

# The Group Circle

Winter 2007

The Newsletter of the American Group  
Psychotherapy Association and the National  
Registry of Certified Group Psychotherapists

## Working with Strengths: Life Coaching in Groups

Judith Silverstein, PhD, CGP

Life coaching is a relatively new profession. It is at the stage psychotherapy was in the 1970s. Anyone can call himself or herself a coach (no shingle needed). While the International Coach Federation currently provides certification, as well as ethical standards for the field ([www.coachfederation.org](http://www.coachfederation.org)), life coaching is in the early stages of regulation.

Coaching, like psychotherapy, involves verbal, supportive and challenging dialogue enabling people to create a more fulfilling, satisfying, and balanced life. Clients examine their values, motivations, obstacles (resistance), beliefs, purpose, goals, and feelings to discover and pursue choices and wishes. People often want to reduce habitual or automatic behavior patterns and develop new more positive habits (such as gratitude instead of worry). Similarities to therapy include:

- active listening by the coach;
- an ongoing long term relationship;
- clear boundaries;
- non-judgmental interaction; and
- a willingness to be challenged and to change.

Some differences between therapy and coaching are:

- therapy focuses on the present and the past; coaching focuses on the present and future;
- clients come to therapy in pain, needing healing; coaching clients are basically healthy and high functioning, needing greater balance or fulfillment;
- the therapist is the expert; in coaching, the client is the expert;
- therapy examines weakness, limitations, and emotional wounds, whereas coaching emphasizes building on strengths, empowering and encouragement;
- therapy focuses more on feelings and process; coaching focuses more on action, goals and wishes.

The coach assumes that the client is expert about himself or herself, his or her needs, values and internal barriers (beliefs, habits, or feelings in the way of action or in the way of enjoyment). The coach avoids advice but asks powerful questions enabling the client to find his or her own answers.

The coaching process often begins with a contract and packet of questionnaires about present life situations and future wishes, goals and desires. People rate their level of satisfaction in the major categories of life: work; intimacy; relationships (friends and family); physical environment (home and office); spiritual life (not necessarily religious); finances; personal growth; learning; fun; hobbies; social life; health; fitness; and self care. After rating current level of satisfaction, clients are asked to

visualize their ideal life in each area, examine barriers (including beliefs, habits, internal and external limitations) and ultimately determine realistic goals and action steps. “Energy drainers” and areas of “de-cluttering” including physical space, emotional space and relationships are often addressed early on in the coaching process. Many coaches help people with time and energy management. Some coaches have a more specific niche such as career or executive coaching, or fitness or wellness coaching. Most personal life coaching, however, addresses all aspects of life, aiming for balance as well as fulfillment.

### Positive Psychology

Life coaching has been influenced by the field of positive psychology. Researchers, poets, and philosophers have explored the question of what makes people happy for centuries. Seligman, 2006, and other founders of the positive psychology movement say that authentic happiness is not so much about pleasurable feelings as it is about fulfilling endeavors. It comes from meaningful and purposeful endeavors and relationships. Activities that challenge us, while using our strengths and virtues, engage us in intense focus (flow), and have clear and measurable goals and immediate feedback lead to greater happiness. Fulfilling tasks and relationships offer a sense of control, loss of sense of self or self-consciousness and seem timeless.

Happiness increases by building upon strengths rather than reducing weakness. Seligman’s formula for happiness is:  $H$  (happiness) =  $S$  (set point, or nature) +  $C$  (circumstances in life) +  $V$  (voluntary control factors). The  $V$  is what therapy or coaching can address; how we process what happens in our lives. The positive psychologists encourage developing forgiveness, gratitude, positive thinking and feeling, disputing limiting beliefs and developing and using ones strengths and virtues. In coaching groups, praise and encouragement are positive re-enforcers of change or growth. The leader and other members generously point out healthy behaviors or attributes, enhancing self-esteem. Motivation generally comes from support, not criticism.

The Gottman (1994) research on successful marriages suggests that relationships work when there is more affection, appreciation, admiration, validation and minimal criticism, contempt, stonewalling or defensiveness. Both therapy and coaching groups are particularly effective in improving communication skills and learning about healthy ways of handling conflicts and differences.

Personal life coaching, whether in groups or individu-

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## From the President

Elizabeth Knight, MSW, CGP, FAGPA

Trying to capture the breadth and scope of AGPA activities in a short quarterly column is a challenging and a somewhat daunting endeavor. Rather than a long list of the many and varied projects, programs, routine activities and, of course, the ubiquitous crises, and at the risk of not giving due air time plus thanks and appreciation to the hard work of those laboring in the trenches of everyday activities, I’d like to focus on what I believe are the two major thrusts of AGPA at this time—the Educational/Learning and Membership Goals of our Strategic Plan.

Last year, the AGPA Board of Directors came up with a series of recommendations with regard to our Educational/Learning Goals; some rather grandiose, and some quite doable, particularly those in the area of distance learning. With input from the Board of the National Registry of Certified Group Psychotherapists and the Affiliate Societies, we are cautiously and prudently investigating how we might position our educational products, beginning with our *Journal* and Annual Meeting audio recordings online so members can receive continuing education credits. We are also considering the potential of process groups in a distance learning format.

We are in the preliminary stages of this work. A significant challenge is the continuing education requirements for distance learning across the many professional disciplines represented in AGPA. Can we afford to do it? Is there a market for these products in our membership and beyond? If so, what a major cultural shift for our organization.

The Board of Directors’ small focus group discussions on our Membership Goal are proving to be rich and creative. We are also planning to initiate an online dialogue with you regarding your needs as members, plus your thinking on how to attract and retain new members. We want students and new professionals who reflect the

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**The Group Circle** is published four times a year by the American Group Psychotherapy Association, Inc. and the National Registry of Certified Group Psychotherapists

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# AGPA Hosts 9/11 Fifth Anniversary Commemorative Event

Robert Klein, PhD, ABPP, CGP, FAGPA

The American Group Psychotherapy Association (AGPA) hosted a commemorative event in recognition of the fifth anniversary of 9/11. The event, held in downtown Manhattan and supported with a gift from AGPA Member Randy Lehrer, MSW, CGP, was attended by 25 people representing foundations, social service agencies, school programs, hospitals, interfaith organizations, and New York City programs, along with AGPA members who have been actively involved in disaster relief and recovery work.

Prior to the event, invited participants were asked to respond briefly in writing to the following question: What are the most important lessons regarding public mental health we learned and should have learned from 9/11? A group discussion on these lessons learned and their implications for our future was then moderated by Jack Rosenthal, President of The New York Times Company Foundation.

