the importance of not losing his friendships over the newly purchased painting, Serge brings the painting into the room and provides Marc with a felt-tip pen encouraging him to draw on the picture. This represents Serge's recognition that the relationship is more important than the painting. Each man demonstrates

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The Social Brain in Human Relationships: Insights from Interpersonal Neurobiology

Robert Schulte, MSW, LCSW-C, CGP

“We have an incredible opportunity to define what we do and bring this directly into the focus of our processes of change in groups...making the world a better place.”

So began Daniel Siegel, MD, when delivering the Opening Plenary at AGPA's 2006 Annual Meeting. Dr. Siegel, who spoke on “The Social Brain in Human Relationships: Insights From Interpersonal Neurobiology,” started with a “call to arms” for those in the mental health field to join together in a collaborative effort to define a healthy mind in a way that recognizes the relationship between brain, mind and interpersonal relationships.

Engaging, funny, and intellectually commanding, he captured the imagination of the audience with his rejection of the decade-of-the-brain's worldview that the mind is simply the activity of the brain, arguing instead that the interaction of the brain with relational experience is what really shapes who we are. Giving a pill to change the brain without also providing a novel relational experience with sufficient accompanying emotional arousal will not result in lasting change. Music to group therapists ears!

Dr. Siegel noted that the brain of a newborn infant 40,000 years ago is “nearly identical” to that of an infant today, yet the brain of the adult is “massively different.” He attributed this difference to the ways in which experience shapes the mind, and by extension to how the mind then shapes the brain. This is the foundation for understanding interpersonal neurobiology. Dr. Siegel said, “think mind evolution, not brain evolution.”

After an unofficial canvassing of the audience showing that only about five percent of mental health professionals receive formal training in the nature of the mind and mental health, Dr. Siegel offered four user-friendly principles to understand the mind and its power to produce change.

1. The mind is a process that regulates the flow of energy and information.

2. The mind emerges moment to moment through the interaction of processes in the brain like synaptic connections and firings and interpersonal processes such as those that happen in a group or a dyadic relationship. The metaphor of a dance captures this process.

3. Changes in the mind occur as the “genetically programmed maturation of the nervous system is shaped by ongoing experience.” Change the mind and the brain will follow—and in permanent ways. The metaphor of sculpting through experience captures this process of creating the social brain. By extension, mindfulness is a disciplined approach that intentionally focuses the flow of information and energy and thus shifts brain function in lasting ways. (A bit of neurobiological trivia was offered to support the idea. We all have a storehouse of unused neural stem cells available over the course of our lifetime, which can be developed into fully integrative neurons in just three to four months with sufficient novel experience and emotional arousal.)

4. Borrowing from complexity theory concepts, mental health or emotional well-being is defined as being an integrated state. The acronym FACES stands for the five features of this integrated state—flexible, adaptive, coherent, energized and stable. The coherence dimension represents the heart of the FACES state: connectedness, openness, harmony, engaged, receptive, emergent, noesis, compassion and empathy.

How does group therapy accomplish integration from an interpersonal neurobiological perspective? Dr. Siegel illustrated by inviting on stage singers from the audience for a three-part demonstration. First, all 20 singers sang the same musical note—ably, but not with much novelty or emotional arousal. Then, with fingers in their ears to prevent a shared experience, each sang any song they wanted, creating chaos—novel but without emotional arousal. Finally, a moving rendition of Michael Row Your Boat Ashore spontaneously scored with a three-part harmony by the more accomplished singers illuminated the principle of mental health as

“The brain of a newborn infant 40,000 years ago is “nearly identical” to that of an infant today, yet the brain of the adult is ‘massively different.’”

harmonious integration.

Dr. Siegel further refined the concept by describing integration as differentiation with linkage rather than a merged state. He referenced the differentiated voices linked together through the song as illustration. His observation that the DSM IV approach to symptoms and mental illness might be classified more simply into those of rigidity or chaos that impede or prevent the accomplishment of integration struck a chord with his audience.

Dr. Siegel energized attendees with his enthusiasm and confidence in the power of the group and individual mind to promote change and growth. His affirming address provided a wonderful start to the 2006 Annual Meeting.

