

The Group Circle

Winter 2006

The Newsletter of the American Group Psychotherapy Association

From the President

Robert Klein, PhD, CGP, FAGPA

This is the last column that I will be writing as President. The past two years have just flown by. Unfortunately, that's probably a function of age. Nevertheless, I feel saddened to be reaching the end of my term. This has been a wonderful opportunity to serve the organization that I love and cherish. I have gotten to work closely with many talented and caring people and have gained a broader perspective about our organization and its place in the field.

Serving as President of AGPA has been at various moments challenging, exhilarating, and enormously rewarding; it has also been demanding, anxiety-arousing, and frustrating—a broad range of experiences and emotions. For me, the greatest personal challenge has been how to allocate my resources to insure that I maintain a reasonable balance in my life between competing and important priorities, including work, family, personal, and professional needs. This has not always been easy, and as I am sure my family will attest, I have not always managed it successfully. I must, therefore, not only thank you for allowing me to work with you, but thank my family as well.

Many of you may know that my daughter, Sasha, competes at a high level within the Morgan horse world. Of the thousands of Morgans born each spring, relatively few ever become world champions. It is also rare that a champion horse has only a single owner throughout its life. Horses are bought and sold every day, and even the best of the best usually have multiple owners over the course of their careers. Being President of AGPA is in some ways analogous to briefly owning a champion that is grand, beautiful and bewitching. One is fortunate and privileged to be entrusted with its care and well-being, even if for a short period of time. Then someone else gets a chance.

Our accomplishments over the past two years, from my perspective, have been impressive. Guided by our allegiance to the Strategic Plan, we have successfully tackled each of our primary goals. Permit me to note some of the highlights:

1. Organizational Sustainability. First, with inspired leadership from Patricia Barth, PhD, CGP, FAGPA, Chair of the Group Psychotherapy Foundation, and Marsha Block, CAE, CFRE, Chief Executive Officer, we successfully concluded the first phase of the Capital Campaign, surpassing our goal of \$1.35 million. We then paid off the mortgage on our headquarters, thereby reducing our operating expenses by \$100,000 per year. Second, we balanced the budget for last

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Outing Anxiety

Frances Bonds-White, EdD, CGP, FAGPA

One of the great ironies of group psychotherapy is that the very method that is designed to relieve psychological suffering provokes enormous anxiety in both group members and group therapists. When an individual enters a group, a certain level of anxiety is aroused. In social situations, we can manage three or four other people in a group conversation. When we join a group of seven or eight people, however, we cannot watch everyone at the same time. Nor can we know how everyone is reacting to us as we speak. So we get anxious. Coleman & Bexton (1975) suggested that a person unconsciously regresses to somewhere between 15 and 18 months when they enter a new group.

Over the past three years, I have done workshops on the role of anxiety in group psychotherapy. One of the primary topics of discussion has been the enormous anxiety that many therapists feel while leading groups. Group therapists have voiced fears of making mistakes, being overwhelmed by the group, blocking and not being able to respond, and generalized anxiety as they enter the group room. Several have spoken of being embarrassed to talk about their anxiety in supervision. They attempt to manage the anxiety by trying to block it out and focus on the group. Interestingly, this anxiety extends to leading supervision groups as well. In workshops on supervision, many participants voice anxiety about looking foolish in front of their peers as they do supervision.

Billow (2001) described anxiety on the part of the group therapist in the context of changes that occur in groups and focused on the countertransferences and

risks of enactment when group members' anxieties reflect the anxieties of the therapist. However, the type of anxiety that has been described in the workshops I have led seems to be more endemic than he suggests, and therapists seem to think that it should not occur or that they should be able to manage it better.

Freud thought that the human tendency to develop anxiety is the psychological characteristic that is responsible for the ability of the ego to oppose and master the impulses of the id. In "Inhibition, Symptoms and Anxiety" (1926) he asserted the biological base of anxiety and its survival value. In mental life anxiety occurs when the psyche is overwhelmed by an influx of stimuli that is too great to be mastered or discharged. For Freud, the ability to master incoming stimuli was linked to the presence of the mother. He spoke of four dangers that arouse anxiety:

1. Separation from a person who is the source of gratification—"loss of the loved object;"
2. Fear of the loss of the love of the gratifying object—"fear of loss of the object's love;"
3. Castration anxiety for boys and anxiety regarding genital injury for girls; and
4. Fear of guilt or disapproval and punishment by the superego.

Are the fears that group psychotherapists describe themselves as experiencing really arising from fears of "loss of a loved object"? Perhaps Winnicott's (1975) ideas about anxiety are more useful to us. Winnicott saw three main types of anxiety resulting from failures

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Board Names New Editor of The Group Circle

Jerome Gans, MD, CGP, FAGPA, has been appointed by the AGPA Board of Directors as Editor of *The Group Circle*, beginning with the next issue of the publication. He succeeds Eleanor Counselman, EdD, CGP, FAGPA, who has served as *The Group Circle* Editor for the past six years.

A private practitioner with offices in Wellesley and Cambridge, Massachusetts, Dr. Gans has been an active member of AGPA since joining in 1981. His term is ending as the Co-Chair of the AGPA Annual Meeting Committee, and



we are delighted to have his continued AGPA involvement as the next Editor of *The Group Circle*. Dr. Gans has previously served as the Co-Chair of the Institute Committee and Chair of the Nominating Committee. He was the Book Review Editor of the *International Journal of Group Psychotherapy* for seven years.

The author of 23 refereed articles, Dr. Gans has published widely on group and individual psychotherapy, psychological aspects of physical rehabilitation, liaison psychiatry and psychotherapy and literature. He has lectured, supervised, presented workshops and run demonstration groups locally and nationally on a variety

of group psychotherapy topics. A member of the Northeastern Society for Group Psychotherapy, he has been the invited Guest Presenter at 17 Affiliate Society Conferences.

A Distinguished Fellow of the American Psychiatric Association, Dr. Gans is an Associate Clinical Professor of Psychiatry at Harvard Medical School and a Clinical Associate in Psychiatry at the Massachusetts General Hospital (MGH). He has run the Training-group for the psychiatric residents at the MGH-McLean combined residency program for the last 14 years and is a supervisor at the Center for Psychoanalytic Studies at the MGH.

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Call Nicole Millman-Falk

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San Francisco Here We Come

Rose Phelps, MS, LMFT, CGP

The Northern California Group Psychotherapy Society (NCGPS) is delighted to be the host Affiliate Society for AGPA's 2006 Institute and Conference. The Westin St. Francis Hotel, site of the meeting, is in the heart of the city, where cable cars pass by the front door, and world class shopping is a hop, skip and jump away from your hotel room. San Francisco is a multi-cultural, multi-ethnic city, as evidenced by our many incredible restaurants and local attractions.

