A Group Intervention with Survivors of a Power Plant Explosion  Mary Nicholas, MSW, PhD, CGP, FAGPA

Editor’s note: Although most of the article came directly from Dr. Nicholas’ journal and emails with her colleagues, I still edited for clarity and tense. Present tense was changed to past tense for reader ease. The fees that were to be paid to Dr. Nicholas were instead donated to the Group Psychotherapy Foundation at her request, resulting in a very generous contribution.

Early on a Sunday morning in February 2010 in Middletown, Connecticut, 100 workers from various trades were completing some work at the Kleen Energy Power (natural gas) Plant that was scheduled for imminent opening. They had not been informed that the gas lines were being cleaned and flushed that morning. Someone must have lit a match or a torch, because the whole place exploded. The sound was heard 50 miles away. Six people were killed, 35 hospitalized.

Seven members of the Carpenter’s Union escaped death and loss of limb, and yet suffered hearing loss and/or brain trauma due to the noise, back injuries from carrying other people out of the plant, and post-traumatic stress. The carpenters were among many groups in process. All but one, whom we’ll call Jack, agreed. I was asked to lead the group. Pay attention to all group boundaries, and me that my work was designed to be a helpful group to lead the group. I agreed and requested that my fee would meet as a group, possibly with a professional, and me that my work was designed to be a helpful group to lead the group. I agreed and requested that my fee was changed to past tense for reader ease. The fees that were to be paid to Dr. Nicholas were instead donated to the Group Psychotherapy Foundation at her request, resulting in a very generous contribution.

The following is excerpted from my journal of the group, as well as a series of emails between Mike Stratton and me, and my colleagues from the Community Outreach of the American Group Psychotherapy Association, all experts in leading trauma groups—Robert Klein, PhD, ABPP, CGP, DFAGPA; Suzanne Phillips, PsyD, ABPP, CGP, FAGPA; Kathleen Ulman, PhD, CGP, FAGPA; Richard Beck, RCWS, BCD, CGP, FAGPA; and Cecil Rice, PhD, CGP, DFAGPA.

Before Session One
MN to Outreach: I am looking for input and suggestions. I’m thinking—keep it really simple; listen a lot; and give them choice, not prescribe. They already are a group, and a close one, clinging to each other as a coping mechanism. Your thoughts?

From Suzanne Phillips
What a valuable group response you are planning, Mary. Much as you suggest, this is not therapy or treatment. It is best thought of as psychological first aid. As a group, they and you provide a compassionate presence where there is opportunity to speak or not speak, to make sense out of common reactions that are normal responses to an unexpected traumatic life event. Of primary importance is securing physical and psychological safety: (1) helping them re-establish body rhythms—sleeping, eating, exercising (the body and mind can be hyper-aroused to the threat of ongoing danger); (2) helping them manage intrusive images (the body and mind’s way of integrating fragments of memory and experience where there is opportunity to speak or not speak, to make sense out of common reactions that are normal responses to an unexpected traumatic life event. Of primary importance is securing physical and psychological safety: (1) helping them re-establish body rhythms—sleeping, eating, exercising (the body and mind can be hyper-aroused to the threat of ongoing danger); (2) helping them manage intrusive images (the body and mind’s way of integrating fragments of memory and experience) as traumatic memories are worked through; and (3) helping them cope with their need to avoid, as well as with feelings of numbness. Sometimes we ask the group to share how they handled rough or unexpected times in the past (invites re-connecting with competence), overall an opportunity to use the familiar cohort to help people overcome barriers to personal fulfillment.

Doing a force-field analysis to identify factors that impede the utilization of group approaches, I see several staring us in the face. First, while many groups are taking place in a variety of settings, most are conducted by inadequately trained and supervised leaders. Thus, the quality of service is mixed—to say the least. Second, while we all have stories of clinical successes using group, there needs to be more, well-integrated reports testifying to group therapy’s efficacy. Third, group therapy is frequently associated with private practice in Western culture and seems less relevant to other places with other people. Fourth, there is a gap between the silos representing different theoretical bases—for example, the cognitive-behavioral and psychodynamic schools do not dialogue enough.

There is another gap between research and scholarly writing on the continued on page 2
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President
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one hand, and the practitioners on the other.
(The damage caused by splitting is a theme here.)

New professionals often find it difficult to become involved in professional organizations, or stated differently, to crack the "old boy network."

AGPA’s role in lowering these barriers to group expansion is (potentially) significant and will play out in our upcoming Annual Meeting in New York City.

AGPA has always stood for quality of treatment and for competency in group leadership. All of our professional development programs are aimed at building skills and expanding knowledge. Our Certification Board devotes countless hours to certifying that clinicians are sufficiently trained and supervised to conduct their groups. Our developing Center of Excellence Program is aimed at recognizing agencies, hospitals, schools, and other locations where group is practiced at a high level. AGPA is synonymous with quality, and the private and public health care sectors need to be reminded of that.

While it is fairly straightforward to measure the effectiveness of a medication, it is much more challenging to prove the benefits of talk-therapy, including group therapy. But we are on the case. A project is underway, supported by the Group Psychotherapy Foundation, bringing together evidence in one clear document that group works. More about that soon!

AGPA has been changed by September 11. Marsha Block, CAE, CFRE, also reminds us of how the trauma arising from the terrorist attacks of September 11 have changed the group therapy and intervention landscape in the past 10 years. Fees that were to be paid to Dr. Nicolas were instead donated to the Group Psychotherapy Foundation at her request, resulting in a very generous contribution. In a similar vein, the article by AGPA CEO Marsha Block, CAE, CFRE, also reminds us of how AGPA has been changed by September 11.