Dr. Siegel is the author of the internationally acclaimed text, *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*, and with Mary Hartzell, MEd, *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive*. He continues to explore the concept of neural integration through mindful practices, including psychotherapy, in two new books, *Mind Sight* and *The Mindful Brain*, to be published soon. He is Associate Clinical Professor of Psychiatry at the UCLA School of Medicine where he serves on the faculty of the Center for Culture, Brain and Development, dedicated to the study of how culture and social relations inform brain development, how the brain organizes cultural and social development, and how development gives rise to the cultural brain. To learn more, visit the Center's website at www.cbd.ucla.edu. ●

Three Characters

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his capacity to value the other and accept differences by joining together in the last scene to wash Marc's drawing from the painting and to try to rebuild their relationships.

The audience discussion that followed the reading dealt with a number of significant aspects of the play and its implications for clinicians. Among the issues highlighted was the tension between the feelings of love and the hostile destructiveness expressed in the men's relationships. Was this conflict an expression of the difficulties men experience in loving one another? Some wondered whether this

play by a young woman accurately captured the exchanges between men. Was there perhaps a cultural difference reflected here?

Another significant aspect noted was that growth, development, and difference could be experienced as abandonment within a relationship. This is of particular importance in examining a family system. It was observed that all three men had relationships with other objects (Marc's Paula, Yvan's bride-to-be, and Serge's attachment to his painting) that threatened their closeness.

Perhaps Yvan's psychiatrist, Finkelzohn, conveyed the greatest understanding of the dynamic phenomena existing in this kind of “group” when he stated: “If I'm who I am because I'm who I am and

you're who you are because you're who you are, then I'm who I am and you're who you are. If, on the other hand, I'm who I am because you're who you are, and if you're who you are because I'm who I am, then I'm not who I am and you're not who you are...”

In the program note, Tolstoy (1898) defines art as “a human activity consisting in this, that one...consciously, by means of certain external signs, hands on to others feelings he has lived through, and that other people are infected by these feelings, and also experience them.” Clearly, Tolstoy understood the contagion and projective-identification involved in significant relationships. And our talented actors acknowledged how much feeling the characters they represented induced. ●

Dear Consultant:

I started my first group just over a year ago, a mixed gender group that now has five members. The group seems to be working well, but I have some concerns about one member, a man in his twenties. He is the self-described “quiet one” of the group, and has trouble joining in the flow of talking in the group. In individual sessions, he often describes himself as an “alien,” and feels he is inferior to the other members of the group. His level of functioning is the lowest in the group, as he does not work, lives at home, and depends on family members to drive him. As other members of the group describe their lives and relationships, he visibly shrinks into his chair and lapses into silence. At times, group members try to draw him out, and at other times, they let him sit in silence. The most common reaction is that other group members try to normalize his feelings of fear and alienation. My countertransference reactions mirror how the other group members react. His progress in group has been incremental, but I have started to wonder if I placed him in the group before he was ready, since he is able to talk more freely and openly in individual treatment. Is group too stimulating for him? Is he impeding the overall progress of the group? Should I be more patient?

**Signed,
Wondering**

Dear Wondering:

First, it would seem that his feelings of alienation and inferiority are not really “normal,” at least in this group. The problem with normalizing feelings is that it can sometimes cause the patient to feel as if he is not really being heard: “I am telling them I am having a hard time with this and they keep telling me it’s nothing to be concerned about—that it’s normal. I guess that talking about my feeling experience isn’t going to do any good, so I’ll just be quiet.” Groups (and therapists) often use normalization as a defense against having to deal with powerful feelings in each other, as well as against having to recognize similar feelings in themselves.

Patience, patience, patience.

Look to your countertransference. You describe responding the same way as the group, but you haven’t mentioned your own feeling experience. Do you feel helpless? Is there fear? Is there any anger? These feelings may be difficult to acknowledge, but it is extremely important to do so for your effectiveness as a therapist. Could there be a fantasy of this patient ruining the group? Is his lack of movement a threat to your sense of your own competency?

Once you have identified the feelings, consider what part of them belong to this patient, and what may be connected to other relationships in your own life, past and present. This would be an excellent issue to bring up in your own supervision or personal therapy.

Patience, patience, patience.

At the group level, invite the group to look at its own process. Consider making an observation such as, “I’ve become aware that we are continually trying to bring Jim out and it doesn’t seem to be

helping much. I wonder what everyone’s experience of this is. What’s it like for each of us, including Jim, to be doing this?” An important therapeutic group norm is “We can talk openly and honestly about our own experience of being with each other.” In the families of origin of most of our patients (and dare I say in most of our own families as well), this was not allowed. Encouraging our groups to do so is not only important to the therapeutic group process, but it is also part of a healing corrective emotional experience.