Many of the Zagat highest rated restaurants are within walking distance of the Westin St. Francis. Here are just a few. Phone numbers and websites are provided; advance reservations are recommended.

- Acqua, 252 California St., 415-956-9662, www.aqua-sf.com.
- Michael Mina, 335 Powell (in the Westin St. Francis hotel) 415-397-9222, www.michaelmina.net.
- Fleur de Lys, 777 Sutter Street, 415-673-7779, www.fleurdelyssf.com.
- Farallon, 450 Post Street, 415-956-6969, www.farallonrestaurant.com.
- Postrio, 545 Post Street, 415-776-7825, www.postrio.com.
- Campton Place, 340 Stockton Street, 415-955-5555, www.camptonplace.com.
- Masa's, 648 Bush Street, 415-989-7154, www.masas.citysearch.com.
- The Slanted Door, 1 Ferry Building, #3, 415-861-8032, www.slanteddoor.com.
- Boulevard, 1 Mission Street, 415-543-6084, www.boulevardrestaurant.com.

NCGPS's Hospitality Committee is hard at work producing a local guidebook that will offer many more restaurant and activity choices.

At just 49 square miles, San Francisco packs as much into its tiny waterbound area as most cities three times its size. The city was established in the mid 1700s by Spanish explorers, who sailed through the Golden Gate, eventually displacing the

Ohlone Indian population who had lived here for hundreds of years.

Originally a sleepy port town called Yerba Buena ("good herb"), things really got spirited in the 1840s when gold was discovered in the foothills of California. The population swelled and the city, now San Francisco, became a veritable den of iniquity, teeming with disillusioned prospectors, wayward sailors and immigrants. This chapter in history can be relived by strolling the streets of Chinatown, along Grant Avenue or Stockton Street between Pine Street and Pacific Avenue. Stop in at the Chinese Culture Center (750 Kearny Street, 415-986-1822, www.c-c-c.org) for guided tours. Chinatown's next-door neighbor is North Beach, where the Barbary Coast history can be traced along Columbus Avenue and great coffee and Italian food can be had at nearly any café or restaurant.

After being shaken (and burned) to the ground by the great earthquake of 1906, San Francisco began to take its modern shape. Many of its most functional additions have become its most popular attractions. The Golden Gate Bridge, at the northern edge of the Presidio, was completed in 1937 and is visited by some nine million people annually. East of the bridge in the middle of the Bay, and flanked by the Bay Bridge, is Alcatraz (Golden Gate National Recreation Area, 415-705-5555, www.nps.gov/alcatraz), the infamous prison for the incorrigible, now a major visitor draw and worth the quick boat trip from Fisherman's Wharf to see it.

Beyond the honky-tonk charm of the major attractions, San Francisco has much to brag about. Among them are the Museum of Modern Art (151 Third, 415-357-4000, www.sfmoma.org) and the Palace of the Legion of Honor (100, 34th Avenue and Clement Street, 415-863-3330, www.thinker.org), which has a world-class collection and hosts top-notch exhibitions, and the Asian Art Museum (200 Larkin Street, 415-581-3500, www.asianart.org), which has one of the largest collections of its

kind in the Western world. San Francisco's extensive array of cultural attractions, including a calendar of activities, can be found on the San Francisco Convention & Visitors Bureau's website at www.sfvistor.org.

Few visitors to San Francisco can resist the temptation of their proximity to California wine country. The Napa and Sonoma Valleys are just a short car ride (about an hour) north of the city. It is well worth staying an extra day or two to sip at many world-renowned wineries or take in a mud bath in Calistoga. Check out www.sonomavalley.com and www.napavalley.com for complete trip-planning information.

Heading south, the Monterey/Carmel peninsula is one of the most popular destinations on the California Coast. Its breathtaking beauty and easygoing charm has drawn writers and artists for decades. It's also home to the magnificent Monterey Bay Aquarium (www.monterey.com).

Join us February 20-25 for AGPA's 2006 Annual Meeting—Bridging Differences: Healing a House Divided—and enjoy the unparalleled training that AGPA has to offer on top of the unique experience San Francisco has to offer. ●

Rose Phelps, MS, LMFT, CGP, is President of the Northern California Group Psychotherapy Society and Chair of the local San Francisco Annual Meeting Task Force.

The following websites were very helpful in providing much of the information for this article:

- www.about.com
- www.sfcitysearch.com
- www.virtuar.com/sf2/san_francisco.htm
- www.tripadvisor.com
- www.sfgate.com
- www.timeout.com

From the Editor

Eleanor Counselman, EdD, CGP, FAGPA

This issue of *The Group Circle* is my last as Editor. How quickly six years have passed! I thank the members of the newsletter staff, past and present, who have worked so hard to make this publication successful and my job such a pleasure. I also thank the authors who worked with me on requested edits and waited patiently for their pieces to appear. I've appreciated all the help and support from the office, especially Angela Stephens, CAE, Professional Development Director. Finally, I'm very grateful to Nicole Millman-Falk, CAE, the Editorial and Production Manager. Nicole helped me learn the job and has supported me every step of the way. I will miss our collaboration very much.

The position of newsletter Editor provides a bird's eye view of the whole organization. In this last column, I'd like to share some of my observations. First, AGPA is a big-hearted organization. To be sure, there is disagreement; but overall this is a caring and generous group. Examples are everywhere, from the disaster relief volunteers, to the capital campaign success, to the E-Community postings after Hurricane Katrina.

Second, AGPA is working hard to establish financial stability. The mortgage has been retired. Active recruitment and retention efforts are improving membership numbers. The Board is actively discussing expanded education and training initiatives, and a pilot online Core Course has begun. I hope that the organization will consider carefully the place of grants and direct service, along with other methods of sustaining a balanced budget.

Finally, over the course of these six years I have seen a dramatic increase in the use of the Internet in AGPA. This is a good thing, as it supports and enhances our connec-

tions with the association and with each other. Our publications are now available on our website for easy archiving and duplication. The new E-Communities have allowed immediate responses to one another in times of trouble, as well as virtual committee meetings and posting of documents. The monthly e-mail newsletter, *Group Connections*, allows members to receive time-sensitive material quickly. It serves as a complement to *The Group Circle* (which is now also available on our website long before your paper copy arrives in your mailbox). If you do not regularly read *Group Connections*, I urge you to start.

I am delighted to announce that Jerome Gans, MD, CGP, FAGPA, will be the next Editor of *The Group Circle*. A widely published author, Dr. Gans has a long association with AGPA and has already contributed in many ways. I hand over the newsletter with a mixture of feelings. Yes, this job has been a great deal of work; I've loved doing it, though, and I'm grateful for the opportunity to have served AGPA in this way. ●

CORE-R Battery: Group Selection and Pre-Group Preparation

Rebecca MacNair-Semands, PhD, CGP

Research Editor's Note: This is the final piece in our series introducing members to the newly revised AGPA CORE Battery. This column focuses on tools to help group clinicians prepare and select patients for participation in group therapy.