In Memoriam for Seymour “Sy” Rubenfeld, PhD, CGP, was written by his son Jed Rubenfeld, a Yale Law professor and best-selling author. Sy’s colleagues and fellow faculty at the Washington School of Psychiatry remembered Sy with fondness and admiration for his contributions to group psychotherapy, as a teacher, supervisor, and mentor.

Honoring The Fellow,
Donald Fuhrmann PhD, FAGPA:
The Man Who Does The Right Thing
Joel Frost, EdD, CGP, FABPP, FAGPA

Editor’s Note: When Elaine Cooper, MSW, PhD, CGP, FAGPA, and Jerry Gans, MD, CGP, DFAGPA, Co-Chairs of the Fellowship and Awards Committee, approached me about occasionally publishing this column. I was delighted to find space. Of course, other ways we honor our members is through publishing their articles, acknowledging new fellows, and reporting significant contributions of AGPA members in Member News.

I t has been said that AGPA resembles a large, rambling, multicultural family. Each of us becomes known in various ways, plays various roles, and is noted by various themes and virtues. The Fellowship and Awards Committee has been looking for ways to remind us of the esteem and honor with which we hold one another. It is my distinct pleasure to honor Donald Fuhrmann PhD, FAGPA.

I have corresponded with many of his colleagues, group psychotherapy leaders in their own right, including: Leon Hoffman, PhD, ABPP, CGP, FAGPA; Beatrice Liebenberg, MSW, CGP, DFAGPA; Eric Jaccman, PhD; F. Theodore Reid, MD; Ariadne Plumis Beck, MA, CGP, DFAGPA; Darryl Pure, PhD, ABPP, CGP, FAGPA; and Hylene Dublín, MSW, CGP, FAGPA. We all agree on his extensive contributions to our beloved community.

Don is understated—I had to trick him into updating and expanding his sparse curriculum vitae. He is not a soloist, nor a central character in the play or ensemble; he is part of the backline. Whether considered for his roles in the Illinois State Psychiatric Institute, Illinois Psychological Association, Illinois Group Psychotherapy Society, or American Group Psychotherapy Association.

continued on page 4
Q: Your work on Systems-Centered Theory has brought to life a much different way of looking at group psychotherapy. How did your work with David Jenkins, your professor at Temple University, start moving in this direction and how has it grown?

A: I got upset at there not being a single language in research where you have a psychodynamic language for individuals and a group dynamic language for groups, which I judged made research impossible because there was no common factor. Dave said: “Alright, you had better develop one.” I thought I would do that in a term paper; that was about 1963. My first attempt was 1981, and I finally solved it in my 1997 book!

My research interests grew, not from formal research, but rather from informal research. From this I developed an interest in seeing the effect of an intervention. In Systems-Centered Theory (SCT), every time someone makes an intervention, it tests the validity of the theory and the reliability of its practice. When it doesn’t work, there will be something wrong either with the theory, the practice, the timing, or the context. Watching the outcome of our interventions is a way SCT therapists get instant feedback on whether we are influencing the group towards system goals.

Q: In what ways was the opportunity to present the Systems-Centered model at AGPA Institutes important to you as a theorist and a clinician?

A: The thing AGPA allows everyone to do is to do a group each year. This is particularly meaningful to me because it allows me to reflect the changes I have made during the year. I can compare the way I have done groups before to the way I am doing them now, I also could see whether the outcome was in the direction that I wanted. I must have done about 20 or 30 Institutes, so each time I was able to see that the theory was progressing in a way that was easier for the trainees in the Institute to gain from it without some of the rebellion that happened when I was training too tightly. In the beginning, I think my training was far too tight.

Q: Please say more about the tightness and how it has changed.

A: My original training was in psychoanalysis, where you engage in active listening and interpret as a reflection of what you feel is going on with the patient. As I was developing the theory of a SCT, it was clear to me that if I was going to do what I thought I needed to do (establish systems-centered norms), I was going to have to switch to active intervention. That was very hard for me.

Four of us (Claudia Byram, PhD, CGP, Richard Peters, EdD, Anita Simon, EdD, and myself) watched videos of Dr. [Habib] Davanloo’s highly active, short-term dynamic psychotherapy. He achieved breakthroughs to the retaliatory impulses in patients in four-hour interviews—with some patients whom I judged would have taken me several years to achieve similar results! I hated his methods, but also saw what a skilled clinician he was; he never pushed a patient who was fragile, only patients who were pushable.

We decided to use SAVI (System for Analyzing Verbal Communication) to study his communication pattern and found a different set of communication behaviors that would do the same sort of thing. The result was that we developed the SCT protocols for reducing the defensive restraining forces that got in the way of the work. At the beginning, we were pretty strict, and incredibly, the groups put up with it and actually seemed to get things out of it. I can verify that by the fact that my Institutes were always filled. I’m grateful to Dr. Davanloo because he was a hard taskmaster, but I learned a lot from him.

Q: When you talked about functional subgrouping, you emphasized staying within a structure, then making a choice and exploring that. Will you say more about that? Can you explain?

A: That comes out of isomorphy. That is, all systems are isomorphic in that the structure and function of every system is equivalent. So if you make an intervention at one level of the system—like a person—the same intervention will work at another level—like the group-as-a-whole, or the member, or the subgroup systems.

