

The Group Circle

Spring 2013

The Newsletter of the
American Group Psychotherapy Association
and the International Board for Certification of
Group Psychotherapists

Memories of Elvin Semrad: A Forefather of Northeastern Society for Group Psychotherapy.

Jerome Gans, MD, CGP, DFIGPA

I was a psychiatric resident exposed to the teachings of Elvin Semrad, MD, from 1968-71 when I trained at the Massachusetts Mental Health Center. I'll never be sure if my remarks constitute a factual account of his methods, beliefs, and comments or how much is based on my memories of him.

His Pervasive Presence

One September night during my first year of residency, I was directed to see a 28-year-old woman who had been a patient of the Chief Resident of Service for two years. I was asked to evaluate the patient's request for sleeping medication. In those days, before the supremacy of biological psychiatry, we were taught that we were the medicine and the patient was the text, a text that we should know from cover to cover.

Still new to psychiatry and feeling insecure, I did what many of the new residents did—imitated Dr. Semrad, hoping that by using some of his simple language, I, too, could be effective with our patients.

I found the patient in her dark room, curled up on her bed in a fetal position. After 25 minutes of asking her every question that I could pull out of my still small bag of tricks and getting absolutely nowhere, I decided that it was time to pull out all the stops and ask her a



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Marketing Your Practice Through Public Education

Shari Baron, MSN, CNS, CGP, Carol Dallinga, LCSW, CGP, EMDR, and Tony Sheppard, PsyD, CGP, FAGPA

At the AGPA Annual Meeting in New Orleans, the Tri-Organizational Board members (AGPA, Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists) participated in a training session addressing *Marketing of One's Practice Through Public Education*. Here we share the energy and enthusiasm of that meeting.

Consumers are increasingly media savvy. Large healthcare organizations, such as hospitals, university healthcare centers, and community mental health centers are using both traditional and social media to market their services. Group psychotherapy practitioners must follow suit to remain relevant in today's healthcare marketplace. Whether practicing in a private setting, college counseling center, agency, or hospital setting, we must educate the public about what we do and what we offer. Promoting our services raises awareness about the field of group therapy in general.

Accomplishing this is easier than many of us might think! In New Orleans, Board members brainstormed simple consumer messages that capture what group psychotherapists can offer. Several salient messages emerged from this session, which can be expanded to offer information to consumers through professional websites, blog posts, articles in local newspapers, and social media, and go a long way towards informing the public and our colleagues about the value of groups. These themes include:

- **Group Therapy Improves Relationships.** Identify relationship improvement opportunities offered by group therapy.
- **Pop Culture Promotes Myths About Group Therapy.** Dispel the myths created by media portrayals of groups such as in "The Bob Newhart Show" and the movie "Anger Management."
- **Group Therapy Relates to Problems and**

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From the President

Kathleen Ulman, PhD, CGP, FAGPA

As I write this column, we in Boston are reeling from the effects of the horrific bombing at the Marathon and the subsequent



murderous rampage, manhunt, and lockdown. Fortunately, none of our AGPA or Affiliate Society members were injured by this terrorist event, however, we are all saddened and stunned, and our hearts reach out to those injured and the families of those who died in this senseless act of violence. Our Community Outreach Task Force has been working with the Disaster Response Task Force of the Northeastern Society for Group Psychotherapy to provide support and healing to those affected. Within a week of the terrorist attack, an opportunity was provided for our members to come together and share feelings with one another. This is a great example of the local affiliate society and AGPA working together.

In such unpredictable times we learn that we cannot take anything for granted. It is reassuring and heartwarming to have the love and support of our group community from around the country and the globe. I am truly grateful to be a part of and, for a time, to have the privilege to lead this loving community of dedicated and skilled group leaders.

Also under the auspices of the Community Outreach Task Force, we have completed the trainings at the Michael DeBakey VA Medical Center in Houston, Texas. Through this excellent teaching we have not only trained dozens of group therapists but also have added CGPs and members to AGPA.

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Harold S. Bernard Group Psychotherapy Training Award Presented to David Panzer, PsyD, CGP, and the Group Psychotherapy Services of Rutgers University

The International Board for Certification of Group Psychotherapists presented the 2013 Harold S. Bernard Group Psychotherapy Training Award to David Panzer, PsyD, CGP, and the Group Psychotherapy Services of Rutgers University. The presentation took place during the AGPA Annual Meeting in New Orleans.