Did I mention patience?

*Michael Frank, MA, MFT, CGP, FAGPA
Sherman Oaks, California*

Dear Wondering:

I think this is a dilemma many of us have had to deal with in our group practice. Your situation is rich with treatment considerations and can be looked at in several different ways. Firstly, there is each individual’s progress including the quiet one and the group as a whole. Secondly, there are your countertransference issues; it sounds as if you may have some doubt as to whether this is the right group for this person and whether he is right for this group. Thirdly, there is the complex question around removal of a client from group when that might seem to be the best choice.

I think when we begin to doubt our decisions it is important to ask ourselves questions just as you are doing. I would further ask you to consider the following: How did you decide group might be a good therapy choice for him? How did you approach and prepare him for group? What did you tell him about expectations of being in a group? What does he hope to accomplish in group? What does he want from the group? What is he willing to give to the group?

One comment that stands out to me is that you believe the group is working well and the concern is for the individual and not the group. I have heard it said that the group moves at the rate of the slowest member. If you believe this statement then it is important to consider whether the quiet one is impeding the growth of the group. I do not believe that this has to happen unless members begin to avoid talking about themselves for fear of hurting the quiet one. This can certainly be checked out with group members. When other members describe their lives and relationships and he visibly shrinks, it is an opportunity to focus on his behavior and what is going on with him and how others feel when they see this happen. It would be helpful for him and the other member(s). If a member in the group was afraid of “being out there” and has progressed past this position, it would be helpful to have the quiet one hear that story. The group has been meeting for a year now; perhaps a review of goals and a conversation about what everyone is getting for themselves would be appropriate.

Irvin Yalom, MD, DFAGPA, writes about the silent member as one of the “problem group members.” He raises the question “is the silent member always a problem?” One may be able to profit from vicariously engaging in treatment. He also states that “in long-term therapy, silent members do not profit from the group. Group members who self dis-

close very slowly may never catch up to the rest of the group and at best achieve only minimal gains.”

He further states that “silence is never silent; it is behavior, and like all other behavior in the group has meaning in the here-and-now as a representative sample of the client’s way of relating to his or her interpersonal world.” Harold Bernard, PhD, ABPP, CGP, FAGPA, and K. Roy MacKenzie, MD, FRCP, FAGPA, discuss the silent (withdrawn) patient as a dilemma for the therapist. One of the viewpoints they write about is the question of when and how the issue should be addressed and how much time should be given to the member to “find their voice.”

I wonder what the quiet one and the individuals in the group are gaining or avoiding by his quietness. Rather than view this behavior as a problem, can you get the group to be curious about what this silence represents for them and their lives in and out of group?

Lastly, I would suggest that you pose the questions you raised to the group. They are often our best consultants, and sometimes we need to look at the obvious. Thank you for this important dilemma that we all can benefit from thinking about. I am confident you and the group will reach the most therapeutic decision for all.

*Karen Travis, LCSW, CGP, FAGPA
Baton Rouge, Louisiana*

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Bernard, H. & MacKenzie, K.R. (Eds.). (1994). *Basics of Group Psychotherapy*. New York: Guilford Press, pp. 125-126.

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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. Michael can be reached by fax at 512-469-0889 or e-mail at mhegener@sbcglobal.net.

Affiliate Society News

Visit AGPA's website at
www.agpa.org/mtgs/affiliatemtgs.html
for updated Affiliate Society meeting information.

The Atlanta Group Psychotherapy Society (AGPS) hosted a workshop by Gus Kaufman on *The Integration of Psychomotor Techniques in an On-Going Process Group*. AGPS will host its 38th Annual Conference on Group Leadership October 13–15 at the Unicoi Center in north Georgia. Guest speaker Erving Polster, PhD, will talk on *Harmonizing Psychotherapy and Community in Group Work*.