A strong consensus emerged about

many of the most important lessons learned. These included:

- Preparedness and planning, based on communication and collaboration between public, private and social service agencies, are essential in coping with disaster;
- As a result of natural resiliency, the vast majority of people (more than 90%) exposed to disaster and trauma recover without developing pathological reactions, but those who falter are deeply affected;
- Nevertheless, it is critical to maintain a long-term perspective in anticipating and planning for service delivery since many responses to disaster may be sub-clinical, delayed, disguised and unanticipated, e.g., the extent of pulmonary problems only now are being documented;
- Help-seeking is often impeded by issues of geographical and cultural proximity and social stigma, which requires that we develop public education programs, as well as a variety of

timely, flexible, culturally sensitive, creative services. Careful assessments must be made to understand what is actually needed for those most vulnerable, e.g., children;

- It is crucial to help the helpers who are at risk for the development of secondary and vicarious traumatization;
- As healing, resilience and recovery take place in naturally occurring groups and communities, group interventions provided by well-trained leaders may be especially well-suited to providing opportunities for frightened, traumatized people to reconnect with and help others, learn to cope and reestablish trust.

The event concluded with attendees indicating their commitment to continue meeting periodically to continue the dialogue and develop better methods of collaboration. We are proud that AGPA continues to be a vital part of these efforts and activities to help and support those who are affected by traumatic events, in New York and elsewhere. ●

## President

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diverse population of those who are actually leading groups. We also want to retain our senior members as mentors and provide programs that satisfy their changing interests. Success may mandate another major cultural shift for us.

On a less serious note, I recently attended Southwestern Group

Psychotherapy Society's 50th Anniversary Conference, and what a splendid celebration it was! Like a mini AGPA Annual Meeting, the warmth, goodwill, and intellectual stimulation was contagious. Southwestern, Eastern and Northeastern are all Regional Affiliates of AGPA, and interestingly, all are celebrating 50 years of training and nurturing group psychotherapy. In addition, all have birthed local Affiliates.

In reflecting on the mutual dependency that exists between AGPA and our Affiliates, I am aware that the relationships have, at times, been fractious but presently we are charting new waters. Affiliate Societies are the backbone of our organization. As those of us who have known the agony and complete debility of dysfunctional backs can testify, we need to keep 'em strong and healthy for 50 more years. ●

## From the Editor

Jerome Gans, MD, CGP, DFAPA, FAGPA

I just returned from the Southwestern Group Psychotherapy Society's (SWGPS) 50th Anniversary Celebration in Houston, where I was the featured speaker. I had a great time seeing old friends from AGPA and making new connections from the five states that SWGPS encompasses. As I think about my impressions, images and memories from the event, one stands out in my mind: the smiles on the faces of the people receiving recognition.

Elizabeth Knight, LCSW, CGP, FAGPA, our current AGPA President, commented in her welcoming remarks on the vital importance of and need for new blood in the SWGPS. She asked the first-time attendees to stand. I can still see their beaming faces. Lest anyone get the impression that only those new to our field appreciate recognition, Alaire Lowry, PhD, ABPP, CGP, Chair of the

SWGPS Training and Development Committee, dispelled that notion. She pointed out that although attendees obviously knew their group leader, they did not necessarily know the 12 leaders of the seven other training groups being held. She asked all of these leaders to come forward and receive recognition. These folks were not rookies: Suzy-Gadol Anderson, BS, LCSW; Patricia Barth, PhD, CGP, FAGPA; Robin Binnig, PhD, CGP; Melissa Black, PhD, CGP; Josephine Cunningham Tervalon, LCSW, CGP, FAGPA; Dale Godby, PhD, ABPP, CGP; Marti Kranzberg, PhD, ABPP, CGP, FAGPA; Susan Lange, PhD, Janice Morris, PhD, CGP; Rae Perls, PhD, FAGPA; Stephen Perls, DEd, FAGPA; Shari Porter Jung, LCSW-ACP, CGP; and Sidnor Sikes, PhD, ACP, CGP. I'm tempted to add up their years of clinical experience—an alarming number of therapist years, indeed! Who would guess that mere applause would gratify these accomplished veterans as they were introduced? If my perceptions were correct, they beamed more than the rookies. I felt similarly about the applause after my own presentations.

Why, you might be wondering, did I decide to focus on the phenomenon of recognition? AGPA is entrusted with something invaluable—the feelings of our members. Many members of the organization work very hard on its behalf and I can't help but wonder if we sufficiently recognize all of you. Even though we are improving as a field, mental health disciplines have focused more on what is wrong with our patients and ourselves than we have focused on celebrating successes—our patients and, especially, our own. If there are ways you can think of to recognize members who we might be overlooking, members who deserve our recognition and thanks, I hope you will e-mail me at jsgans@comcast.net.

Several articles in this issue of *The Group Circle* will whet your appetite for the dynamite Annual Meeting that awaits us all in Austin, Texas. Kudos to Esther Stone, MSW, CGP, FAGPA, and Mary Dluhy, MSW, CGP, FAGPA, Annual Meeting Co-Chairs, and their committee members for putting together such a stimulating meeting. The entertainment looks great as well. ●

# Who's Crazy Here? The Slippery Slope in the Therapeutic Moment

An Interview with Anne Alonso, PhD, CGP, DFAGPA Robert Schulte, MSW, CGP

The article below gives a preview of the March 5 Special Institute to be presented by Anne Alonso, PhD, CGP, DFAGPA, at AGPA's Annual Institute and Conference in Austin, Texas. Dr. Alonso is a Clinical Professor in the Department of Psychiatry, Harvard Medical School and Director of the Center for Psychoanalytic Studies at Massachusetts General Hospital in Boston, Massachusetts. She is a past president of the American Group Psychotherapy Association and past chair of the Group Psychotherapy Foundation. To register online, visit [www.agpa.org](http://www.agpa.org).

## Your title is enticing and playful—and a bit mysterious. Clue us in?

I purposely tried to locate in the title some of the confusion that exists in the heat of the clinical hour, especially in the mind of the leader. It's fine for our patients to be confused; often, that's why they come to us. But the confusion in the leader can leave the bus lost without a driver, unless he or she learns to read the signposts. When I begin to wonder "who's crazy here?" I find this is a fine yellow light worth noticing.

The focus of the Institute will be on the internal state of the clinician. On the one hand, the leader needs to join in the affective pool in order to be empathic and lead the group into deep waters. On the other hand, the clinician needs to be able to observe, maintain some neutrality and remain "in-role." Impediments to that clinical ideal are the subject of our Institute, and of course, ways to resolve them.

## What format and techniques will you use to help participants examine these issues in a spirit of openness, self-exploration, and constructive feedback?