Part of the mission of the CORE Battery Task Force was to develop a convenient toolbox of instruments that clinicians can use to enhance their practice. Previous "Focus on Research" columns in *The Group Circle* reviewed measures of group process and therapeutic outcomes. In addition, the Task Force devoted serious consideration to pre-group preparation and selection.

Preparing Clients for Group

Preparing clients for group is an important part of the group treatment process. The revised CORE Battery includes a series of helpful client handouts that are available for use by group leaders. These also can be used to train students or staff about how to present group psychotherapy to potential clients. Examples of verbal descriptions intended to increase client understanding of the benefits of group therapy include:

- "In group, you can go a step further than talking about the way you relate to others; you can actually *practice* changing the way you relate to others."
- "An individual therapist is often unable to observe your interpersonal style that you feel is not working for you; in group these dynamics can become clear to you as others observe you."

Pre-group preparation sessions help members consider how they might approach group dynamics and teach them how to involve themselves in group interactions. Several handouts are designed to assist leaders in preparing members for the norms and expectations in group (MacKenzie, 1997; MacNair-Semands & Corazzini, 1996).

Selecting Clients for Group: Can We Predict Who Will Benefit?

Over the years, clinicians and researchers have expressed a need for more accurate and complex measures of group therapy processes and dynamics (Burlingame, MacKenzie & Strauss, 2003). Premature termination rates vary from 20 to 50 percent of group members (Bostwick, 1987; Stone & Rutan, 1984); unfortunately, formal screening measures have not been found to differentiate consistently those clients who will benefit from group therapy from those who will not (MacNair-Semands, 2002). A dearth of research in the area of group member selection has been due in part to the lack

of reliable and valid assessment tools and the complex interaction between individual variables and group dynamics. When Piper (1994) conducted a review of the group selection literature more than a decade ago, he found several measures with modest success that appeared promising. Despite the lack of replication for such findings, recently researchers have pursued the assessment of potential group members with new vigor. Making treatment decisions about group versus individual counseling based on empirical evidence had been almost impossible in the group psychotherapy field previously (MacNair-Semands, 2001). Thus, recent progress in this area is exciting, though much work has yet to be done. Development of a valid screening measure has the potential to help build groups with solid membership, consistent attendance, and positive outcomes.

Promising Variables Related to Selection

Inconsistent membership is one of the largest problems in therapy groups; therefore, factors affecting attendance deserve attention as we make selection decisions. Pre-group orientation sessions have become standard practice in the selection of therapy members in part because orientation efforts have been associated with higher attendance rates (France & Dugo, 1985). Several researchers have argued that regular attendance is a marker of group cohesion, since more cohesive groups have fewer members that terminate prematurely (Falloon, 1981; Yueksel, Kulaksizoglu, Tuerksoy, & Sahin, 2000). Client characteristics such as angry hostility and social inhibition are predictive of low attendance and thus could be a red flag in the selection process (MacNair-Semands, 2002). Conversely, clients appear more likely to remain in group therapy if they have previous experience with individual counseling and if they receive concurrent individual therapy (MacNair & Corazzini, 1994; Stone & Rutan, 1984).

Poor attendance also has been found to relate to another selection factor, client expectations for group therapy (McKisack & Waller, 1996). Motivation for treatment is a frequently cited selection criterion for group (Bostwick, 1987; Piper & McCallum, 1994; Yalom, 1995). At AGPA's 2004 Annual Meeting, Gary Burlingame, PhD, CGP, and his colleagues at Brigham Young University presented evidence suggesting that expectancies can be predictive of both process and outcome variables. One consequence of positive expectancy may be a reduction in premature termination from group (Cox, Burlingame, Davies, Gleave, & Barlow, 2004).

An additional promising selection factor, recently examined by Cox et al. (2004), is the ability to participate effectively in the interactive work of the group. For example, members who portrayed themselves as less interpersonally open showed less outcome improvement than those with an open, participatory style. Social effectiveness as a selection variable grows out of Yalom's classic premise that the interpersonal problems of group members emerge behaviorally in group, known as the social microcosm. Clients with especially poor social effectiveness have often been identified as group treatment failures (MacKenzie, 1997). Consequently, interpersonal functioning has been considered a critical selection factor. Of course, which particular interpersonal difficulties can be improved through the group process and which are detrimental to various types of groups is a complex issue that remains to be fully clarified.

Another emerging client selection variable is the potential for group deviancy. In general psychotherapy groups, clients with organic brain damage, paranoia, somatization, drug or alcohol addition, acute psychosis, or hostility traditionally have been regarded as carrying a risk for group deviancy and adverse effects on the functioning of the group (MacNair & Corazzini, 1994; Piper & McCallum, 1994; Yalom, 1995). Yalom (1966) originally found that one third of the clients who dropped out of psychotherapy groups belonged to this category. These difficulties may affect the overall quality of group process, premature termination, and outcome. It is possible that early member behaviors such as monopolizing and inappropriate disclosing in a pre-group meeting may be signs of group deviancy (Cox et al., 2004). (Of course, many specialized groups are specifically designed to treat clients with these difficulties.)

As noted by Dies and Dies (1993), the clinician who fails to understand clients' pervasive anxieties may lose clients who could be attracted to treatment if permitted to discuss these issues. The administration of the proper instrument to evaluate expectancies about treatment could reduce the problem of treatment no-shows.

The Task Force has concluded that two measures, the *Group Selection Questionnaire* (Cox et al., 2004; Davies, Seaman, Burlingame, & Layne, 2002) and the *Group Therapy Questionnaire* (MacNair & Corazzini, 1994), are promising and possibly useful selection instruments for inclusion in the CORE-R Battery. However, the Task Force believes that there is not yet sufficient research to recommend either one for routine clinical use across treatment settings

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CORE-R Battery

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since the research to date for both resides primarily in counseling centers. Thus, the Task Force is recommending further study and plans to continue to collect data on these two instruments. What do we know about them so far?

Recent Selection Measures

The Group Selection Questionnaire (GSQ, Cox et al., 2004; Davies et al., 2002). The initial version of the GSQ was designed to measure three constructs: expectancy, ability to participate, and social skills. The GSQ is comprised of 20 items and is scored such that a high value indicates a poor prognosis for group therapy. Cutoff scores have not been established yet, but the measure generates a total score and subscale scores. The subscales have been more predictive than total scores.