Systems-Centered groups are characterized by the norms that are introduced in the first few minutes of the very first group. Most important of these is the norm of functional subgrouping—a method that increases the probability that differences will be recognized and integrated, rather than scapegoated. By requiring members to say “anyone else” when they finish speaking and requiring the responding member to join the heart of the first member’s message with resonance and attunement, people come together on similarities, rather than separating around differences, thus shifting “me and you” to “we.” This allows people to explore in greater depth the small differences in the apparently similar, as well as builds a supportive climate.

Establishing the norms for work in SCT groups requires certain interventions that are important to us. We set a climate of exploration early by asking members to subgroup around the difference between explanation (that takes them to what they know already) and exploration (which takes them to what they don’t know yet). We also modify anxiety very early in the process. That is different from how I was trained, where I was told anxiety was good and was fuel for the motor. I became convinced, and this came mainly from watching the Institute groups and listening to others at the Institute table, that so much of the work in the group in the beginning stems from the defenses of anxiety. If you don’t undo the anxiety in the beginning of the group, what you are going to get is members’ inputs that are their defenses against anxiety, which increases the probability that you are going to elect an identified patient because the group is going to need someone to contain the terror and its underlying chaotic experience.

Q: In what way is participating in the AGPA Institute, either as a member or leader, important to development as a group therapist?

A: I think it is enormously important members. It gives them the opportunity to experience different leadership styles, and the special topic Institutes give members the opportunity to work with people who specialize in a particular style. The whole arrangement of the Institute is very supportive of the people who are taking on leadership roles. I was a maverick in AGPA, but the Institutes supported me through every stage of my own development.

Q: What do you say to those who might find themselves in a group experience during the upcoming Institute that either is difficult for them or is not what they expected?

A: Don’t take it personally, because if you take it personally you have lost the context. When you take something personally, you are in a role. When you come in as a person system, you can recognize the impact on you of an event, but also realize that the event has an impact for you as a member. Then you can think, as member, how do you want to respond to this group event—that belongs to the group, as well as to you. Then if you think about the group, what do you learn about the group with that event being a representation of the dynamics of that group at that time? If you are lucky enough to be able to subgroup, you can explore your experience with others. Otherwise, you can subgroup with the different parts of your self that are reacting!

Q: Can you say a few words about your relationships in AGPA and what they have meant to you?

A: The major people for me are those who had a tremendous influence by encouraging me to develop my theory of living human systems. Dave Jenkins tutored me every Thursday on how to make operational definitions of my theory and astonishingly said I would be great in this field one day. Malcolm Pines helped me get my first book published. Anne Alonso was particularly important, continued on page 4
Looking Back on 10 Years of Change and Ahead to a Stronger Future
Marsha Block, CAE, CFRE

When we disbanded Systems Theory Committee with me—Jay Fidler, Jim Durkin, and Andy Beck. When we come back from the terrorist attacks would prepare us for disaster responses in other places far from our shores, as well as locally to hurricanes, fires, floods, earthquakes, school and other mass violence shootings, bridge collapses, and now returning active duty military, veterans, and their families.

Our surroundings are scary these days. More often than we could ever have anticipated, the Community Outreach Task Force is in contact with communities near and far to offer AGPA resources when and if needed. We have deepened our community connections these last 10 years, nationally and internationally, which for many of us in AGPA is a very positive outcome from what started as a horrific set of circumstances.

Some of these connections include new developments to our educational offerings to support the clinical community, including the training of frontline agency clinicians, where a good part of the therapeutic group work is happening. Our Distance Learning Program began post-September 11 with online panels; curricula and protocols were then developed for basic group skills and more in-depth group work. We now have a year-round membership program based on distance learning, and ongoing relationships with agencies for in-service programs, both in person and online. The Distance Learning Program is now a part of the landscape of what AGPA offers, along with onsite in-service training. Future plans need to include an additional significant investment in infrastructure, which has been left behind in development due to other pressing needs and to hold back on less critical expenditures. AGPA's infrastructure investment needs to include a look at our membership structure and better integration with the Certified Group Psychotherapist (CGP) credential so that those who currently participate with us will have a better sense of coherence about their relationship with the organizations. We also need to create opportunities for institutional membership, possibly through the Centers of Excellence recognition being developed by the Certification Board, thereby fostering and solidifying our agency and community connections.

The positive experiences and relationships built post-September 11 need to be nurtured by the organization through our Community Outreach Program group services delivery. We also need to make room for those who have not yet joined due to lack of knowledge of us, failure to differentiate group as a separate treatment method from individual, and/or for financial reasons.

One reason for the recent organizational rebranding work was the recognition of our community connections and the desire by all three organizations (i.e., AGPA Board, Certification Board, Foundation Board) to be more inclusive. We identified issues that needed to be addressed before an organizational makeover so we knew what audiences we wanted to reach who could benefit from our group therapy expertise, what they might want from us in terms of group training, and how best to deliver that information to them. A significant challenge now is to deal with how our organizations communicate, both in print and online. We have consultants helping us to solidify the reputations of the Tri-Organizations so that our positions and programs will be heard and respected in the community-at-large. This effort includes assessing the reach and effectiveness of the Distance Learning Program, our website, other online communications, and public relations messages. These activities will better position AGPA as an organization for responding to any and all needs for group services so AGPA can stay connected and prepared for consultation, training, and group services delivery.

AGPA's membership, CGPs, and donors are on the minds of the leadership. A major strength of our organizations is the ability to integrate resources and strategies already developed and tailor them to address current needs and new groups. We continue to welcome the involvement and feedback of members, CGPs, and donors in helping us think through how to take what we have and make it applicable and compelling for all of us, as well as identify new groups that may wish to join us.