I'll be offering a mix of commentary, film clips from major motion pictures that depict therapist dilemmas, a demonstration group that I will lead, and Q-and-A opportunities throughout.

One of the reasons I'm using film clips is to make the situations safely familiar and near to the imagination of the members of the Institute. The film industry has skillfully depicted examples of the confusion of roles and affects in the therapeutic encounter, and it does so in a popular language devoid of too much jargon. By leading a group myself, I hope to expose my own struggles to stay both in and out of the affective maelstrom, thereby allowing the par-

ticipants to use me to expand their awareness and to relieve shame by watching me stumble along, with hopefully some non-lethal effects.

## Can we have a sneak preview of some of the film clips you'll use?

Let's just say I will rely on humor quite a lot, though not exclusively.

## Would you share an example from your own practice when countertransference got the better of you and your group and how you addressed the situation?

One of the more vexing problems I had with one of my groups was the pull to fall asleep. Fortunately I never did, but the depression in the members was profound and I was containing the deadness they experienced but denied. When I finally asked how it was that I could be bored and sleepy even though they were talking about something as important as their lives, we broke through the collusion. Of course, their fury at me for making them feel insulted had to be managed with a lot of care and persistence—but the group did come alive!

In a less successful group of largely help-rejecting complainers, I was simply not able to notice my irrational hatred for the members until they left, one by one. At that point, I regained my observing ego, with considerable help from my supervisory group of colleagues. Alas, it was really too late for that group of members.

## How has your grasp of this issue evolved over the course of your career as a therapist?

It's been a long career, so your question is difficult

to answer in brief. I think at the beginning my narcissism was in the way so I never dreamed I could be so "crazy," as in our title. Age, experience, and a few battle scars tempered that perfectionist illusion.

## Can the group help its therapist reclaim some of the projections that might be generating acting-out group behavior?

It's not really the group's job to educate the leader. That does not mean groups don't do that; they do, but it's an undue burden. The leader's job is to know the self and use his or her resources outside the group for help. You never outgrow the need for supervision and consultation.

## As we begin to prepare for the Institute experience you have planned for us, what should we keep in mind?

A few minutes of careful introspection into the clinical experiences that are most troublesome will help.

You've contributed so much to the field of group psychotherapy as a clinician, master teacher, author, leader, and visionary. Besides the Institute, what projects have you been working on?

I feel so grateful for the career I've had and continued to enjoy. Most recently I had the opportunity to introduce group psychotherapy to China at the invitation of the Shanghai Mental Health Institute [see "Group Therapy Initiative in China," *The Group Circle*, Fall 2006]. I was thrilled, humbled, and very, very excited at the potential for groups for healing people and nations. I appreciate the invitation to lead the Special Institute and I look forward to meeting old and new soul mates at AGPA, as always. ●

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## Finding Yourself in the Group: The David Hawkins Story Marti Kranzberg, PhD, CGP, FAGPA

At AGPA's 2007 Annual Meeting in Austin, Texas, David Hawkins, MD, CGP, DFAGPA, will deliver the Opening Institute Plenary Address, *Finding Yourself in the Group*. In a recent interview, he explored his choice of this topic and its significance for him. "We are utterly dependent on other people to get to know who we are," he said. As he talked about his interest in group therapy, he began to identify some of the touchstones in his life and career. Not surprisingly, many involved groups in which he discovered something significant about himself, sometimes in unexpected ways. Here, Dr. Hawkins talks about his Plenary Address and some of the groups in which he found himself.

### The Johari Window

Dr. Hawkins talks about group as a "hall of mir-

rors," in which we find ourselves reflected in ways and angles that we cannot see on our own. "In groups, we get stirred, from outside and inside, and this is how we get to know ourselves." Interactions among group members and the leader comprise the outside influences. The emotional contagion and catalytic associations that ensue often result in group members also getting stirred from the inside. The Johari Window, a tool devised by Joseph Luft and Harry Ingram in 1955, has had a significant impact on how he views group dynamics.

There are four quadrants in the Johari Window. The first quadrant represents information that is known by you and others. This is shared public information. The next represents information that is known to you but not to others. This private area can be communicated by self-disclosure. A third

quadrant represents information that other people have but you do not know about yourself. Information about these blind spots may be communicated by feedback from others. The last quadrant is the one that Dr. Hawkins finds the most fascinating—information that neither you nor others know about you.

In an experiential group, this body of information gets perturbed and begins to leak out into one's own or others' awareness. Dr. Hawkins says the exploration of this previously unknown information is "exciting and magical." In the experiential process of group, members learn about themselves and one another.

### Intrigued By The Power of Group

When asked about what drew him to group psycho-

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therapy, Dr. Hawkins speaks about participation in an experiential group that was part of his first year psychiatry residency. “It was pretty fascinating, and it was scary. I was very anxious. But I saw all kinds of interesting things going on, amazingly irrational things going on, like a resident who would not participate because the group was led by a psychologist.” In that experience, “things were stirred up in me that I got curious about.” He has been intrigued by the power of group ever since.

### A Significant Therapy Moment

His residency was interrupted by a two-year stint in the Air Force, where Dr. Hawkins worked as a psychiatrist after only one year of residency. At age 26, he did evaluations to determine whether service men should be discharged or remain in the Air Force and whether they should be discharged honorably or dishonorably. When he returned to residency, he took a group course with a long-time AGPA member and found it “absolutely fascinating.” He clearly remembers one of those therapy moments when something life-changing occurred, a moment that remains vivid and present over time.

He recounts a session in which he made a sarcastic comment to another group member. After “she chewed me up and spit me out, she started working on someone else and I said, ‘Well, now it’s your turn to handle her.’ The group got all over my case about what a ‘terrible, nasty and unfeeling person’ I was, but the leader asked me if what I said was true. That wonderfully brief intervention was critical,” he says. In that moment Dr. Hawkins continued to feel shamed by the group’s response, but he also understood that he wasn’t wrong. “It helped me to continue to take care of myself, to steady me,

and it also ‘righted the sailboat’ in the group.”

The simple question from the leader allowed him and other group members to draw conclusions without being spoon-fed or overly controlled. He also understood that groups can be dangerous and that they need to have skillful leadership to manage potentially destructive forces.

### Shifting From Pathology to Relationships

Also during this time, he arranged to work with faculty who were group therapists. One was Freudian and the other a therapeutic descendent of Harry Stack Sullivan, who he found particularly interesting. One day, Dr. Hawkins was asked by a faculty member if he knew how to differentiate those in the department who had Freudian analyses and those who had Sullivanian analyses. Always the eager student, he asked for more details. The reply was: “Those who had Freudian analyses got divorced.”