The first phase of study for the GSQ was part of a program evaluation for a group intervention for trauma-exposed adolescents in Bosnia. The GSQ was administered to students in the experimental condition before any treatment occurred. The questionnaire appeared to encompass five underlying dimensions which accounted for most of the variance (68%), as determined by a factor analysis: Expectancy, Non-participation, Domineering, Group Deviancy and Open-participation. Both individual GSQ items and subscale scores predicted group process (e.g., engagement) and outcome (Davies et al., 2002).

The second phase of the study involved testing the factor structure derived from the Bosnian sample with a sample at a counseling center in the United States. Ten new items were tested to determine if they improved the performance of the measure (i.e., factor structure and subscale loadings). Clients from 13 different therapy groups (N=84) completed three questionnaires: the Group Climate Questionnaire-Short Form (GCQ-S, MacKenzie, 1981), the Curative Climate Instrument (CCI, Fuhrman, Drescher, Hanson, Henrie, & Rybicki, 1986), and the Outcome Questionnaire (OQ-45, Lambert et al., 1996)—at the end of sessions 4, 8, and 12. As predicted, clients who reported lower expectancies for the helpfulness of group treatment were more likely to drop out of treatment, and total GSQ scores predicted end of treatment change in the predicted direction. In both the US and Bosnian samples, the original three-factor model (i.e., expectancy, ability to participate, social skills) provided a better fit to the data than did the five-factor model that had emerged in the earlier study. While the new items led to less adequate fit, they also strengthened the predictive power of the GSQ.

Few selection tools exist that may be able to predict process, outcome, and dropout. If the GSQ continues to be predictive of both process and outcome, it may prove useful in selecting those group members who are most likely to benefit from the group format. Future research needs to replicate the findings in other settings and to obtain additional information about reliability.

The Group Therapy Questionnaire (GTQ; MacNair & Corazzini, 1994; MacNair-Semands, 1996, 2001, 2002). The GTQ was designed as a tool to gather knowledge of pre-existing client variables affecting potential group behavior. The GTQ includes 44 items across nine subscales, in addition to a 34-item interpersonal checklist and a brief projective of the family constellation. The GTQ takes approximately 30 to 45 minutes to complete, and is meant to be completed only once prior to admission to group therapy. The measure can be scored manually. Subscales scores are summed, and norms are provided in the manual (MacNair-Semands & Corazzini, 1998).

The GTQ measures the following: previous therapy experiences; expectations for group; family roles; symptoms of substance use and abuse; somatic symptoms; suicidal thoughts and crises; goals for group; barriers to successful group treatment; and fears about group. Quantitative subscale scores include expectations for group, substance abuse, somatic concerns, and factor scores for interpersonal problems. Several of the items elicit narrative responses and were designed to help leaders conceptualize clients and to be used as discussion points to reduce negative expectancies and increase client interest and involvement in treatment.

An initial study demonstrated that the GTQ successfully predicted group member dropout (MacNair & Corazzini, 1994). Variables related to premature termination from group included hostility, alcohol and/or drug problems, somatic complaints, and introversion. The instrument successfully classified over 76% of clients as dropouts or continuers in discriminant analysis. In a later study, group therapy participants (N=310) from two university counseling centers were studied over a period of seven years using the GTQ to examine interpersonal style, expectations, and attendance in group therapy (MacNair-Semands, 2002). Client goals, substance use, and interpersonal problems were examined as they related to expectations for group and group attendance. Angry hostility and social inhibition were predictive of low attendance. Clients reporting more alcohol use and somatic symptoms were found to have fewer positive expectations for group and this, in turn, predicted premature termination.

Several qualities and limitations of the GTQ are important to note. Because the GTQ was designed to assess pre-existing client variables, it is a comprehensive assessment tool rather than a brief measure guiding selection. Leaders can examine the information that consistently has been found to be related to dropping out of group or poor attendance. However, in practice settings without the statistical support and the capacity to enter such data prior to the pre-group session, the utility of such predictions is reduced. A further limitation is that the GTQ has only been tested with university populations, thus its usefulness with other types of clients is not yet known. For clinicians desiring a brief measure and possible cutoff score to guide a selection decision, the GSQ or other instruments yet to be developed may have better utility.

Future Directions

Building on the practical knowledge gleaned from the last decade of group research, clinicians can benefit from applying empirical evidence to practice. As leaders present group therapy in an effective manner and prepare clients to be skilled group members, it is possible that attendance problems and premature terminations can be reduced. However, the complexities inherent in groups, including differing leadership styles and member dynamics, are likely to make development of successful selection instruments an ongoing challenge for researchers. A client's negative expectations, for example, may quickly be reversed in mature groups but lead to premature termination in other groups. We look forward to continued additions to the CORE Battery as new research and practical suggestions emerge in the future.

How To Obtain Materials

Several handouts included in the revised CORE Battery for pre-group preparation and presentation of group can be requested from Rebecca MacNair-Semands, PhD (rrmacnai@unc.edu). An in-depth description of group therapy is also found in MacKenzie (1997) and is included in the CORE-R Battery. Those interested in obtaining the GTQ should contact Dr. MacNair-Semands at the email address above. ●

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

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Dear Consultant:

I lead a mixed gender group that has met weekly since the first week of January. All members of the group are also in individual or couples treatment with me. One male member of the group seems over-insulated and, consequently, is often "fine" when there is much turmoil in other group members. The group has become generally less solicitous of him and more vociferous in their frustration with him. However, in the last two weeks another male member of the group has expressed his anger by threatening to leave unless the frozen group member "starts being as vulnerable as the rest of us." My countertransference has vacillated between a desire to protect the frozen group member and irritation with him, which has its root in a fear that this new group will disintegrate unless he starts feeling! I am beginning to wonder if I put him into the group before he was ready. Can you help?

**Signed,
Waffling**

Dear Waffling:

A new group presents all of its problems with intimacy in the most concentrated form, with the members' most time-tested methods for protecting themselves. An over-insulated member who does not reveal his feelings is at particular risk for being a scapegoat. In this case, he is identified as the source of the group's problem (If he won't open up, how can we feel safe?).

There are a number of reasons this member is not opening up, and over time they will be revealed. Is he frozen with fear? Is he lacking in emotional education such that he does not know yet how to identify his feelings? What is his "frozenness" telling you about his history? Are you having feelings his parents might have had toward him (i.e., protectiveness, irritation)?

With these questions in the back of your mind, you can work with him in a number of ways. Rather than asking him what he is feeling, ask him what others are feeling: "John, what is Mary feeling right now?" If he can speculate on her feelings, he will be telling you something about himself in the process. If he says he doesn't know, you can turn to someone else and ask: "Sue, what is Mary feeling?" If Sue can speculate, then you are showing the frozen member how others in

the group work with emotions and help each other. You can also ask group members what they think John is feeling, thereby engaging the group in the collaborative task of helping John learn what his feelings are. As the group develops its ability to work with each other in this way, your understanding, and the group's understanding, of why this member got frozen will deepen.