Our community has the strongest collection of knowledge and experience in the group therapy field and the most innovative approaches to sharing our expertise. I invite you to participate: Submit a Distance Learning Program proposal or an article to the International Journal of Group Psychotherapy or The Group Circle; volunteer for a committee in the upcoming term; answer needs assessment questionnaires that will come your way. We need your voice, conviction, and guidance.

Fuhrmann

Association governance, he consistently is known as dependable, solid, and trustworthy; a man who always knows where he fits best. I remember Don as the Co-Chair of the Special Interest Group Task Force who smiled as he welcomed the Gay Lesbian Bisexual and Transgendered Issues SIG into AGPA, and literally created a safe space for us because it was the right thing to do. I heard of Don closing his practice to care for his son, who was threatened with non-Hodgkin’s lymphoma, again because it was the right thing to do.

I have heard about Don as an excellent mentor, supervisor, and colleague. What we often do not know about each other is how we are in our personal lives. Don has always had a strong connection to the outdoors (theater) and the outdoors (nature). He has supported both, and would be the man to ask about parks, wolves, and things outdoors. He is an avid sailor. He has always been a family man. He does not just teach groups; they are part of his inner music, as are his quiet values. Don is a man who does what he considers the right thing to do, and for him this is clear and simple.

Don is part of AGPA’s backbone. He is one of the unsung heroes of AGPA that we want to honor while he is alive still contributing to the ongoing AGPA family story.

Agazarian

with her constant humor reminding me that I had to account for transference in my systems thinking. I had particularly good working relationships with members who were on Helen Durkin’s General Systems Theory Committee with me—Jay Fidler, Jim Durkin, and Andy Beck. When we disbanded Jay said: “Well we didn’t manage to translate our systems thinking into practice!” Then as we were walking out he put his arm on my shoulder and said: “Alright, Yvonne, it is up to you now.” And then Len Horowitz, who after I had given a presentation said: “Well Yvonne, no one so far has successfully taken systems theory so you’d better do it.” I loved these people. Those who were close to my heart saw something in me that I didn’t.

When they said things like that, I took it almost as an instruction and proceeded to try to do it. It was such a support, such a present of their energy dovetailing with mine. So AGPA has been a monumental influence in supporting my work, although I think I was a pain in the ass a lot of the times, you know!
Dear Consultant:

I have a few group members who were hit by the recession and cannot afford the fee. They also have poor money management skills, and a long history of feeling cheated by others and entitled to compensation. Ordinarily, if I were working with them individually, I might suggest that they take a break from therapy while they pay off their debts and get into a better position to afford therapy. However, because they are in group, doing so would mean depriving the group of their presence. I am aware that everyone could benefit from analyzing money issues in the group. But these patients are building up big balances, even after I drastically reduced their fees. How should I handle this?

Signed, Nervous

Dear Nervous:

A number of things are unclear. You say “a few group members” have been “hit by the recession and cannot afford the fee.” Are they all in one group or spread out over a few groups? How many is “a few?” Were these members all able to pay the fee before? How long were they in the group before the downturn affected them? Are they currently working? If they really cannot afford it and trying to pay the fee causes economic hardship for themselves and their families, then the responsible thing to do would be to drop out. Otherwise, boundaries and contracts need to be restored, pronto, so the necessary analysis can occur.

While I don’t know the degree of the problem (Are the balances in the hundreds? Are payments being made on the balances?), I would look at the problem of the unpaid balances in terms of my own countertransference first. Why am I allowing patients to carry balances at all? Most practitioners have a pay-as-you-go or pay-a-month-ahead policy, so why am I not doing so? How did I get myself into this pickle? Am I myself worried about finances and projecting my worries onto them? Am I trying to be the nice parent and compensate for the pain the economic downturn is causing people?

Are there other places in my life where I am letting people take financial advantage, or have I done this in the past. Alternatively, do I harbor some guilt or shame myself about having taken unfair advantage of others? I have to give myself a good hard look here. A therapy or consultation session or two would be helpful.

I would then own up to my own problem to the group. “I have been lax in allowing unpaid balances and we need to talk about this. I think some of my own dynamics are coming into play here.” I would explain honestly what I have figured out about my issues in this regard. (Transparency is vital here, and I am now acting as a role model for reflection about money issues to the group).

Then I might say: “Clearly, your dynamics are also coming into play, and we would all benefit from these being addressed. Before we can do that, however, I must correct my problem and move immediately to a pay-as-you-go basis starting next week. You need to think about whether you are willing and/or able to meet this requirement, and I need your answer next week. If you decide you cannot afford to stay in the group at the fee you are currently paying, then we will regretfully have to accept your resignation, giving you the normal amount of time for termination.” I would apologize to them for not addressing this sooner, expressing empathy for the awkwardness and shame that being allowed to continue without being able to pay must have caused.

Some people may drop out at that point, and you can agree on a payment plan to have them meet their financial obligation to you. Others may decide to continue, and I would ask them to suggest to you and the group how they plan to pay their unpaid balances in addition to the current fee. Remember, you deserve to be paid for your services so do not cut a deal that is not fair to you.

In doing the above, you will be clearing up a contract that was too loose in the first place. Some people will probably be really angry at you. Some have been coddled and will feel betrayed by suddenly being required to pay; others will realize that while they were dutifully paying, others were attending group free. This will bring up parent, sibling, competition, and dependency issues, not to mention other past and present economically related frustrations and worries. If you have looked at your own complicity first, however, you will find the discussion exciting and stimulating and will bear up under the anger calmly and with genuine interest.