Since 2006, Dr. Panzer has served as the Director of Group Psychotherapy Services, which is part of the Graduate School of Applied and Professional Psychology of Rutgers University. The program involves students in the design, development, and marketing of a clinic that includes a strong training component. Students work in co-therapy teams and conduct groups utilizing a sliding fee scale, while receiving supervision from Certified Group Psychotherapists. It is a unique and creative model that teaches students group therapy as well as how to organize, market, and operate group psychotherapy services so they can continue the work of group in their professional careers. It has also resulted in the development of training materials, including a video that promotes group psychotherapy to the community.

“Dr. Panzer has created a training program that provides theoretical and practical experience, while simultaneously helping the community in which it is located,” said Sherrie Smith, CSW-R, CGP, FAGPA, Certification Board Chairwoman.



This award was established in 2001 and is given annually to an individual or organization whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. It was renamed this year through a legacy gift provided to the Group Foundation for Advancing Mental Health by Dr. Bernard's estate for the purpose of endowing the award. Throughout his lifetime, training in group psychotherapy was near and dear to Dr. Bernard's heart. His legacy bequest and this award insure that individuals and programs meeting a high standard of training quality be identified and honored for their contributions to the field in developing the next generation of clinicians who use group psychotherapy to help people. ●

VA Contracts with AGPA To Provide Group Psychotherapy Training and Consultation

In September 2012, the American Group Psychotherapy Association (AGPA) signed a contract with the Michael E. DeBakey VA Medical Center in Houston, Texas, to provide group psychotherapy training and consultation. The contract included 15 hours of the Principles of Group Psychotherapy course, financial assistance, and coordination of Certified Group Psychotherapist (CGP) applications for qualified VA staff, and on-going consultation/supervision for staff requiring additional hours to meet the CGP supervision requirement.

Under the leadership and coordination of Diane Feirman, CAE, AGPA Public Affairs Director, the 15-hour Principles Course began in October 2012 and ended in November 2012 with 32 VA staff (most of them assigned to the VA Homeless Program) participating. The faculty were AGPA and Houston Group Psychotherapy Society (HGPS) members: Travis Courville, LCSW, CGP, FAGPA; Aaron Fink, MD, CGP, FAGPA; Cindy Hearne, PhD, CGP; Richard Newman, LPC, CGP, FAGPA; and Jana Rosenbaum, LCSW, CGP.

Anthony Morris, Director of the Domiciliary Care for Homeless Veterans and the person who negotiated the training contract with AGPA stated, “The training was absolutely fabulous and will help equip our veterans with the tools necessary to achieve community integration.” Participant evalu-

ations reflected the relevance of the training for their group work with veterans, giving high ratings for all parts of the program, especially the small experiential process groups.

Many of the participants were interested in both AGPA and HGPS membership, excited about AGPA and HGPS meetings in 2013, and looking forward to obtaining CGP designation in the future if they qualified. As a result of the training, seven VA staff attended the AGPA 2013 Annual Meeting in New Orleans.

Mr. Morris said that VA management expressed a strong desire to have VA group therapists, especially those providing treatment to homeless veterans, credentialed as CGPs to assure the highest standard of excellence in group psychotherapy services. They are also interested in increasing the number of groups available to veterans. To help the agency meet this commitment, Jeanne Pasternak, LCSW, CGP, FAGPA, HGPS member and member of the International Board for Certification of Group Psychotherapists, will mentor staff in meeting the qualifications of the CGP and eventually completing the application. Ongoing group consultation sessions started earlier this year. This contract will serve as a prototype agreement for AGPA and other organizations, especially other VA facilities. ●

From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

This issue has been an interesting journey for me. After the AGPA Annual Meeting, I was nervous about whether I would have enough copy for the spring issue. I had planned the interview with my friend and colleague Scott Fehr, PsyD, CGP, well in advance, and a few people had approached me in New Orleans about ideas for the *The Group Circle*, but when I would say, “Can

you get it to me by the end of March,” I would be disappointed to hear, “Well maybe we should shoot for the summer issue.” I knew that Scott's interview would be well-timed as his mentee, Clifton August, had his essay selected in the Honor Your Mentor contest, and Scott's 30+ years of teaching is a story in itself that would nicely supplement Clif's essay, which appears in the current issue of *Group Assets*. I realized that in many ways, Scott has also been a mentor to me, especially with respect to my professional writing; so to interview him felt as personal as it was professional, and a privilege.