The angry member who is threatening "suicide" presents a more urgent problem, since your countertransference reaction is to worry if the group can survive such behavior. Like the frozen member, this member is not yet able to put all of his feelings into words, and instead feels the impulse to act, to kill himself off, maybe take the group with him! Our job as group leaders is to help our members translate the need to act into language. One way to do this is to ask the angry member why this frozen member makes him want to kill himself off. What feelings does he not want to feel? What is his objection to feeling these feelings? Then you can bridge to others to find out who is feeling like him, and who is having a different reaction. If you can cultivate an attitude of interest and curiosity in the group, the feelings they experience become seeds of growth rather than dangerous forces to be discharged in destructive ways.

*Janice Morris, PhD, CGP
Austin, Texas*

Dear Waffling:

I want to start with the most important element of this problem. You must protect this group member. He is almost certainly the object of a scapegoat process. This suggests that one of two things is happening. First, the group has unresolved issues with you as the leader, which they are expressing via the scapegoat process. Whenever we observe this happening, leader issues are the first thing we must suspect. Second, the group may be picking up your own countertransference, internalizing it, and reflecting it toward this group member. There may be other factors in the group's life that are creating this response as well. Focusing on the problem that the group is having with this member will allow them to examine their own responses. Why is this group member a threat to them? Why is there a failure of empathy for his difficulty in being part of the group experience?

Failure to protect any and all group members from attack threatens the basic safety of the group. Without safety, the group will eventually disintegrate anyway. If you allow a member to be forced out of the group either through your decision or through his sense of threat, you raise the specter of other

group members being forced out for being different in their own ways. Who will be next? Will it be the angry member, the funny member, the sexual member, the scared member?

I also want to comment on what is notably missing from your description. Nowhere do you indicate what discussions with this group member have occurred in the individual session around his experience of the group and his reasons for his emotional blockage, if, indeed, that's what he is experiencing. If you have explored this, what strategies have you engaged in to assist him in overcoming his blockage? In addition, we've all had quiet group members. It is always important to examine their experience of the group process and assist them in challenging and overcoming this experience.

Given your feelings toward this group member, I strongly encourage you to engage in a supervisory process to evaluate your own countertransference response. If you are already in a supervisory experience by all means bring this case up. If not I suggest you find a supervisor as soon as possible.

*Lawrence Viers, PhD, CGP
Valparaiso, Indiana*

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 mhgener@onr.com.

CORE-R Battery

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In Memoriam— Clifford Sager, MD, FAGPA

Clifford Sager, MD, FAGPA, who served as President of AGPA from 1968-1970, popularly known as "Cliff," died in August. At the time of his death, he was Clinical Professor of Psychiatry at Weill-Cornell Medical College in New York. Prior to that, he had also been the long-time Director of Family and Sex Therapy at New York's Jewish Board of Family and Children's Services.

Cliff's presidency coincided with a troubling period in U.S. history, characterized by much societal unrest sparked by the Vietnam War and by the tragic assassinations of public figures. Not surprisingly, Dr. Sager's Presidential Address at AGPA's 1968 Annual Meeting was entitled *The Group Therapist: Bulwark Against Alienation*. Following his tenure as Director of the federally funded Metropolitan Community Mental Health Center, Dr. Sager moved on to Mount Sinai Hospital, where he taught family therapy. At that time, he also became President of the Society of Medical Psychoanalysts and of the Eastern Association of Sex Therapists.

Dr. Sager had authored more than 50 scientific publications, including four highly regarded books: *Progress in Group and Family Therapy*; *Black Ghetto Family in Therapy*; *Marriage Contracts and Family Therapy*; and *Treating the Remarried Family*. In his long and multi-faceted career as a teacher, clinician, and researcher, Cliff had moved from group psychotherapy to an increasing focus on family and couple's treatment.

Saul Scheidlinger, PhD, ABPP, CGP, D FAGPA

Anxiety

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in the holding environment: fear of unintegration; a feeling of disintegration; and lack of relationship of psyche to soma. Some of the descriptions given by group psychotherapists of the fears they experience seem more related to these ideas, although the self criticism that many group therapists report is certainly related to Freud's idea of disapproval and punishment by the superego.

If we think of training institutes and supervision as the holding environments within which group psychotherapists learn their craft, what might be missing from the "holding environment" that we provide fledgling group psychotherapists that results in the type of insecurities described? While I do not know enough of the range of trainings that group psychotherapists receive to answer that question, I can't help but wonder if we are setting such high and unrealistic expectations about the therapist's centrality and required level of awareness. The simple reality—that no group therapist can ever keep track of everything that happens in a group—gets lost. Certainly as group leaders, we have to learn to contain the affect expressed in the group, metabolize it,

and give it back to the group in a useful manner (Bion, 1961). Whatever we say and do in the group is inevitably public. This does not mean that our every utterance has to be or should be perfect.

Many group leaders believe that they have to build a level of safety and trust in therapy groups, which protects clients from uncertainties and anxieties. If we rethink the task of the group as being one that teaches people to be in touch with and explore anxiety, rather than eliminate anxiety, we may find that group leadership becomes less onerous. Safety and security are more authentically developed in therapy groups when we don't do the work that members can do for themselves and when we communicate expectations of feeling, thinking, observing and describing by members. They are, after all, in group to learn how to be self aware.

Being a group therapist is a demanding and difficult task that requires a combination of both art and science in its performance. We are constantly moving between being open to the full range of emotional experience in the group and being an observer, a gatherer of data and a hypothesizer about that experience. As group therapists, we hold out the view that an examined life is more rewarding than an unexamined life, and honesty requires

that the examination includes both the love and the terrors of living fully. Being able to accept our own anxieties, believing that we can survive them, and accepting that our weaknesses, as well as our strengths, will be tested by our groups might make it a bit easier to relax while conducting therapy groups. I doubt that any of us are ever going to love our anxiety, but we might make our lives easier if we accept that it is a normal part of our work. ●

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- Frances Bonds-White, EdD, CGP, FAGPA, is a supervising and teaching transactional analyst, and President-Elect of the International Association of Group Psychotherapy.*

President

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year and are hopeful that we can repeat that for this year. Third, despite the fact that grants were much more difficult to acquire than during the immediate post-9/11 period, we still managed to obtain sizable grants from both the Langeloth Foundation for \$275,000 for publication and distribution of our Mental Health Disaster Response Protocols, and from the American Red Cross for \$499,000 to support and expand our work with children and counselors in the New York City school system.