The Dallas Group Psychotherapy Society (DGPS) was recognized for its outstanding contribution in the Katrina recovery effort. DGPS's Mardi Gras fundraiser brought in enough money to hire a very much needed part-time administrator. DGPS sponsored a program presented by Bud Littlefield, PhD, LMFT, a retired Texas Women's University Professor and one of the earliest therapists in Dallas to work with sexual dysfunction, on *Sex, Alcohol, and Aging*. He spoke of the new research showing that the 70+ population has the fastest growing number of new alcoholics in America. He also noted that therapists are seeing more patients dealing with issues about sexual dysfunction and aging. DGPS's successful Training Program, launched in 2005, begins its fall semester in September. In October, DGPS will hold a program about *Group Psychotherapy in the Movies: How Cultural Projections Impact Ethical Group Practice and Three Therapists Live*. The program provides a group opportunity to watch live bio-energetic work, Jungian dream work, and treatment with victims of trauma.

Because it has outgrown its previous meeting site, the Eastern Group Psychotherapy Society (EGPS) has a new location for its Annual Conference, to be held November 17–18. Barbara Feld, MSW, CGP, FAGPA, and Michelle Collins, PhD, CGP, Conference Co-Chairs, along with Jan Vadell, EGPS Administrator, identified Riverside Church in New York City as a good location for *Diversity and Inclusion: Creating Symphonies and Rainbows with Sexuality, Culture, and Theoretical Differences*. Plenary presenters will include Joan Adams, LCSW, Chera Finnis, PsyD, CGP, Macario Giraldo, PhD, Arthur Gray, PhD, Martin Livingston, PhD, CGP, FAGPA, and Jan Warner, MS, LCSW. In addition to 40 different workshops and panels, the Conference will also include a large group experience both days. Learning experiences focus on group therapy, couples work, professional development and personal growth. At EGPS's Annual Business Meeting, Margaret Postlewaite, PhD, CGP, President, welcomed Peter Taylor, PhD, CGP, as President-Elect; Jim Ellis, PhD, and Anne McEaney, PhD, CGP, as newly elected Board Members; and Chris Campagnola, LCSW, CGP, and Neal Spivack, PhD, CGP, as re-elected Board Members. In recognition of his dedicated service to the AGPA Affiliate Society Assembly, EGPS Past-President Richard Beck, LCSW, BCD, CGP, FAGPA, received the Affiliate Assembly Award at AGPA's 2006 Annual Meeting.

The Los Angeles Group Psychotherapy Society is in the midst of reorganizing, the culmination of its work this past

year to streamline its structure. An election is underway to staff the new Board of Directors.

The Mid-Atlantic Group Psychotherapy Society's (MAGPS) Fall Conference, *Wild Civility: Working with Erotic Feelings in Group Therapy and Supervision*, with guest presenters Dale Godby, PhD, ABPP, CGP, and Melissa Black, PhD, CGP, will be held in Shepardstown, West Virginia, on November 3–5. Contact Conference Chair Lenore Pomerance at 202-333-3424. Anna Lake, MSW, CGP, and Eileen McClatchy, MSW, are the new Co-Chairs of the MAGPS/WGPAA Cinema Series, and a new season of film viewing and discussion will begin in October. Outreach Committee Chair and MAGPS Board Member-at-Large Reginald Nettles, PhD, CGP, reports that there were over 20 first-time participants attending the Spring 2006 Conference, including 15 professionals-in-training on scholarships fully funded by MAGPS member contributions. Dr. Nettles was appointed to serve as the AGPA liaison to the National Advisory Mental Health Council in Washington, DC.

The Northern California Group Psychotherapy Society (NCGPS) Training Committee is launching a second year of events. It will offer the 12-Hour Core Course Training Event on September 15–16. This course will meet the CGP educational requirements toward certification. It will also sponsor *Beyond the Core: Three Evenings of In-Depth Topics*. On October 6, Connie Concannon, MSW, CGP, FAGPA, will present *Recruiting Patients: How the Process Works*, which will be offered on November 3. Geraldine Alpert, PhD, CGP, will present *The Difficult Patient* on December 1. Three CEU's will be offered for each evening. Contact Barbara Ilfeld, MSN, RNCS, CGP, at ilfeldsonthemountain@hotmail.com or visit www.ncgps.org.