“It really got my attention,” he recalls. The comment highlighted the Sullivanian emphasis on relationships. It was a turning point for him in shifting out of a pathology model into a more growth-oriented focus that honored relationships and the need for human connection. It was another of those significant therapy moments.

### The Group That Is AGPA

It was around that time that he first went to an AGPA Annual Meeting at the urging of faculty. In AGPA, he learned about leading groups and became part of a group of peers. That was 1973, and he has been going ever since, missing only one Annual Meeting in more than 30 years.

He ran for AGPA President twice. The first time, he lost becoming part of the group of those who did not win an election. He was asked to rerun

in the following term, but had doubts about going through the process again. In a peer consultation group, he explored feelings about running again and possibly losing. As members of the group listened, one made a comment about his own life. He was an athlete, he said, and playing sports means that you lose a lot. That comment was a catalyst for shifting Dr. Hawkins’ perspective about losing and about running for office. He chose to run again, this time joining those who won.

Dr. Hawkins talked about other influences that informed his therapeutic work. He wandered around studying transactional analysis, Gestalt therapy, and bioenergetics, among others. What proved to fit best for him was the kind of psychodynamic process group that he experienced in AGPA. “That is where I settled,” he says. “It has something to do with coming out from behind the white coat. I learned that the truth is very hard to get hold of, it is very complex. There is something that I am impressed with about the truth that a group can find in all its three-dimensionality.”

### Opportunities in Group

In returning to the theme of his Plenary Address, Dr. Hawkins acknowledges that “things also get stirred in the therapist.” We have a different job than group members, but we also participate in the space and are “affected by the emotional currents that are sloshing around in the room.” We cannot help but be reminded of things about ourselves. As with group members, information begins to move around within the therapist’s “own personal system.” How we react, whether or not we use this information judiciously and in the service of the group, can determine if these responses are an asset or a liability. But like our clients, they are always opportunities to find ourselves in group. ●

# Affiliate Society News

Visit AGPA’s website at [www.agpa.org/mtgs/affiliatemtgs.html](http://www.agpa.org/mtgs/affiliatemtgs.html) for updated Affiliate Society meeting information.

The Austin Group Psychotherapy Society (AGPS) enjoyed its Fall Conference with Martin Livingston, PhD, CGP, FAGPA. Dr. Livingston’s skillful demonstration of Vulnerable Moments: A Self-Psychological/Intersubjective approach to Group Psychotherapy, along with the enthusiastic and courageous participation of fishbowl group members, were much appreciated by attendees. AGPS is buzzing with energy and anticipation in its role as the Local Host Society for AGPA’s Annual Meeting to be held in Austin March 5-10. AGPS looks forward to welcoming participants and assisting in events such as Dutch treat dinners at a wide variety of local restaurants. Stop by AGPS’s hospitality table to learn about these events and to get an idea of the diversity of places to visit and restaurants to eat at during the AGPA Annual Meeting.

In the fall, the Dallas Group Psychotherapy Society (DGPS) continued its training program in group psychotherapy, when Julien Devereux, BA, MSSW, presented a program on *Group ‘Psycho’ Therapy in the Movies: How Cultural Projections Impact Ethical Group Practice*. The presentation addressed the impact movies have on clients by portraying psychotherapists as acting outside of their ethical standards. Clients see these

images and this often shapes and distorts their expectations of the therapy experience.

*GROUP*, the quarterly journal of the Eastern Group Psychotherapy Society (EGPS), has emerged stronger than ever from difficulties related to its previous publisher. As the only journal of an AGPA Affiliate Society, *GROUP* has offered clinical and practice-oriented articles addressed to issues and theories relevant to group psychotherapy for almost 30 years. EGPS wants to continue this place of professional dialogue within the field of group therapy. In order to do this, Chera Finnis, PsyD, CGP, and Michelle Collins-Greene, PhD, have spearheaded a campaign to increase both non-member and institutional subscriptions, including contacting other Affiliate Societies and AGPA. The EGPS Board, *GROUP*’s Editorial Board, and many EGPS members have committed themselves to making *GROUP* viable again by pulling together, brainstorming, and tapping hidden creative juices. Those who wish to subscribe and see the fruits of this effort can contact EGPS at [egps@optonline.net](mailto:egps@optonline.net). Budding authors, seasoned clinicians, and serious theorists are encouraged to submit articles for publication by sending them to the Editor, Martin Livingston, PhD, CGP, FAGPA, at [mlivingston@nyc.rr.com](mailto:mlivingston@nyc.rr.com). Judith Schaer, LCSW, MSW, CGP, and Lynn Pearl, PhD, CGP, organized the Annual EGPS Spring Event for April 28; Jerome Gans, MD, CGP, FAGPA, is the main presenter. This event in New York City also provides good networking and discussion over refreshments following the structured part of the evening.

Having its routine interrupted by hurricanes is one of the motivators of a new two-day fall conference sponsored by the Louisiana Group Psychotherapy Society (LGPS). LGPS had a goal to get the members together for a conference similar to those it has every spring. It also wanted to continue to

have its conferences in New Orleans. As LGPS worked toward these goals, it had a difficult time finding a hotel within its price range. As it put the words to the feelings it discovered when it worked to keep things familiar it was not listening to the information in reality. LGPS’s board worked together to manage its frustration. It experienced many emotions, undid its denial, and discovered other possibilities for its conference. LGPS then used the information it had gathered to decide on each next step. Things began to fall into place. Members began to accomplish their task. Its meetings were shorter and more efficient. Planning this conference helped develop the board and continue its healing. The conference setting was the beautiful Mt. Hope Plantation. Noticing the magnificent oak trees, listening to the birds chirping and feeling the crisp cool air helped attendees to center in right now. The program included work in a group-as-a-whole. Anne Teachworth, MA, CGT, DAPA, facilitated the smaller-than-normal-crowd by normalizing their role when they take more responsibility than is useful—in families, groups and other contexts where connections are made. She warned attendees up with some opportunities to connect physically. They then looked inside themselves to increase awareness of how their being responsible often gets in the way of goals to help others discover their answers and abilities. Attendees then participated in an exercise in psychogenics that opened them up to see how they recreate the relationships they had as children. Ronnie Levine, PhD, CGP, FAGPA, used didactic and experiential group to help participants recognize the ways they use their love and hate in groups. During each experiential section of her presentation, the whole group instead of a fishbowl experience was utilized. Dr. Levine creatively and respectively used her style (influenced by modern analytic) to normalize and explore feelings. All members brought their voice in at least once during each of the groups. The groups

## Agazarian and Bernard To Receive Distinguished Fellowship at Annual Meeting in Austin

The AGPA Board of Directors has bestowed Distinguished Fellowship upon Yvonne Agazarian, EdD, CGP, DFAGPA, and Harold Bernard, PhD, ABPP, CGP, DFAGPA.