It might be helpful to remember that we all feel the pinch and we all react to some degree with shame and fear. We needn’t shy away from feelings of shame about money. In my experience, setting boundaries, acknowledging my own unconscious collisions, while embarrassing at first, is always worthwhile, leading to a level of discussion in the group that is meaningful, heartfelt and incredibly illuminating of members’ individual dynamics. It is worth the investment!

Mary Nicholas, MSW, PhD, CGP, FAGPA
New Haven, Connecticut

Dear Nervous:

The non-paying group members have you over a proverbial barrel. The good news, however, is that you are aware that there is a problem you need to address and you are asking for input. Luckily, there are very few missteps we make as clinicians that cannot be productively addressed and worked with in our groups. This particular dilemma around fees and fee collection is nothing that most of us haven’t experienced at some point in the course of our careers. The reasons for this are myriad, among them the fear of our patients’ anger, the desire to ensure adequate group size, the lack of training in this area, the anxiety about shaming our patients, and the conflict between the business and healing aspects of our practices, including guilt about our greed.

You incisively spell out that your money-strapped members also exhibit underlying entitlement, which makes both special arrangements and addressing their unpaid bills particularly tricky. Had they been money-strapped members without entitlement, you might have heard them voice anxiety about the mounting balances or the discomfort with getting a special deal not offered to the other group members. My guess is that it is their entitlement that has caused the financial arrangements and the effect on the rest of the group to go underground. These arrangements create an ego syntonic experience of deserving what others do not deserve. Therefore, they have no incentive to publically raise the problem. I suspect the rest of the group is silently waiting for you to speak what they are too afraid or resentful to voice.

My own group often refers to the time many years ago that I acknowledged making a mistake by letting one member accrete a debt. They talk about it as evidence that they are not the only ones who are imperfect. They have commented that I modeled for them a capacity for change and the possibility of taking responsibility while not engaging in undue self-recrimination.

So, what to say to your group? Here is one option: “I believe I did both of you a disservice by letting you accrete these bills. I think I was caught up in a wish to avoid your anger about the sense that you’ve been cheated and are, therefore, entitled to compensation. I understand that you were in some sense cheated early on in your lives, but compensation is never what it’s cracked up to be. No amount of compensation is going to undo your sense of being cheated. And your feeling of entitlement only serves to alienate you from your fellow group members, and leaves me cheated of my fee. So, if you’re willing and able to begin to pay off your balance, I’ll look forward to hearing about your feelings in response to my decision. If not, then perhaps we can talk about finding you a group with a fee you can afford.” Then I would invite the group’s participation in this discussion.

Note that I did not say I would find them a group with no fee. Anne Alonso used to say, “Charity is a burden,” and emphasized the importance of people paying what they could afford, no matter how small the fee. Paying for services imparts a certain dignity to patients.

It is true that addressing the unpaid fees opens up the possibility of losing these group members. I understand that this would be a difficult loss for you and your group to sustain. However, a feeling of being gaged is an ongoing loss that is bound to subvert the group’s vitality and deep work—perhaps even its long-run viability.

Although addressing financial arrangements may make us uncomfortable, these policies are an integral part of the therapeutic frame. By consistently maintaining this boundary and by attending to the ensuing conscious and unconscious meanings, we can assist the group’s work in analyzing any individual or group-as-a-whole acting out in response to it. The payoff is that addressing the topic of money has an uncanny capacity to unearth our deepest and darkest humanity.

Your question is another reminder of how much more diligent we need to be in training ourselves to handle the practical and emotional aspects of money matters in our clinical practices. We owe it to our patients to understand the meaning that money carries for ourselves and for them.

Elizabeth Shapiro, PhD, CGP
Lexington, Massachusetts

Members are invited to contact Michael Hegener, MA, LCP, CGP, FAGPA, 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 512-524-1852 or email at mhegener@sbcglobal.net.
A Group Intervention
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allow the group members to reestablish a sense of mastery in their lives.

From Robert Klein
In general, go slowly. Pay careful attention to group boundaries: (1) spend some time clarifying the task, which is not therapy but promoting pre-morbid levels of functioning and mobilizing resilience; (2) role boundaries: identify who you are and how you got involved; (3) time boundaries: define the time and number of sessions; (4) discuss confidentiality; (5) discuss how this intervention is separate from their case. Clarify what happened to them and how they have each tried to deal with it. Do some psychoeducation; normalization of responses; mobilization of cohesion within their pre-existing group; permit the telling of their experiences while monitoring the affect and anxiety levels to prevent any retraumatization; reinforce healthier defenses and coping strategies. Explore the possibilities of delayed, and/or disguised, as well as subclinical responses to trauma. Determine who might benefit from or need additional care and be prepared to make referrals.

“I wonder sometimes if it’s okay to laugh. I remember after 9/11, I was watching Saturday Night Live and they had all the actors out in front of the curtain on the show, and Mayor Guiliani was there, and everyone was very quiet. The head of the show asked the Mayor if it was okay to laugh, and he said yes… I guess it’s okay for us to laugh.”