2. Education/Learning/Research. First, our tradition of outstanding Annual Meetings was maintained in spectacular fashion last year in New York, and I feel confident that will be carried forward this year in San Francisco. Second, the Annual Meetings provided not only our usual rich array of opportunities for learning about groups, but also served as a platform for conducting specialized training in the use of groups for dealing with trauma. We have been able to publish and distribute our superb collection of Trauma Training Modules, and are about to do the same with our Population-Specific Intervention Protocols. Third, under the National Registry for Certified Group Psychotherapists and the expert leadership of Jeanne Pasternak, MSW, CCP, FAGPA, we have launched a number of exciting new curricula, including one on ethics, with several more in production. Fourth, we established a distinguished Academy Task Force whose recommendations have set the stage for us to begin the important work of assembling our various training initiatives and deciding next steps about a comprehensive and integrated year-round program.

These conversations are currently being carried forward through AGPA Board of Directors Focus Groups. After they report on their findings in February, the Board as a whole will decide on what actions are to be taken to implement this important objective. Finally, we have established what I hope will be a far-reaching and influential Science to Services Task Force, under the leadership of Melyn Leszcz, MD, FRCPC, and Joseph Kobos, PhD, ABPP, CGP, FAGPA, to help bridge the gap between clinical practice and research and to further demonstrate evidence-based support for group psychotherapy.

3. Community Outreach/Visibility. AGPA has solidified its position and growing reputation as a community mental health resource that can be tapped during times of emergency and that can be used preemptively to promote mental health preparedness. The Co-Chairs of our Community Outreach Task Force, Jeffrey Kleinberg, PhD, CGP, FAGPA, and Kathleen Ullman, PhD, CGP, FAGPA, have successfully guided our collaboration with national, regional, state and local groups working in these areas. Our three-pronged program of direct service, education/training/consultation, and caring for the caregivers has been maintained and expanded in response to newly emerging community needs. We were able to make significant contributions following the devastating tsunami in southeast Asia last December, and again more recently following the terrible hurricanes in our own Gulf Coast area. At the time this column is being written, trauma training materials and population-specific intervention protocols are continuing to be provided, along with ongoing consultation and support. We have disseminated relevant trauma materials to all state Directors of Mental

Health in the hope of establishing effective collaborative relationships before the next disaster strikes.

4. Membership. Hylene Dublin, MSW, CGP, FAGPA, and Sara Emerson, LICSW, MSW, CGP, FAGPA, our Membership Co-Chairs, have brought renewed energy to the challenges of membership retention and recruitment. First, after slowly dwindling for nearly a decade, membership has grown to more than 3,000. Second, since pilot testing has demonstrated that our new free membership program has been quite effective, it is being expanded to include new mental health professionals in California, the site of our next Annual Meeting. Third, new initiatives are being undertaken to sponsor collaborative recruitment efforts with our Affiliate Societies by offering complimentary memberships. Additionally, membership benefit programs have also been expanded with our *International Journal of Group Psychotherapy* now online and SIG online E-Communities, which add to our already extensive and still expanding website resources.

During my tenure as AGPA President, I have attempted to make myself as available as possible to help build a closer relationship between governance and membership, increase communication, and make governance more experience-near, transparent and responsive. Together, I believe we need to continue to shape a culture that is open, respectful and contributory. It is my hope that you feel you have more of a voice in our organization, and that you have experienced a growing sense of ownership and pride in AGPA. It is absolutely clear to me that there are no effective leaders without effective participants. The more

involved and better informed you are in relation to our shared goals, activities and mechanisms of operation, the more likely we are to be successful.

This has truly been a team effort. Space limitations do not permit me to thank each of you individually for your time, energy and commitment to AGPA. But I do wish to express my gratitude to all of the SIG, Committee and Task Force Co-Chairs for their invaluable contributions; the AGPA, GPF and NRCGP Boards of Directors for their dedication, judgment and vision; and every member of the AGPA office staff for their unfailing availability and ability to make things happen. To my own special small group, the Executive Committee (Connie Concannon, MSW, CGP, FAGPA; Lisa Mahon, PhD, CGP, FAGPA; Elizabeth Knight, MSW, CGP, FAGPA; Patricia Barth; Jeanne Pasternak; Karen Travis, MSW, LCSW, GCP; and Marsha Block), words cannot express my appreciation for your ongoing guidance, support, warmth and wisdom. We are fortunate, indeed, to have Beth Knight assume the Presidency in February 2006.

Special thanks are due to Marsha Block. For more than 30 years she has been at the center, our repository of knowledge and history, our stabilizer, our rock. She does this with consummate skill and grace, despite the endless changes in voluntary leadership. Every two years she accommodates to yet another President, establishes yet another collaboration, partners with yet another person. The process appears so seamless, and the yield remains so fruitful that it is easy to overlook the flexibility and competence required. So, thank you, Marsha, for all you continue to provide for AGPA. ●

AGPA Members Volunteer after Katrina

In the aftermath of Hurricane Katrina, a number of AGPA members volunteered their services for disaster relief. Several agreed to share their experiences for *The Group Circle*. Their accounts, written immediately after volunteering, reflect the emotions of disaster relief workers as well as the importance of the connection with AGPA.

From Karen Travis, MSW, LCSW, CGP Baton Rouge, Louisiana

As I viewed the E-Community site and saw all your messages I felt and feel so cared for and held by you all. Thank you, thank you, thank you. It is truly overwhelming and I have never experienced anything like this before.

I got plugged in early to a local hospital; that volunteer work has been rewarding. Just when I thought I had heard it all in my 25 years as a social worker, my ears have heard stories I never dreamed about. Every client who comes into the office talks about Katrina; it seems she is the new family member in every home. Many clients have family or friends staying with them, glad to have them but stressful at the same time. A former client is returning to therapy today because her mother was in a rehab center in New Orleans and stayed in a wheelchair for days until rescued. People have been separated from family and do not know where they are or if they do, they have no way to reach them. The stories go on and on.

I have had calls asking for my help, and I respond but the follow-through seems difficult. The group of social workers in my office building were asked to help out with the employees that were "left behind" to do work in the charity hospital and other LSU state systems. I suggested forming groups. There seems to be some talk about putting people in a group would be re-traumatizing. I have let people know about the training modules and that a skilled group therapist will keep the group contained enough to do their work.

Some people have said they have gone on to look at the trauma modules and it feels overwhelming with so much information. That just may be how we/they are feeling. I think a page of 10 do's and don'ts might be helpful.

I keep feeling I am not doing enough and then I tell myself each family or person I worked with was helped in some way. There are just so many. The effects are so far reaching I cannot wrap my mind around all of it just yet.