### Yvonne Agazarian, EdD, CGP, DFAGPA

Dr. Agazarian, a Clinical Professor in the Adelphi University Postdoctoral Program in Group Psychotherapy, is also in private practice for group and individual therapy in Philadelphia. A frequent presenter at the AGPA Annual Meeting, she used ideas derived from general systems theory in developing a systems-centered theory for group psychotherapy. Dr. Agazarian is the founder of the Systems-Centered Training and Research Institute and facilitator of Systems-Centered Centers in Atlanta, Austin, Boston, New York, Philadelphia, and San Francisco, as well as York, London, and Stockholm.

She has authored or co-authored seven books, numerous book chapters, and countless journal articles. One of those who nominated her for the Distinguished Fellowship honor stated: "The national and international training programs she currently offers are very clinically focused, and she is supporting and conducting research into the clinical effectiveness of her theoretical approach for a number of diagnostic entities." Other supporters of Dr. Agazarian's receiving this honor referred to her as "a brilliant and indefatigable theorist," and "an outstanding teacher and inventive theorist who has built a school of group psychotherapy which is likely to endure for years to come."

In 1997, she received the Group Psychologist of the Year Award from Division 49 of the American Psychological Association for her involvement in research, publications, teaching and training. She was cited for exemplifying "the finest in scholarship in the discipline of psychology." It was noted that as a group psychologist, she has contributed to expanding the knowledge of the boundaries between clinical and social psychology with the investigation of living human systems and systems-centered group and individual therapy. "Her considerable body of work illustrates the highest blend of creativity and learning."



### Harold Bernard, PhD, ABPP, CGP, DFAGPA

The letters of recommendation and Dr. Bernard's vitae make clear his outstanding contribution to the field of group psychotherapy and to AGPA. As President of AGPA (2002-2004), Dr. Bernard, as Anne Alonso, PhD, CGP, DFAGPA, put it, "brought us into the 21st century with an energy and vision unparalleled in our organization." Taking office just after 9/11, he began AGPA's transition from a professional guild to a complex direct service organization which provided groups to hundreds, if not thousands, of persons directly affected by the tragedy. With Marsha Block, CAE, CFRE, CEO, he developed relationships with private foundations, as well as local and national government leaders, to support and build AGPA's new mission of extending the healing power of groups beyond the consulting room. Prior to his presidency, Dr. Bernard served in many organizations focusing on group therapy, including as President of EGPS.

Dr. Bernard's resume boasts approximately 50 articles, several book chapters, and three book editorships on the topic of group therapy. He served as Editor of *The Group Circle* from 1995-2000 and was Book Review Editor of the *International Journal of Group Psychotherapy* from 1989-1996. His tireless teaching and supervision of group therapists includes 20 years as Chief of the Group Psychotherapy Program at NYU/Bellevue Medical Center, in addition to countless courses and presentations at EGPS, AGPA and many clinical societies. He is a Fellow of Division 49 (Group Psychology and Group Psychotherapy) of the American Psychological Association. Letters in support of Dr. Bernard's receiving Distinguished Fellowship cited his "charm," "warmth," "humor," and "superb ability as a speaker are treasured by our organization." ●



## New AGPA Fellow Announced

AGPA Fellowship has been bestowed on Nina Brown, EdD, LPC, NCC, FAGPA. A member of AGPA since 1992, she has had a distinguished career as a teacher and a clinician. Dr. Brown's leadership contributions in AGPA include service on the AGPA Board of Directors, as well as on the Membership and the Institute Committees. She has also played a major role in the Mid-Atlantic Group Psychotherapy Society (MAGPS) since 1989.

Her service to MAGPS included Board member, Treasurer, Vice-President, and President, and Chair of four consecutive conferences. She also represented MAGPS on the AGPA Affiliate Societies Assembly. She has been on the AGPA Annual Meeting faculty since 1993 and was invited to be in the AGPA Instructor Designate Institute section in 1993. Since then, she has led process groups and presented workshops at AGPA Annual Meetings.

Dr. Brown has distinguished herself in the areas of teaching and training, in which she has demonstrated excellence. One of the reference letters in support of her Fellowship referred to her as a "scholar, author, master teacher, and champion of group psychotherapy education." Another describes her as "a first-class teacher and trainer" and as "highly regarded in the academic community."

A tenured professor and eminent scholar of counseling at Old Dominion University in Norfolk, Virginia, Dr. Brown's publications include numerous books, several book chapters, and countless articles and technical reports. She has also presented scores of research papers at professional meetings. She was a 2003 nominee for the University's faculty SHEV Award, and the 1997 recipient of the Tonelson Award, the University's highest award for faculty. Although this award is normally awarded for only one category, Nina was honored for research, teaching, and service. ●

discussed what they saw in the experiential piece as it related to effective and ineffective behaviors possibly coming from love and hate. Three leaderless group-as-a-whole experiences were dispersed throughout the two days. The group developed in each of the different context and the transition between each was smooth. Grief, anger, and love was expressed and explored throughout the weekend. Folks continue to bring in the facts and feelings related to their traumas since the hurricanes.

The Michigan Group Psychotherapy Society (MGPS) announces *Radix in Group Psychotherapy* as the topic for its May 19-20 Spring Institute. John Weiks, EdD and Nancy Jonker, PhD, both licensed psychologists and Certified Radix Practitioners, will present on *Radix*, a holistic approach to healing. *Radix* applies the principles of mind-body unity using an integrated approach that includes working with the body (somatic), feelings (affective), and thought (cognitive) to effect psychological and behavioral change and profound personal growth. MGPS held a January Scientific Meeting on *Spirituality and Group Psychotherapy*, presented by David Baker, MSW, and Sheila McCormack, PhD. After participants were guided through a small group experience to reflect on the place of spirituality in their own lives, the discussion focused on the role of spirituality in their clinical work. The presenters addressed healthy and unhealthy spirituality and the role of spirituality in the therapeutic process. In November, Dana Tautfest, PhD and Helene Lockman, LMSW, presented a Scientific Meeting on *The Group Therapist's Use of Authority*. Participants increased awareness of their own reactions to authority, evaluated their use of authority in the clinical setting, and explored the clinical ramifications of the therapist's use of authority with patients. Contact MGPS at 248-353-0050.

The Mid-Atlantic Group Psychotherapy Society (MAGPS) Spring Conference—*Within and Between: Working with Multiple Minority Identities in Group Psychotherapy and Supervision*—will be held April 28-29 at Johns Hopkins University, Rockville, MD, Campus. The guest presenter is Reginald Nettles, PhD, CGP. Call Chair Venus Masselam, PhD, CGP, for more information at 301-365-3948.