What is it that they say about feast or famine? A month and a half after worrying about whether there would be enough to publish in this issue, I am

pretty sure that now the next is also full. But don't let this scare you away from writing. Keep sending me your articles. They will be published!

Finally, I would like to thank Tammy Brown, MSW, CGP, who for years has reliably collected *Affiliate Society News* to be posted in *The Group Circle*. I always knew when the deadline was approaching because Tammy would send her contributions days before. Tammy was reliable, always of good cheer, and a really good editor in her own right. Her contributions to *The Group Circle* have been enormously appreciated. We welcome our new *Affiliate Society News* Editor, Kathy Reedy, MSW, MFT, BCD, CADC, CGP; send your news to Kreedy57@gmail.com.

Marketing

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Challenges. Educate consumers about how group therapy targets specific problems such as family distress, depression, anxiety, loneliness, isolation, etc.

- **Group Improves Communication, Emotional Intelligence, and Teamwork.** Relate the benefits of group therapy to things beyond traditional mental health needs.
- **Group Therapy Promotes More Authentic Relationships.** In the safety of the therapeutic setting, patients discover how to be more authentic.

To market our own practices and educate other professionals about how group psychotherapy improves patient outcomes, we need to demystify group work and clarify: a) how group differs from individual therapy; b) how it complements and adds to individual treatment; and c) how can we complement our practices with group work.

Since many of us work with special populations that benefit from participation in group therapy, educating the public and other professionals about these specific niches is valuable (e.g., the medically ill, parents of ill children, adult children with aging parents, bipolar disorder, adult ADHD).

So, what do we mean when we suggest that we should each market our own group psychotherapy practice, and why do so many therapists resist? One reason therapists resist marketing their group practice is confusion over the difference between marketing and selling. Marketing is the dissemination of information about our particular group psychotherapy practices as illustrated above. Selling is the exchange of goods or services for monetary gain. Selling is soliciting business. By marketing we mean we are educating others about what we do and how we do it. We may be great therapists, but if we are not marketing our practices or organizations on a regular basis, we risk remaining unknown and struggling to obtain clients.

Implementing the following easy steps will grow your group therapy practices and educate the public and other professionals about the valuable work you do:

1. **Self-identify as a business professional.** Group psychotherapists should own that title and feel comfortable conducting the business of group psychotherapy. If you have an office, utility bills, fax, computer, website, business cards, stationery, licenses, years of training and experience, degrees, certifications, insurance, record keeping or billing service, accountant, professional dues, office supplies and furniture, then you are in business.
2. **Write a business plan and stick to it.** A business plan consists of a vision, mission, objectives, strategies and plans (A helpful resource is *The One Page Business Plan* by Jim Horan).
3. **Exude passion.** Focus on those parts of your work that ignite your passions; if not, the public will notice your lukewarm responses. Identify the clients with whom you work best and the type of groups you love to run, and market just one or two of these niches, as marketing too many niches at once is difficult.
4. **Network.** Networking is the sharing of information, person-to-person, about your group therapy practice with other professionals. Target mental health practitioners, but also other professionals such as physical therapists, chiropractors, acupuncturists, pediatricians, pain management specialists, lawyers, EAPs, funeral parlor directors, hair stylists, business owners, human resource managers, primary care doctors, OB/GYN doctors, neurologists, cardiologists, chamber of commerce members, etc. Make contact with “hubs” or professionals who make referrals to other professionals. Saying hello to the gatekeepers, i.e. secretaries, nurses, or clerks, is also important because they are also potential referral sources.
5. **Write a letter of introduction.** This tells other professionals about yourself and, most importantly, the benefits of group psychotherapy. The goal is to develop cordial and professional relationships with your contacts. Consider including a brochure and business cards with the letter. Indicate that you will contact the other professionals within one week, and then do so!

6. **Create a one-minute message.** Create, learn, and love to say an introductory message about group practice, keeping the language upbeat and positive. Focus on the benefits clients derive from group, rather than listing your degrees or certifications. This way, you can be clear that you are not asking for clients but offering information.
7. **Evaluate marketing essentials.** A website is a must. You can also list your practice on the new AGPA website! Additional tools include: using other electronic marketing options (see below); mass mailings; giving free talks, workshops and demonstrations; writing press releases, articles, books and newsletters; scheduling networking events and open houses; and hosting a radio or TV show. It is difficult to do it all, so choose what suits your marketing style.
8. **Recognize and resolve resistances.** We all have reasons for resisting marketing, such as lack of time, lack of marketing skills, fear, lacking confidence, and discomfort with socializing and selling oneself. Taking small steps towards your goals will reduce your fear.
9. **Practice good time management.** Marketing a group practice takes time, energy, planning, and imagination. Allocate time in your weekly schedule for marketing your unique practice. One idea for dealing with time-consuming marketing demands could be to hire a teenager from a local high school or college (most schools have a work employment office) or use an e-mail marketing company.