From Dayne Naretta, MSW, LCSW, BCD Baton Rouge, Louisiana

There are so many opportunities to help and the following questions pop up inside of me; Which one? How many? When? See clients? Volunteer? Meet to organize? Home? Where is the leader to tell me what to do next? Oh, I am one of the leaders.

I don't know exactly what to ask for or if I will have a phone line to do it. I do know I have a place where I can explore whatever options come up, and there is someone here that has had or is having a similar experience. I am feeling a bit scattered. I am surprised when I'm in traffic and I'm calm. I am dissatisfied when I don't return every call or e-mail in a timely fashion.

I am very satisfied with the support of this organization in providing a place where I have had so many wonderful learnings and deep connections. I have noticed a few things as we have been experiencing the aftermath of this disaster: the unspoken (held in) frustration and guilt of the caretakers (family members, friends, counselors, doctors); the splitting with "us" and "them;" and the appreciation from those who receive.

From Patricia Barth, PhD, CGP, FAGPA in Houston, Texas

This morning (9/3/05) my husband and I went to the Astrodome to volunteer to help the victims of Hurricane Katrina. After signing in, we were sent into the dome and told to simply walk through the crowd looking for anyone who seemed in need of mental health care. I had been watching the news coverage all week and had shed many tears over the tragedy. We got into the dome, started through the aisles, and came upon a mother who had been separated from her child for nine hours. They were reunited. I looked over at my husband, who had started to cry, and of course there came my tears.

After that, we both got so involved and I suppose our defenses kicked in and we were able to do what we needed to do. Mostly what was needed was a kind word, "How are you doing? Is there anything you need? Do you need any medications? Would you like any counseling?" Those people who were psychotic were triaged over to another building where they would be seen by clinicians there. Most people were very appreciative. My husband, who is a physician, was put in charge of the medical triage area. He came upon a young man who was about to pop, he was so frustrated. His wife and child were in Lafayette, Louisiana, and he was trying to get to them but had no money or way to get there. Our shift was up so we took him to the Greyhound bus station, gave him some money, let him call his wife on the phone and, hopefully, he connected with them.

We are trained to let people help themselves. While that is so true, it misses the point that sometimes people just need plain old help! That was one

of the things that I liked about what I did yesterday: just walking through the crowds and helping with basic things.

I got out my copy of the *Group Interventions for Treatment of Psychological Trauma* to read before going and it was very helpful. What happened is quite a catastrophe. The victims are very different than the 9/11 population, and I am not sure how groups will be utilized by them.

I was amazed at the number of different volunteers, but can see that there will be a need for much more help down the line. Hopefully the Houston Group Psychotherapy Society will be able to step in.

From Marti Kranzberg, PhD, CGP, FAGPA in Dallas, Texas

People have been staying at the convention center and Reunion Arena. There has been an outpouring of support and "they" say 2/3 of the people have been moved to homes and apartments. The Red Cross was clear that they needed mental health professionals and shortened the usual eight-hour training to one hour; licensed professionals signed up for shifts immediately after the training. Lots of Dallas Group Psychotherapy Society members worked over the Labor Day holiday when it was most chaotic. I did my first shift on Thursday night. It was pretty quiet. People seemed to be over the initial shock and not yet into the phase of facing what is still to come.

Member News

Philip Flores, PhD, ABPP, CGP, FAGPA, received the National Association for the Advancement of Psychoanalysis's 2005 Gradiva Award for *Addiction as an Attachment Disorder*, New York: Jason Aronson, 2004. The Award recognizes the best published, produced or publicity exhibited work that advances psychoanalysis.

Siddharth Shah, MD, MPH, did a public radio interview, which aired on "Global Medicine Review." After a 10-minute introduction regarding medical education and holistic medicine, he was asked to speak about how his work is related to his South Asian roots. In addition, some of his trauma recovery and burnout prevention work was profiled in an online magazine (www.niralmagazine.com/features/0503_tsunami_relief.html) for South Asians.

Affiliate Society News

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

The **Austin Group Psychotherapy Society** held a very successful meeting with Ronnie Levine, PhD, CGP, FAGPA, who presented on *Managing Love and Hate in the Group Setting*. Dr. Levine also provided a very helpful supervisory experience during the meeting. Everyone was extremely positive about her presentation and skill in leading the demonstration group.

Guest presenter Jeannie Little, MSW, CGP, spoke on *Harm Reduction in Substance Abuse Group Treatment* at the **Colorado Group Psychotherapy Society's** one-day conference. Attended by 25 local therapists and students, everyone enjoyed her presentation, the demonstration group, breakout groups and large group discussion.

Charles Vorkoper, MSSW, CGP, presented an informative program on *Internet/Video-Game Addictions and the Family System* for the **Dallas Group Psychotherapy Society (DGPS)**. Many of DGPS members have been volunteering to help the hurricane refugees.

Bert Weinblatt, PhD, CGP, FAGPA, and Eleanore Rothenberg, PhD, LCSW, CGP, implemented a method of hosting and mentoring newcomers at the **Eastern Group Psychotherapy Society's (EGPS)** Annual Conference. Based on the MAGPS Mentoring Concept, their Committee provided first time attendees a holding environment that added to their experience of the conference itself. Ronnie Levine has organized another program for the EGPS Professional Discussion Groups: a four-part, monthly series, beginning February 2006, with Suzanne Iasenza, PhD, on helping therapists become more effective in working with sexual issues in psychotherapy. Sherry Breslau, PhD, CGP, and Judith Schaer, CSW, MSW, CGP, are planning the annual EGPS Spring Event in April. The EGPS Newsletter, produced by Shoshana Ben-Noam, PsyD, CGP, is available on its website at www.egps.org. The site is maintained by Jim Williams, MSW. The **Long Island Discussion Group**, chaired by Chris Campagnola, MSW, presents monthly programs related to group therapy on topics ranging from legal issues to conflict avoidance in groups.

The **Houston Group Psychotherapy Society (HGPS)** offers free CEU presentations in conjunction with its regular board meetings, a system that has resulted in more people being involved with the organization. These programs have included Linda Chase, LCSW presenting *A Clinical Workshop on Eating Disorders*; Cele Keeper, MSW, FAGPA, *Betty Davis Was Right, Aging is Not for Sissies*; and Micki Grimland, LMSW, ACP, ACSW, *We Learn Our Boundaries Through Our Bruises: Therapeutic Mistakes and the Lessons We Learn from Them*. Mary Beth Holley, MSSW, will present *The Psychophysiology of Stress* in January. Kathleen Ulman, PhD, CGP, FAGPA, and local experts will present *Group Approaches to Treatment of Trauma: Preparedness for Community Disaster Outreach* at the HGPS Annual Institute, April 7–8. Melba Vasquez, PhD, President-Elect of the Texas Psychological Association, will conduct a pre-institute Ethics workshop on April 6. HGPS members, along with other members of the mental health community in Houston, con-

tinue to provide services to people affected by Hurricanes Katrina and Rita. Many individuals spent hours at the Astrodome and other shelters in the aftermath of the Hurricanes. HGPS is working on offering talks at local schools and partnering with local agencies to train and consult regarding groups. AGPA is providing HGPS with support, as well as sharing what was learned in New York after the 9/11 terrorist attacks, regarding dealing with catastrophic trauma.