The Northeastern Society for Group Psychotherapy (NSGP) celebrated its 50th anniversary with a lively dinner dance in early November. The Breakfast Club series concludes this spring on April 2 with a presentation on *Therapeutic and Life Transitions: The Group Therapist as Container*, given by Steven Krugman, PhD, CGP, and Marsha Vannicelli, PhD, CGP, FAGPA. This is an informal gathering in which members host a potluck brunch on a Sunday morning, and attendees can network and enjoy an interesting presentation that also earns continuing education units. This year, the Training Program is offering a one-year option instead of two years. The approach has met with success, as there are eight students in the program. NSGP's Annual Spring Conference, *Life Forces: Hope, Passion and Spirituality in Our Groups*, will be held June 15-17 at Wellesley College in Wellesley, MA. Contact: 617-484-4994 or check the website at [www.nsgp.com](http://www.nsgp.com) for more information.

The Puget Sound Group Psychotherapy Network (PSGPN) entered a new era in its development when the Board gathered in November for a visioning retreat. PSGPN centered its vision on the enlistment of a new, younger generation of group therapists to assume leadership for the future of the Affiliate. Eight new members joined the PSGPN, following their participation in September of the two-day CGP Course, held under the leadership of Robert Berley, PhD. In

December, Dr. Berley led the Quarterly Meeting on the theme *Membership or Merger, Individuation or Repudiation*. PGSPN moved its Annual Conference from May to February 10, when Molyn Leszcz, MD, FRCPC, CGP, highly accomplished therapist, teacher, consultant, Head of Group Psychotherapy at the University of Toronto, and well-recognized AGPA presenter, will lead *Therapist Transparency and the Integration of Interpersonal and Existential Approaches to Group Psychotherapy*.

The San Diego Group Psychotherapy Society (SDGPS) presented its Fifth Annual Fall Educational Seminar in November. In cooperation with the Community Outreach Task Force of AGPA, SDGPS was able to offer scholarships to trainees and supervisors working in community agencies. The presentation, *Group Interventions for Disaster Preparedness and Response*, drew more than 60 participants. Richard Beck, LCSW, BCD, CGP, FAGPA, Co-Chair of AGPA's Community Outreach Task Force, gave a presentation and facilitated both a demonstration group and small group experiences. The seminar, which covered material from two of the trauma protocols written by AGPA, received outstanding evaluations by the audience. Sharp Mesa Vista Hospital provided CEUs for this presentation and provides ongoing support of San Diego's efforts to bring quality group psychotherapy training to the community. Visit [www.sdgps.org](http://www.sdgps.org) for more information.

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](mailto:RBECKNY1@aol.com).

## Coaching

*continued from page 1*

ally, often begins with helping people identify their values, visions, dreams, and purpose in life. Focus on finding meaning enables people to reassess priorities of time, energy, money, and resources. Once priorities are established the team (coach and client) establish desired goals and action steps. When barriers (resistance) surface, examination of old feelings, limiting beliefs, past assumptions, fears, etc. precedes further pursuit of goals. Sometimes smaller steps are required to assure success. Sometimes choices are re-examined. The coach holds the client accountable.

In many ways, coaching looks like solution-focused behavior therapy. Often, however, the coaching relationship is long-term, with one problem or goal pursued after another. Like therapy, a major factor affecting change is the relationship between coach and client (or group). The coach asks questions enabling clients to find their true wishes and choices in life. A basic assumption in coaching is that clients really have the answers, but may not know which questions to ask themselves or how to access their inner desires. When people are treated as if they are not only trustworthy but experts, they usually behave so. Another assumption in coaching is that the person is responsible for his or her life, satisfaction in life, and growth and development. The coach asks questions to encourage action steps and acknowledges the strengths used to make positive changes, with frequent use of praise and encouragement.

### Group Coaching

Life coaching, like psychotherapy, usually involves two individuals but can be applied to couples, families or groups. There are three ways of coaching in groups. The first resembles Gestalt therapy in that each individual works one to one with the coach in the context of other group members with minimal interaction between members. This can be done on the phone or in person, time-limited or ongoing. The group is psycho-educational, but depth work can occur if the time is sufficient. The leader offers structure, introducing topics such as the life balance wheel, focusing on areas to de-clutter, facing fears and limiting beliefs, establishing goals. Individuals within the group commit to take some action step between meetings.

The second method of group coaching involves coaching one person at a time by the whole group or by taking turns coaching in pairs, having learned some basic principles of coaching. For example, in a coach training group the members practice coaching with each other in the context of the group, getting input and feedback from the whole group. This is similar to the type of group coaching mentioned above but less leader focused. The leader offers structure and gate-keeping as in a therapy group. I personally have been in a coaching group along with nine of my classmates (from my coach training program). We meet for an hour each week on a conference call and take turns coaching each other with rotating leadership (all of us are also licensed therapists). We hired a master coach for six months who coached individuals one to one in the group context.

Most of us have never met each other in person but feel very connected and quite intimate. These kinds of group coaching do not address dynamics between members, do not have much conflict and are limited in depth of group process and intimacy.

The third form of coaching in groups involves working with strengths in a psychotherapy group with high functioning individuals. Without using any particular structure or exercises, the leader pays particular attention to values, wishes, strengths and accomplishments. She or he praises positive steps taken by the members. The leader asks questions guiding members to consider their needs and wants and how to get those met. The leader also reminds or asks members about what has worked in the past, how has the person successfully used his strengths before. She or he uses powerful and provocative coaching-type questions to re-enforce change and promote risks and action steps, and genuinely believes in members' strengths emotional resilience and capability.

### A Coaching Psychotherapy Group Example

Joe is a current member of one of my high functioning psychotherapy groups. He is a 58-year-old, divorced, former hippie who joined the group feeling depressed and unfulfilled. He had been working as a technical writer having recently lost his job to downsizing. During his group work, Joe realized that his life long dream and passion is writing his own material.

Rather than focusing on his own historical material and how that blocked the pursuit of his heart's desire, I asked Joe what he really wanted and what steps would be needed in order to achieve his goal. With the help of the group Joe came up with an action plan. The fact that Joe decided himself about the steps and deadlines enabled him to stay motivated. His first goal was to outline chapters for the book. When the group asked how the writing was going, I would openly delight in the progress, commenting "that's terrific: it must feel good to be doing what you really want to do." (I have been far less reserved in my expression of praise and approval of all growth or progress in group since becoming a coach.) I also pressured Joe to choose each next step, challenging his reluctance. Joe has now completed the first draft of his first book. He has also flourished in his artistic hobby and is no longer depressed. He is earning a living by teaching his art while writing for himself. Joe has used the group well, and I believe that shifting the therapeutic focus from past resistance (Joe had a critical mother and extremely successful father) enabled him to move forward more rapidly. He also had examined the roots of his avoidance and procrastination in individual therapy for several years. Setting goals, and getting encouragement and approval from the group and from the leader (and holding himself accountable) enabled Joe to progress quite rapidly. My praise and encouragement also modeled a more positive ways of interacting for other group members.