Finally, consider your online options for marketing your practice.

- **AGPA’s New Website** will allow you to have a professional listing where you can upload your own content, photos, and descriptions of your practice.
- **Facebook** is a popular, free website that allows registered users to create profiles, upload photos and videos, send messages and keep in touch with friends, family, and colleagues. Consider creating a professional Facebook page separate from one shared with family and friends.
- **Twitter** is a free Internet service for posting short messages (140 characters or less), known as “tweets,” which are then sent to all users who have chosen to follow you. Some group therapy practices tweet to colleagues and/or patients about upcoming workshops, publications, etc.
- **LinkedIn** is a website geared towards companies and industry professionals looking to make new business contacts or keep in touch with previous co-workers, affiliates, and clients.
- **Skype** is an online service that enables voice and video calls over the Internet. Skype can be used for contact with clients when they are out of town, although there may be some legal and insurance considerations to investigate before using this service.
- **Listservs** provide an electronic mailing to subscribers with similar interests. The AGPA E-Communities have provided a limited listserv up until now. The new AGPA website will include a much more efficient listserv function that you can use to network with other group therapists with whom you share similar interests. Many other organizations and communities host listservs and may be valuable resources.
- **Blog** is a personal online journal that may take the form of short essays or articles. Patients and colleagues may regularly read these blogs.
- **E-book** is a digital publication readable on computers, tablets, and handheld devices. Publishing an e-book is an inexpensive way to put ideas in the public arena.

In order to make these marketing strategies work, commitment is essential! When the Tri-Organizational Board members left the training meeting, we charged each other with planning at least one new marketing experiment to build our own practices and educate consumers and other professionals about group psychotherapy. We urge you to do the same. Find ways to link, affiliate, collaborate, partner, share, network, or merge with like minded individuals, groups, and organizations.

Each of us has gifts to share with the world. By doing this type of public and professional education, we help to de-stigmatize and demystify the process of group psychotherapy, informing people about how our work can meet their needs. ●

Reflections on AGPA in New Orleans

Oona Metz, LICSW, CGP

Every year I am amazed when I talk to members who recount in great detail their memories of past AGPA Annual Meetings—the Institute they attended in 1989 with Anne Alonso, PhD, DFAGPA; the first time they presented a workshop on projective identification back in 1992; that great Plenary Address by J. Scott Rutan, PhD, CGP, DFAGPA, in 2009; the award they won in 2010. My memory doesn't work that way. I am pretty sure my first AGPA Annual Meeting was about 15 years ago, but it could be 12 or 18. I think it was in Boston. I know I've gone most years since then, and that I have been to Washington, New York, Boston, New Orleans, and San Diego. I'm pretty sure I didn't go to Chicago or Atlanta. I remember by name some of my Institute leaders, but I don't quite remember the name of that nice older man who is slightly balding, very smart and such a mensch. Or that elegant woman who must be 70 given all of her accomplishments, but looks like she is 60. I do know I have led a couple of workshops and look forward to leading my first Institute next year.

What I do remember with clarity, however, are the feelings I have when I am at AGPA. It's a mix of excitement and intrigue, envy and awe, competence ("I could have run that workshop") and incompetence ("I'll never be that accomplished"). I get in touch with how far I have come as a therapist and how far I have to go. I feel nurtured and challenged, open and curious, more self-aware than when I arrived. I am physically and emotionally exhausted, succumb to more calories and less sleep than I should. I remember inhabiting the bubble that is AGPA.

I cherish the lasting friendships that endure and evolve over time. Deep and intense for a week every year, they enrich my life immeasurably. We always express an intention to stay in regular contact, which almost never happens, but the connection has been made and it is so easy to pick right back up the next year. I have adopted and been adopted by friends in Colorado and New York, Minnesota and California. My ongoing relationships with my Boston friends and colleagues deepen, expand, and evolve at AGPA. A highlight every year is the Boston dinner in which the buttoned-up older generation unbuttons, the delight and camaraderie palpable in the room as we all unwind and celebrate, away from our responsibilities at home, free to tell jokes, and wine and dine.