In completing its 2006 Directory, the Puget Sound Group Psychotherapy Network (PSGPN) noted it grew from 45 to 71 members. Judy Hess, PhD, CGP, a private practitioner and teacher in the Institute of Integral Studies, led a lively two-day event on *Interpersonal Gestalt* for the Annual Conference. PSGPN's 2006–07 program calendar will include: Robin Brooks, MSW, sociometrist and group psychotherapist, and candidate to be a Jungian analyst, who will present *Clinical Methods of Dream Work in a Group Context* on October 6; Robert Berley, PhD, CGP, group therapist and PSGPN Board member, who will present *Membership or Merger, Individuation or Repudiation, the Role of Group in the Social Emergence of the Self* on December 1; reports of the 2007 AGPA Annual Meeting will be featured at the March 16 meeting; Melyn Leszcz, MD, FRCPC, CGP, Associate Professor and Head of Group Therapy at University of Toronto Department of Psychiatry and renowned co-author with Irvin Yalom, MD, of the Theory and Practice of Group Psychotherapy, will be the Annual Conference presenter on May 4–5. PSGPN also sponsors a quarterly *Discussion Circle*, taking a chapter each session from *Complex Dilemmas in Group Therapy*, by Lise Motherwell, PhD, PsyD, CGP, FAGPA, and Joseph Shay, PhD, CGP.

Duane Beck, PhD, spoke on *Life of the Human Spirit in Groups* at the Rochester Group Psychotherapy Society (RGPS). The presentation was well-attended and provided information and insight into spirituality in group process. Earlier this spring, RGPS had a pot luck dinner to enjoy social time together and to honor and thank long-standing Board member James Wallace, MD, CGP, who stepped down from the Board this year after serving in a variety of capacities including President. Everyone expressed gratitude to Jim for his many

generous contributions to RAGPS. In May, Candace Sorensen, PhD, and Kathryn Fisher, MS, ATR, CGP, gave a presentation on *Co-Therapy: How Therapists Work Together*.

The San Diego Group Psychotherapy Society (SDGPS) welcomed Richard Beck, LCSW, BCD, CGP, FAGPA, Member-at-Large of the AGPA Board of Directors and Co-Chair of the Community Outreach Task Force as its featured speaker at its Spring Educational Seminar. Mr. Beck addressed the personal and professional aspects of becoming a group psychotherapist. His well-received didactic presentation was followed by his leading a demonstration group to illustrate the points he spoke about. This was followed by a panel addressing different approaches to group psychotherapy. The panel included Mr. Beck, Michele McCarter, PhD, Group Coordinator at Psychiatric Centers of San Diego, and Marla Vencil, PhD, also of Psychiatric Centers of San Diego. Dr. McCarter discussed her work with adolescents and her own path to becoming a group psychotherapist. Dr. Vencil addressed her expertise in leading groups for dual-diagnosed patients. The Spring Educational Seminar was the kick off event of SDGPS' training initiative. SDGPS is creating programs and events to bring quality group psychotherapy training to students and new professionals. Visit www.sdgps.org.

The Southwestern Group Psychotherapy Society's (SWGPS) 50th Anniversary Institute and Celebration will be held October 19-21 in Houston. Hosted by the Houston Group Psychotherapy Society, the training and festivities will take place at the Embassy Suites Hotel at the Galleria. *Looking Back, Moving Forward: Finding Your Voice* will be the theme of the Institute. Keynote Jerome Gans, MD, CGP, FAGPA, Harvard Medical School, and Editor of AGPA's *The Group Circle*, will be looking back on his life and long career as a group therapist to highlight the most important things he has learned about leading groups. Participants in the Institute will have an opportunity to do the same with their own lives and careers. What is your voice? How did you develop it? What are you still seeking? Participants will be encouraged to celebrate their own careers as Southwestern celebrates its 50 years of learning and fellowship. Also on the Institute program will be a number of Leadership Training Groups each with a different theoretical orientation, i.e., psychodynamic, gestalt, modern analytic, rededication, systems centered, Tavistock, etc. The Institute will end with a gala banquet honoring its founders and significant contributors. Alaire Lowry, PhD, ABPP, and Nanine Ewing, PhD, ADTR, CGP, FAGPA, are in charge of the Institute, and Josephine Tervalon, MSW, CGP, heads the Celebration Committee. Cindy Hearne, PhD, CGP, chairs the Houston Host Committee. Contact Robin Binnig, PhD, CGP, SWGPS President-Elect at robinbinnig@yahoo.com or 972-386-8599.

The Westchester Group Psychotherapy Society sponsored a special presentation by Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA, Past President of WGPS, on *Utilizing Group Therapy to Create Conscious Relationships in Couples*. Networking and lunch were included. Carol Dallinga, LCSW, CGP, handled all the arrangements.

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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