### Conclusion

I believe the relationship between therapist and client and among group members provides the most important element of therapeutic progress, heal-

ing and learning. Positive regard, unconditional support, challenge, holding, and willingness to maintain boundaries and accountability offer the opportunity for corrective emotional and cognitive learning experience. The method almost doesn't matter. The same is true in coaching—either group or individual. The relationship is the major factor in improvement. In coaching groups, accountability to the group, while using behavioral action steps, propels the progress. The client determines the behavioral commitment and the group provides interest, encouragement and follow-up. People are more likely to follow through with assignments they have chosen for themselves.

In the coaching model, only client strengths are emphasized. Limitations may be acknowledged by the client, but minimized by the coach. Feelings are acknowledged but not elaborated. Fears are to be recognized but not analyzed. If there are gaps in learning necessary for the client to attain his or her goals, ways of filling those gaps need to be identified.

In my own coach training group when we practiced on each other there was never a critical word spoken. After a practice session the teacher asked the trainee what she did well, what she or he could have done better but did not say any negative statements at all. The group was asked to state only what the other trainee did well. Criticism is completely unnecessary. Helpful questions, such as "what would be more effective? what was successful in the past? or what would someone you admire or respect do in this situation?" provide better learning than negative feedback. Perhaps this seems obvious, but many therapists rationalize or even encourage venting anger and promoting conflict as part of the learning process. In groups conflict is inevitable. It needn't be pushed.

Our work as group therapists and life coaches offers our clients the acceptance and encouragement to become thrivers (Pearsall, 2003), not just survivors. Of course the courage to seek help and join a group is a major first step. Being with others who find meaning and fulfillment in life is also a major part of growth and thriving. Accepting people, seeing the positive in them, offering optimism, enable people to thrive, not just survive. Alfred Adler, an under-recognized contributor to the field of positive psychology, said that encouragement provides the major impetus for change. Life coaching has embraced that principle. ●

*This article is based on the author's workshop "Life Coaching in Groups: Working with Strengths" presented at AGPA's 2004 Annual Meeting.*

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**Dear Consultant:**

**S**ix months ago, I added “Joan” to my ongoing mixed gender group. Her psychiatrist referred her to me; I do not work with her individually. As the story of her life unfolds (a history of physical and sexual abuse), she has stirred up strong feelings in the group, with some members expressing warmth and compassion, and others hating her. When she gets into a conflict with a group member, she insists that the group hates her, and she is leaving the group. My own feelings toward her echo the members of the group, as it seems she is intent on committing suicide in the group, either by leaving or getting the group to kill her off. I am beginning to think I made a mistake by putting her into group, as it seems the setting is too stimulating for her, and her issues seem to overshadow the ongoing work of the group. Sometimes it feels as if the group (and I) are doing crisis management rather than building relationships. Can you advise?

Signed,  
Concerned

**Dear Concerned:**

**I** believe Joan has been in all of our groups, at one time or another. I know she’s been in mine. Joan stirs up such strong feelings in both therapists and in our groups that over the years we have awarded her a whole slew of diagnostic monikers. Indeed, the ongoing pain she carries through life, in and out of her often short-lived and always tumultuous relationships, is one of the reasons she came to us in the first place. How we respond to a challenging clinical situation is, of course, rooted in how we work generally as therapists, in our theoretical orientations and clinical styles. While I am not comfortable prescribing how you should respond to Joan, I am happy to share how I probably would.

First, I would work at strengthening the attachment between Joan and myself. That’s my primary leverage with her and I want it to be as durable as possible. I’d initiate some individual meetings with her (in consultation with her psychiatrist) to discuss her experience in the group and to reinforce our connection. I’d tell her that I can see how hard she works in group, but also how terrifying and overwhelming it seems for her at times. I’d say that I want to work with her to help her feel safer in the group. I’d suggest specific things that might help achieve this during group meetings, such as: having her sit in the chair next to me; having her ask me for help when she is feeling overwhelmed; and telling her I will step in to redirect or help her contain emotions if I see her becoming overly stimulated or retraumatized by an interaction.

Second, since everyone in the room already knows that the depth of Joan’s woundedness is skewing the group, I would nudge members toward an open discussion of that. To not acknowledge what is blatantly happening in the family would be a reenactment all too familiar for many group members. Joan’s needs are tremendous, and her behavior is at times taxing. But others have needs as well. How can the group make room for everyone? This is a hard conversation to have, and it is possible that it will precipitate Joan’s departure. If she (and others) can stick it out, the group will emerge with a renewed commitment to the open expression and negotiation of needs.

Third, if Joan remains, I would use the gift of her presence to invite the group into a deeper exploration of primitive affect. Sometimes she becomes terrified and overwhelmed; at other times, she feels

tremendous hatred from and toward the world. Is there not an “inner Joan” within us all? I find that sometimes my direct interventions with Joan trigger this primitive affect for the rest of the group. An angry demand from a group member, “Why does she get special attention?” is an invitation to respond, “What kind of special attention do you want? Who do you want it from in here?” Now everyone is exploring deeper wants.

Finally, I would strive to remain open to the ever-evolving group dynamic. Can Joan’s deep wounds be addressed in the group in such a way that she is not shamed or scapegoated? Can her emotional reactivity be sufficiently managed that other members are not themselves traumatized or marginalized? Will there be enough emotional goodies in the group for everyone to get something of value? These questions will likely remain alive in the room for some time to come.

Richard Holt, PhD  
Austin, Texas

**Dear Concerned:**

**Y**ou raise an interesting and common dilemma when a new addition to the group causes upheaval. I think that the turmoil caused by Joan’s introduction into the group is potentially good news: It shows that Joan is free to show her relationship impairments to the group, which in turn allows us to help her ameliorate them.

The first step in handling this situation is to consult with Joan’s psychiatrist. I would be interested in knowing if he/she has noted the same behaviors in his/her interactions with Joan? Is it possible that Joan needs medication or a re-evaluation of the medication that she is already taking?