My dear friend Deb and I roomed together this year for the first time. So in



Oona Metz, LICSW, CGP (right) and her adopted New York friends, Chera Finnis, PsyD, CGP, FAGPA (center) and Robin Good, PhD, CGP, FAGPA, at the AGPA Annual Meeting in New Orleans.

sync were we, that despite flying on separate airlines and being scheduled to arrive in New Orleans five hours apart from each other, our flights conspired and we arrived 15 minutes apart instead. We shared a cab from the airport to the hotel, negotiated the time in New Orleans well, often eating together, sometimes going our separate ways. We began and ended each day together, sometimes seeing each other frequently, sometimes very little. We were able to connect, leave and return to each other repeatedly and easily.

People often refer to AGPA as their "home." Home for most of us was not like AGPA. We weren't consistently nurtured and held, challenged and seen in our homes growing up. We were not able to protest without fear of retaliation. Perhaps, what we mean when we say AGPA is home is that it is the home we wish we had, the one so many of us have worked to create for our own partners and children, but one we only came to know as adults. While I come away with much theoretical learning, AGPA most importantly has become my secure base, where I feel safely connected year after year. As I write these reflections on the plane back to Boston, I am basking in the glow and looking forward to next year. And I imagine I'm not alone. ●

President

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Thank you to our dedicated and skilled members who go out and teach around the country. You are our best advertisement for AGPA.

The work on the new website continues under the excellent direction of our CEO Marsha Block, CAE, CFRE. It is an enormous job to migrate all the information from one website to another. All current material must be evaluated, either discarded or rewritten, and new content added. Thank you to the various committee members who have pitched in to edit parts of the website relevant to their role in AGPA. This effort has taken up a very large amount of everyone's time this winter and spring, and we hope for release of the website in the late summer.

The Distance Learning Task Force has organized several events for us. *Healing as a Group in the Aftermath of the Boston Marathon Bombing and the Echoes of Earlier Trauma* was presented June 2 by Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, Cecil Rice, PhD, CGP, DLFAGPA, and me. Haim Weinberg, PhD, CGP, FAGPA, and Ravit Raufman, PhD, will focus on scapegoating in group psychotherapy on June 9; Mary Nicholas, PhD, LCSW, CGP, FAGPA, will discuss the compulsion to repeat relationships with abusive partners and how group therapy can help on September 15; and Macario Giraldo, PhD, CGP, will lead a three-week series on dialogue in the group: Lacanian perspectives on the psychoanalytic group, September 22, 29, and October 6. I look forward to participating in at least one of these events. I so enjoy an evening of interesting conversation with group experts and colleagues from around the country and the world without leaving my office. This is truly a way to keep that Annual Meeting feeling alive throughout the year.

The Annual Meeting Committee, which hardly gets a break, has already started its planning for our Annual Meeting in Boston next March. Many thanks to the Annual Meeting Committee for its year-round dedication to making our meeting the best it can be.

I am still glowing from our powerful Annual Meeting in New Orleans. I found the energy of the meeting invigorating and full of hope. I was delighted as I looked around in the Opening Plenary and saw how many first-time attendees were present, however, the enthusiasm came from all the attendees, including our long-time members. The program was exceptional, offering many opportunities to learn new and cutting-edge ideas about group. The Annual Meeting was also a success in other important arenas. We surpassed our financial and attendance goals. We had a record 176 attendees on scholarships provided by the support of the Group Foundation. As in the past, we have received enthusiastic letters of appreciation from many of them. I returned home renewed and ready to take on the next phase of the AGPA year.

While many of us thoroughly enjoy the opportunity to come together with our colleagues from around the country and the world, the substance of the Annual Meeting is the program. I want to give hearty thanks to the office staff—Helen Li, Katarina Lizon-Cooke, Leah Penney, Diane Feirman, CAE, and Angela Stephens, CAE, for all their hard work and unrelenting devotion to making the Annual Meeting the best it could be.

I wish you all a productive spring and restful summer and hope you keep in touch by participating in the Distance Learning events. Please contact me with any thoughts or feedback about AGPA. I am eager to hear from you. ●

Being A Group Therapy Teacher and Mentor

Steven Van Wagoner, PhD, CGP, FAGPA

Scott Simon Fehr, PsyD, CGP, is a clinical psychologist practicing in Hollywood, Florida, and an Assistant Professor of Psychology at NOVA Southeastern University, teaching courses in introductory and advanced group psychotherapy. Dr. Fehr was recently recognized as an outstanding mentor by his mentee Clifton August, who won the Honor Your Mentor essay contest and whose essay is published in the Spring issue of Group Assets. Dr. Fehr has published several books on group psychotherapy, and has been an AGPA Institute and workshop Faculty member.