Session One
Mike Stratton and his administrator opened the session and reviewed the contract (confidentiality, keeping group separate from legal case, etc.), then left me with the group and did not attend subsequent sessions. The journal continues…

Not surprisingly, every single member is suffering extreme distress as a result of the explosion. We spent the session talking about two subjects—how their lives are different and what helps. Together, they reported almost every symptom of Post-Traumatic Stress Disorder (PTSD) I could think of. What they have gone through and will continue to experience is heartbreaking. Fortunately, they seem to feel pretty supported by each other, their families, and their attorneys, which helps. They really appreciated the first group session and seemed to feel very comfortable expressing themselves. Contrary to the lawyers’ impression, most of them are receiving psychiatric and psychological help, some of which sounds useful, but not sufficiently tailored to treating PTSD.

The guys explicitly stated that they wanted to spend the next session processing the event itself, especially what they called “the gory details,” since this was always on their minds. They were in this together and their flashbacks included terrible images that involved one another. They needed to express this, get it from pictures, nightmares and flashbacks, and put it into words. They have only met as a group twice—once with workman’s comp and once with Joel and Eric (lawyers on the case), so they were eager to talk to each other about all this.

It should be noted that one member was absent and one had to leave early. I needed to make sure these two were integrated into the group fully before we embarked on the difficult session two.

Session Two
My ambitious agenda for session two was to find out how they experienced last week’s session and the interim week; integrate new members; present my plan for five sessions; hear some actual stories of the event and process; teach grounding and relaxation techniques.

There was more talk about what people were experiencing post-trauma. Teeth grinding was a huge problem for several. One broke a tooth from grinding right after the session! There was considerable talk about the stress in marriages with at least two people reporting that their own raging, withdrawing, impatience, and worry would drive their wives and themselves crazy. I validated that this is not uncommon under these awful circumstances, and reiterated that couples therapy has been found helpful if not vital. One of the guys found a psychiatrist who is an expert in PTSD.

I taught them a grounding, safe place exercise and got them to practice it. Then we embarked on discussing “the gory details.” Two people told their story of the event for about 10 minutes each. One man started to tremble and tear up; the speaker saw him, paused, and said to him: “Are you okay?” The trembling man assured us he was but I nonetheless suggested that he put his hands on the table and feel the table, feet on the ground, see colors in the room, and suggested that others do the same. Everyone including him seemed okay, so the speaker continued. The men who volunteered were the two least traumatized members, and while their stories were told in vivid and often horrible detail, the speakers were speaking briskly and logically—a bit removed. As I looked around, I saw everyone in a total trance, but not particularly distressed. I was surprised that the horrible stories didn’t traumatize me. One factor in this was that a lot of logistical details that meant a lot to them were passing me by. Having never been inside or around a power plant, I couldn’t really picture the structures, the doors, the beams, etc. they were describing. Second, I took little breaks, looking at each of the guys to try to determine how they were doing so I didn’t get too lost in the story. And third, I knew this is what I was there to do, so I just listened. I kept thinking, “Look Mary, they have to experience this 24/7, you can hold up for half an hour.” (But it was gruesome—e.g., hearing about severed heads and arms.)

When speaker #2 was finished, the group moved unconsciously into a superb defensive maneuver: a detailed examination of the mechanics of the event, such as exactly where the first whoosh of gas came from, and when and how the ignition must have occurred.

Having achieved some psychological distance in this way, they then reiterated how amazing it was that all of them were ambulatory and intact! They mentioned “survivor guilt,” and the supervisor of the group felt particularly guilty that he had not helped more. The group told him that he had been great, and one said, “You are the best boss there is.” I noted that the stories included great acts of courage on the part of group members. One member, who described himself as being in a state of chronic rage, refocused his energies (he did this last week too) to express support and admiration for his buddies’ heroic efforts.

At the end we did the safe place guided imagery exercise again, and they agreed to practice it at home. Most people’s safe place involved fishing.

Session Three
One female member who had not attended the previous sessions was present and as lively and caring as the others.

Everyone looked better and the mood was quite spirited. I welcomed the new member, who already seemed very engaged with the others. People were sharing information about plans for the upcoming holiday weekend. Several members were really looking forward to boating, fishing, and hunting.

Having established the task of the group, a high level of cohesion and safe norms for discussion over the first two sessions, I turned the discussion over to them. Throughout the meeting, I just listened and simply directed the discussion back to the above if they got too far afield (such as talking about people they had worked with in the past that didn’t have much to do with this group’s agenda). When I sensed this happening, it took minimal encouragement to get them back on track.

The group did not return to the gory details. This did not seem like avoidance but rather a preference of focusing on positive coping. A topic that took some time was the upcoming dinner/benefit to be held for families of people who had died or who had no financial support. Some expressed ambivalence about attending, wanting to be supportive but worrying it would trigger bad experiences, or that
“If nothing else, if someone else goes through something like this, we will understand them and that could help.”

ey would be enraged at the owners of the companies should they appear.

Some clarification was given about the difference between psychiatric and nonmedical evaluation and treatment. There was also a lot of discussion about the fact that many of them had smelled gas but either didn’t register what was happening or didn’t sound an alarm about it. The majority of the discussion fell in the realm of the existential—trying to put it all together. Here are some quotes from the discussion that followed some laughter:

“I wonder sometimes if it’s okay to laugh. I remember after 9/11, I was watching Saturday Night Live and they had all the actors out in front of the curtain on the show, and Mayor Giuliani was there, and everyone was very quiet. The head of the show asked the Mayor if it was okay to laugh, and he said yes…I guess it’s okay for us to laugh.”

“I am so grateful for seeing you guys alive.”

“Sometimes just a word or a key feeling will happen to let me know it’s okay to be a survivor.”