It is not completely clear from your description whether Joan is in individual therapy. If not, it is imperative that she be seen individually, and as I favor combined approaches, I would suggest that she be seen by you. If she is seeing her psychiatrist individually, I would want to know what Joan is expressing about her reactions to the group and her psychiatrist’s take on what dynamics may be playing-out in the group. I generally find that a full discussion with the individual therapist allows me to: get new insight as to what may be occurring in group; give the other therapist a more full view of his/her patient’s dynamics; and gain an ally in focusing both the individual and group therapies in ways that will benefit the patient.

Another thing you may wish to discuss with her individual therapist is the possibility of Joan seeing you for one or two sessions. When patients see other therapists for individual treatment, I like to see them individually every few months in order to check-in about how they are experiencing the group. This allows me to learn about what they may need from me or from the group and to help them approach the group more effectively.

The final two issues to consider are most likely related—your reactions and those of the group. That you are having a similar reaction to that of the group members suggests that Joan is inducing an emotional response in all of you. As you come to understand your reaction, you will be in an excellent position to better understand Joan and to help the group understand and respond to her needs more effectively.

Joan is cooperating with the treatment by being herself, difficult though that may be. The therapeutic task is to help the group recognize this and to respond honestly, inquisitively, and non-judgmentally so that she can learn about her behavior, its impact on others, and more effective ways for her to interact. One way to facilitate this is to use the

group as your consultant concerning their understanding of why Joan acts the way she does. How do they end up feeling? How would they prefer to feel with her?

You may also be able to work with Joan in the group by helping her recognize that the other members do not hate her but are struggling to develop a better relationship with her. To that end, would she be willing to allow others to have their share of group time? Are there ways to help her feel more protected and valued by the group? When scared that she is being rejected by the group, can she acknowledge her fear instead of threatening to quit? Are there things that she can tell you and the group about what would help her to feel more protected?

I am sure that as you consult with her psychiatrist, insure adequate medication and individual therapy, explore your own reactions, and work with the group, you will find ways to make the group a lynchpin in Joan’s treatment, enabling her to greatly improve.

Darryl Pure, PhD, ABPP, CGP, FAGPA  
Lincolnwood, Illinois

*Editor’s Note: In addition to the consultants’ excellent discussions and recommendations, one caveat is in order. Occasionally we make a mistake in selecting a person to be a member of our group. Also, like any other medication, sometimes group participation itself can have side effects sufficiently severe over time to warrant discontinuation. Of course, as the consultants here indicate, our first response should be to work as diligently and competently as possible to ensure the difficult patient’s incorporation into the group. However, for therapists like “Concerned,” who equate the patient’s leaving the group with suicide, a reminder that we can’t “know all, love all, and cure all” can be helpful in two regards. First, the therapist can give the patient credit for what she has accomplished so that, if in the future she reconsiders group participation, she will be more likely to give it a try. More importantly, the leader does not have to feel as if he/she has to be omniscient to be a competent group leader.*

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.

# Come One, Come All To Austin, Texas, For AGPA's 2007 Annual Meeting

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

We are enthused and proud to present the upcoming 2007 AGPA Annual Meeting, to be held March 5-10 in Austin, Texas. It is a challenge to decide what events to tell you about first: our Institute, Workshop and Open Session offerings, the Large Group, our Plenary Speakers, our entertainment, or the wonderful city of Austin.

Let us begin with our own Anne Alonso, PhD, CGP, DFAGPA, AGPA's world-class treasure, who will offer the Special Institute on Monday, March 5, on *Who's Crazy Here? The Slippery Slope of the Therapeutic Moment*. The Two-Day Institute, which begins the next day, is AGPA's best-kept secret. It offers both process and specific interest groups. David Hawkins, MD, CGP, DFAGPA, a group educator and a Past President of AGPA, will give the Institute Plenary Opening Address on *Finding Yourself in the Group*.

At the three-day Conference, you can take advantage of excellent offerings to learn about or to deepen a specific area of interest in your work. Renowned experts will teach on a variety of topics."

We urge you to look at the program carefully, not only for deeper learning in a specific area, but for many energizing, rejuvenating, and self-care resources—a veritable spa for the soul! Hot topics of the day, such as infant research, neurobiology, and the expressive arts are included. Look for the exciting new drama production in an Open Session, which will explore the relational, competitive elements of group life. In addition, the ever-growing Large Group, which meets daily at the conference, provides a space where the many different voices of the community can be expressed. For the first time this year, we are working to include an online continuous group, for off- and on-site members, which will meet during the entire week of the Annual Meeting.

We are honored to have three Plenary speakers representing diverse fields of practice: public policy, psychiatry, and law. They have all achieved national recognition in their fields, and have demonstrated a commitment to creating a better understanding and protection of our psychological and social human rights.

King Davis, PhD, 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 in Austin. His professional background and experiences have revolved around issues of mental health and social justice. As the Mitchell Hochberg Memorial Public Education Event speaker, he will focus on the disparities in the mental health system.

The Opening Plenary address—*The Social-Psychological Aspects of Traumatic Experiences: Comments on the Healing Process*—will be delivered by Anna Ornstein, MD. Dr. Ornstein is an analyst and a lecturer at Harvard University Medical School. She is also Professor Emerita of child psychiatry at the University of Cincinnati. She was a student of Heinz Kohut during the period when he was formulating his ideas on self-psychology and has become a leading exponent and teacher of his theories. She has also written extensively on trauma and the Holocaust. By listening with sensitivity and without preconceived formulations to survivors of trauma and from her own experiences in the concentration camps, she attests to the meaning and importance of relationships for survival.

Peter Irons, PhD, JD, is a Professor Emeritus of political science at the University of California, San Diego, and Director of the Earl Warren Bill of Rights Project. He has lectured on and authored numerous books on the Supreme Court and constitutional litigation. In addition to his academic career, he has practiced as a civil rights and liberties attorney. Dr. Irons was lead counsel in the 1980s, for the Japanese Americans who challenged the curfew and relocation orders during World War II. His presentation will be on *The Supreme Court: A Study in Small Group Processes*.

Our fun time will be just as exciting as our educational line-up. Friday night's Dance—another favorite place

to join the group—will feature Hotcakes, one of America's hottest bands. Come let your hair down and have a terrific time. As the culmination to the week, Saturday's Group Psychotherapy Foundation luncheon is a must-attend. Ruthie Foster, the passionate and scintillating Texas vocalist and songwriter, will entertain with songs, including a range of gospel, blues, and folk music.

Share the secret of AGPA. Bring a younger clinician or two and introduce them to the joy and magic of our Annual Meeting. What a gift to our young colleagues. Come join the group of all groups at AGPA's Annual Meeting in Austin, Texas, March 5-12. We are looking forward to welcoming you to Austin! ●

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