Many firsts were accomplished at the **Louisiana Group Psychotherapy Society's (LGPS)** Fall Institute, *Compassion Fatigue: Helping the Helpers*, which was attended by a diverse group of participants. Eight generous volunteers worked together to provide a balance of didactic and experiential learning for the program. D. Thomas Stone, Jr. PhD, CGP, FAGPA, facilitated this team of presenters, including: Eleanor Komet, PhD, CGP, FAGPA; Jeff Kleinberg, PhD, CGP, FAGPA; Doris Muniz, MSW; Cheryl Kalter, MS; Robert Kalter, MD; Richard Beck, RCSW, BCD, CGP, FAGPA; and Theresa Poenisch, LCSW. The LGPS Board and volunteers put together the workshop in less than one month, after two other programs had to be canceled. This short time frame helped LGPS focus; silence was minimal; tension was reduced. Presenters were sheltered and fed in the homes of LGPS members. A casual pre-conference dinner in a welcoming home with presenters, volunteers and the Board helped to promote dialog and deeper connection, and helped build a conference community. All experiential groups were co-led, and very few declined to participate in these experiential groups. Advertising included an option for tuition. Anyone that wanted to attend was allowed to come for whatever they could pay or for no fee. LGPS had sponsors for breakfast, lunch and snacks, and everyone ate on location. AGPA and the Internet has been a warm place as staff, members, friends from each Affiliate have and continue to share their thoughts, prayers, money, time, and experience in response to those effected by Hurricane Katrina. Said one LGPS member, "Heart just continues to come to my mind."

The **Mid-Atlantic Group Psychotherapy Society (MAGPS)** and the Department of Counseling and Human Services in the School of Professional Studies in Business and Education at Johns Hopkins University are co-sponsors of the MAGPS Spring 2006 Conference, *When It's All About You: The Impact of the Group Therapist's Destructive Narcissism*. The Conference will feature Nina Brown, EdD as guest presenter. The Conference will be held at the Rockville Campus on April 29–30. Contact: Venus Masselam, PhD, CGP, Conference Chair, at 301-365-3948. A Pre-Conference Institute, *Principles of Group Psychotherapy*, will be offered on April 29. Contact Institute Co-Chairs: Nial Quinlan, MsEd, 757-873-4744, and Deborah Sinek, PhD, 434-249-0706.

The **Northeastern Society for Group Psychotherapy (NSGP)** had a busy fall. J. Scott Rutan, PhD, CGP, DFAGPA, presented *Everything You Ever Wanted To Know About Group Therapy But Were Afraid To Ask*. Joseph Shay, PhD, CGP, presented *Don't Miss Oscar-Winning Narcissists Appearing Now in a Group Near You* through video clips from Hollywood movies. Lise Motherwell, PhD, PsyD, CGP, presented *Exploring Individual and Group Creativity Through Lego Serious Play*. Kathy Ulman spearheaded a Disaster Response Task Force, which will provide training to clinicians and a referral network to disaster response agencies such as the Red Cross. In addition, NSGP is planning its 50th anniversary gala for 2006!

The **Northern California Group Psychotherapy (NCGPS)** hosted master therapist Erv Polster, PhD, at its annual Fall Event. Dr. Polster presented on *Groups in the 21st Century—The Group Therapist's Role in Working in Large, Lifelong Groups*. NCGPS's Annual Conference at Asilomar in beautiful Pacific Grove will be

held June 2–4. This is a residential conference offering up to 12 CEUs, many opportunities for networking and in a warm and relaxing environment. NCGPS's first offering of the Core Course was a great success; it trained 33 new potential CGPs. The NCGPS Training Committee will be offering some advanced training in the near future.

The **Oregon Group Psychotherapy Society (OGPS)** is growing, with 40 members, a new web site at www.orgroupptherapy.org. The OGPS is trying a new workshop format to attract graduate students and people new to group therapy. Entitled *Welcome To The Group: A Three Part Series, Building and Maintaining a Group Practice*, the three 1.5-hour lecture/discussion groups are designed to help practitioners build and maintain a group psychotherapy practice. The first workshop focused on *Building A Group Practice*. The second workshop, *Setting the Stage for Group* will be held on January 12. The session will cover: preparing clients for group; screening criteria; preparing individual clients for group; talking to other therapists about their preparing clients for group; and screening criteria. The third workshop, *Deciding On and Coordinating Treatment Options*, will be held on March 9, and will address the following questions: Do I place people into group and continue individual therapy or make group the solo therapy? What are the considerations in placing someone into a group while continuing to be seen in an individual therapy? What do I do if I am flooded with clients, such as in agency work? How do I consult with other therapists about group members' progress? What if I want to do more than one screening session with a client who's in individual therapy with another therapist? What's the best placement for a difficult client—individual or group?. The sessions are presented by more seasoned therapists, including: Ruth Friedel, PsyD, CGP, TEP; Amy Holbrook, LCSW; Henry Grass, M.D.; Nan Narboe, MSW, CGP; and Elliot Geller, LCSW, CGP.

The **Puget Sound Group Psychotherapy Network** has mapped exciting programs for the year ahead. In December Dennis Donovan, PysD, MAC, CGP, head of addictions research at the University of Washington, presented on applications to group psychotherapy. Judy Hess, PhD, CGP, of the Northern California Group Psychotherapy Society, will present at the Annual Conference in May on *Interpersonal Gestalt*. The Affiliate has enjoyed pioneering collaboration with AGPA in the Guest Scholar Partnering Program. This is a program between AGPA and the Affiliate Societies that offers prominent presenters to assist the Society.

The **San Diego Group Psychotherapy Society (SDGPS)** will begin 2006 with a seminar on women's issues. The program, *Women's Issues: Prevention and Treatment Through Group Psychotherapy*, will include presentations on eating disorders, dual diagnosis, spirituality, and stress management for professionals and patients. SDGPS also begins 2006 with a number of new initiatives designed to promote training and excellence in group psychotherapy. The Affiliate will be providing training in group psychotherapy to community agencies. It is also compiling a directory of group psychotherapy services available in the San Diego area.

The **Westchester Group Psychotherapy Society's** December program featured Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA, Past President of the Affiliate, who presented on *Utilizing Group Therapy to Create Conscious Relationships in Couples*. Networking and lunch were included in the program.

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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