“Despite the tragedy, we go hunting, fishing, stuff like that—because we are here and we are here for a purpose.”

“If nothing else, if someone else goes through something like this, we will understand them and that could help.”

“I guess I can yell and scream if I want…After all, the f--- building blew up, I got an excuse.”

“I see stuff on the news. All over the world people like us are victims of this kind of thing…having this kind of experience…in terrorist attacks, wars…now I know something of what they’re going through.”

A member—we’ll call him Tom—was among the two suffering the most physically and psychologically and had in the first two sessions stressed how powerless he felt. He was one of three who had described coming upon a head with no body during the chaos after the explosion. In this meeting, Tom looked remarkably better, shaved, smiling, and trembling barely at all. It turns out that last Saturday night (a cold night in March) Tom was feeling miserable and watching TV with his wife when he got a frantic call from a neighbor who said, “Tom, we gotta rescue Pete!”—another neighbor’s son. Pete evidently had gotten drunk, fallen out of his boat on a lake at about midnight, and was floating in the icy water. So Tom and his neighbor went out in a boat and managed to haul the drunken kid out of the freezing water to safety. Talk about an empowering experience—Tom said he felt like a new man! The rest of us felt chills up our spines.

Another amazing thing occurred close to the beginning of the session. Jack arrived late and disbelieved as usual. He burst through the door in the middle of our discussion about psychiatrists and dumped something out on the table. We stopped and stared as we saw him arranging six small votive candles and a tiny crucifix in the center of the table. Someone said, “Oh, a memorial for the six who died, huh.” Another said, “Shall we have a moment of silence” which we did. The member sat down and we continued the discussion. Not much mention was made of the little ceremony except at the end when he was packing it up and I thanked him for bringing it.

**Sessions Four**

I asked everyone to speak for several minutes on his personal journey from March 17, our first meeting, until today, as well as from February 7 (explosion date) to the present. Clearly, all were doing much better, some with treatment, most not. The man who was not sleeping finally found a good psychiatrist, a PTSD specialist who was helping. Three volunteered that they are feeling more connected with their mate. This includes the guy who said his wife was about to divorce him four weeks ago. Two of them said that they set aside time with their wives/girlfriends with no TV and no phone. One joked about his three-year-old jumping into bed with them at inopportune times. One member was still not sleeping and worried about keeping his wife up as he tossed and turned. Other members suggested that he and his wife find time during the evening to watch a show together. I think that my saying that intimate relationships were often affected by trauma gave them permission to do things proactively to help the relationship.

In the last 20 minutes of the session, we discussed how powerful and unexpected anniversary reactions can be. The guys immediately flashed to the Super Bowl next year, since the explosion occurred on Super Bowl Sunday. We talked about other anniversaries and triggers—a cold, sunny, winter Sunday, for example. This led to a discussion of triggers in general. We recalled one member’s description of his experience with the automated doors that went “whoosh,” reminding him of the sounds and rushing air replicated in miniature the rushing of the gas blown through the pipes.

In this session, I made comments about specific improvements I had observed with each person. Tom, whose hands were trembling so much he could barely write his name in Session One, discussed in some detail how he spent the previous Saturday laboriously fixing his truck. As he described getting the truck jacked up, he was careful to describe how careful he was being. “Safety first,” he reassured us. (He read my mind.)

One man reported that he had, the day before, received a cancer diagnosis—something that would not have been discovered had he not had all these MRIs for his back. How is that for irony? I don’t think he planned to share that news but the group was extremely supportive, and it was clear he was relieved to talk about it.

Jack said he had returned to his hobby of collecting religious icons, which makes him feel more peaceful. Everyone told him he looked a lot better, which was certainly true. (I think when I first met him he hadn’t taken a shower in weeks.)

**Session Five**

Kathy Davis, an EMDR specialist and my first social work supervisor, kindly gave a 45-minute psychoeducational session on traumatic stress and what to do about it. Members were fairly interested, but I think it interrupted the flow a bit. They definitely got two important points: (1) that trauma responses are normal—the brain is doing what it needs to do to cope and survive but in overdrive,

“I guess I can yell and scream if I want…After all, the f--- building blew up. I got an excuse.”

**Epilogue**

A year after the last session of the group, I received a letter from all the group members, thanking me for the group experience, saying they were doing okay. The legal case was still progressing. The group members included a gift certificate for the Olive Garden.
In Memoriam—
Seymour Rubenfeld, PhD

Seymour Rubenfeld, PhD, author, founding director of the Washington School of Psychiatry's National Group Psychotherapy Institute, and for decades one of the leading psychotherapists in the Washington, DC, area, died July 25 of natural causes at Georgetown University Hospital. He was 81.

Dr. Rubenfeld—or “Sy,” as he was known to his many friends, or “Dad,” as he was known to me—came to Washington more than 50 years ago as a young psychologist working in the United States Public Health Service at a boys’ juvenile detention center. His work there led to his much-cited book, Family of Outcasts: A New Theory of Delinquency, published in 1965. At around the same time, he joined the Washington School of Psychiatry, where he became a leader in the Group Psychotherapy Training Program and, in 1994, founder of the National Group Psychotherapy Institute, which quickly achieved nationwide distinction for its cutting-edge contributions and challenges to the theory and practice of group psychotherapy. In 2001, Dr. Rubenfeld received AGPA’s Alonso Award for Excellence in Psychodynamic Group Psychotherapy for his article “Group Psychotherapy and Complexity Theory,” published in 2001 in the International Journal of Group Psychotherapy. Unflagging in the last decade of his life, his renown grew in his seventies, as he gave nationwide seminars and published widely cited articles on group psychotherapy.

I haven’t the space here to fully express a son’s love for his father, how much he will be missed by his family, or the great life-force he possessed. But I would like to quote some of the extraordinary testimonies received from my father’s AGPA colleagues, so many of whom have spoken to us of his mentoring, his encouragement, and his impact on their professional lives. They describe my father as “brilliant,” “generous,” and “exhilarating,” and tell us that he “taught and inspired hundreds of other therapists, giving many the courage to write, and others the courage to explore new therapeutic approaches and present them to others in the field. A shining example of mutual aid he had on his colleagues and they on him, is the book he co-edited with Washington colleagues George Saiger, MD, CGP, FAGPA, and Mary Diulhy, MSW, CGP, FAGPA, Windows Into Today’s Group Therapy, a collection of papers written by his colleagues at the Washington School of Psychiatry. A great many recall with gratitude a particular, significant interaction with my father that had a lasting effect on their lives. Of all his numerous professional accolades and accomplishments, my father would, I believe, have been proudest of this one—that he helped pass on to another generation his love and respect for the profession to which he devoted his working life.

Robert R. Slaughter Professor of Law
Yale University

Visit AGPA’s website at www.agpa.org/mnts/affiliateAlertDialog.html for updated Affiliate Society meeting information. For space considerations, events announced in previous issues are included in Group Connections.

Austin Group Psychotherapy Association (AGPA) member Stacey Nakell, MSW, presented a fall workshop on Shining the Light on Body Focused Repetitive Behaviors. The program illuminated the causes and functions of body-focused behaviors, such as hair pulling and skin picking, and provided an overview of a compassionate, depth-oriented approach to treatment in both individual and group psychotherapy. AGPA’s Annual Fall Party was held at the home of Katie Griffin, MA, LPC, CGP.

The Group Psychotherapy Association of Los Angeles’ (GPALA) Annual Garden Party was held at the home of Richard Hirschkoff, MA, MEd, MFT, and his wife Susan. Interim President Michael Frank, MA, MFT, CGP, FAGPA, awarded Hirschkoff with the GPALA President’s Award for selflessly serving as Treasurer of GPALA, and one of its antecedent organizations, for more than 12 years. Seventy well-fed GPALA members warmly congratulated Rich and enjoyed his hospitality. GPALA’s Annual Conference—Relational Group Therapy: Loving, Hating, and Knowing—was led by Richard Billow, PhD, ABPP, CGP. Conference participants enjoyed didactic presentations by Dr. Billow, a demonstration group and institute-style process groups. GPALA also presented two fall workshops: Working with the Whole Group: Whole Group Interventions in Group Psychotherapy with Michael Frank; and Group Therapy Treatment of Post-Traumatic Stress Disorders and Co-Occurring Addictions with Judy McLaughlin-Ryan, LMFT. Carla Derhy-Snijders, PhD, and Keith Rand, MA, CGP, FAGPA, returned to their respective positions as President and Chair of the Education and Training Committee. Past Co-Presidents Evelyn Pechter, PsyD, and Joel McLaflery, MFT, and Frank served as President during Carla’s leave, and Erika Dahle Petras, MFT, served during Keith’s time off. GPALA has 190 individual members and four organizational affiliate members, a 20% increase over the combined membership of its predecessors.

The Illinois Group Psychotherapy Society Fall Conference included a two-day workshop by Carol Dallinga, LCSW, CGP, on Marketing Your Practice: Thriving in a Changing World. The program shared unique methods to help group psychotherapy professionals in various settings build their practices with proven marketing and networking techniques. By learning cutting edge skills and developing a clear, concise business plan, this workshop helped expand group psychotherapists’ ability to connect with the larger community they serve.

The Northeastern Society for Group Psychotherapy (NSGP) held its 30th Annual Conference. Entitled People in Groups: New Insights on the Social Synapse, the Conference featured a two-part special presentation on mentalization, a demonstration group lead by Phillip Flores, PhD, ABPP, CGP, FAGPA, as well as a day on training/experiential groups and two days of workshops. A special fall presentation on mindfulness was presented by Christopher Germer, PhD, and Mark Sorensen, PhD, CGP, FAGPA. In addition NSGP conducts a series of six Breakfast Club meetings on Sunday mornings, the year over the year, which are smaller presentations, including a potluck breakfast and networking.

The Southwest Group Psychotherapy Society (SWGPS) added President-Elect Albert Serrano, MD, DFAGPA, and Member-at-Large Suzy Gadol-Anderson, MSSW, to its Executive Committee. They joined President Kathy Rider, LCSW, BCD, CGP, FAGPA; Treasurer Juanita Kirby, MD; Secretary Linda Blume, MSW, CGP, FAGPA; and Advisor Carol Vaughan, LCSW, CGP, FAGPA. SWGPS is planning its Spring 2012 Retreat in Galveston.

The Tri-State Group Psychotherapy Society is in the midst of electing its first duly-constituted Executive Committee since re-establishing the Affiliate. Phillip Flores, PhD, ABPP, CGP, FAGPA, presented on Addiction as an Attachment Disorder: A Group Psychotherapy Approach. Visit www.tsgps.org for additional program information.

Please note: Affiliate Societies may submit news and updates on their activities to Tammy Brown, LCSW, CGP, Editor of the Affiliate Society News column, by email to: tammybrown@austin.rr.com.