What got you interested in group therapy?

My interest arose from my experience as a patient in psychoanalysis. My analyst suggested that I might consider group therapy in conjunction with individual therapy. I had no idea what group therapy was, but I immediately felt terror, which, of course, our patients sometimes feel as well. After the first night in group, I was hooked. Here I was, a 24-year-old guy in a group with older, very accomplished individuals who were speaking about my issues and vulnerabilities. I no longer felt alone.

You have been in private practice for 33 years specializing in group therapy. How did you move into academia?

I had been practicing for about 16 years when the Director of Academic Affairs at Nova Southeastern University asked if I would teach group therapy to doctoral students. I had never taught before and thought this would be an interesting challenge. After a year, the Masters program invited me to join its faculty to teach group. I have been teaching six to eight group courses per year for 15 years. Teaching has been one of the most wonderful decisions I made. In some ways I have been teaching since I was about eight years old but in a very different venue. I grew up on a horse farm and taught people how to ride horses until I left for university. In some ways when we had group classes, it was also like leading a group, containing both riders and animals.

My sense is that you thoroughly enjoy working with the group therapy novice. What is it about this group of students that captivates your interest?

I love their openness and their awe of anything psychological. I also like their desire to change the world. I remember those feelings when I was their age. On a completely personal level, teaching helps me feel that I am contributing to the development of future clinicians. I also learn a great deal from my students, which is always humbling. I think that we should be open to how our students can teach us.

What do you mean by “their desire to change the world?”

I have had the privilege of listening to countless students speak about what they wish to do in the future in the field of psychology, and most want to make a profound contribution. In many cases, it is a wonderful fantasy, yet great contributions have begun as a fantasy. Many of my academic colleagues discourage students by bringing in their concept of reality and telling them it is impossible to accomplish what they want to do, whereas I encourage them to go for it and see where they go.

Many group therapy advocates lament about how group is viewed as second-class therapy. How do you go about challenging that assumption in your students?

APA does not require a group therapy class in a doctoral program. Can you imagine that a student can go through an entire doctoral education and never have a course in group therapy? It is tragic when they are immediately thrown into leading groups on their internships without proper preparation. I try to

counterbalance the second-class mentality belief of group therapy by putting students into a process group on the second class of the semester, and allow them to have the experience, first hand, of how powerful a modality group therapy can be.

You have had five group therapy textbooks published. Did you have a particular audience in mind when you wrote these texts?

My first book was written out of insecurity. I wanted to show my colleagues how smart I was, but I hated the book. I then rewrote the entire book from the perspective of a student, thinking that if I were a student, what kind of introductory text would I want to read. My subsequent books continued to be directed to both students and colleagues, the last being developed for colleagues at all levels of professional experience.

What are the essential lessons you wish to impart to the graduate student learning about group for the first time?

Group therapy is a primary therapeutic modality. We live in a culture that begins with the family as our first and primary group experience. All issues, both resolved and unresolved, stem from these historical origins, which are recreated in the relationships formed in the group. In group therapy, multiple transferences develop more quickly, allowing us greater opportunity to help our patients understand and work through them. I also want to impress on them that leading groups is challenging and not all therapists have the personality for doing group work. It requires the ability to withstand escalating emotionality that needs to be contained, while creating an environment that is deemed safe by the client.

How do you structure your class to get the most out of your students and maximize their learning?

Many universities want group therapy to be taught through lecture, which fails to demonstrate its efficacy. Dewey stated that: “Education should encourage learning by getting students actively and emotionally engaged in a subject.”

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...leading groups is challenging and not all therapists have the personality for doing group work. It requires the ability to withstand escalating emotionality that needs to be contained, while creating an environment that is deemed safe by the client.

Memories of Elvin Semrad

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Semrad-like question: “Tell me, what is breaking your heart?” From across the room came the sharp retort: “Don’t give me any of that Semrad shit!” I immediately got up from my chair, went to the nurses’ station and told them, “Get her whatever she wants for sleep.”

His Teaching Conferences: What and How He Taught Us

In December of my first year, I presented a 14-year-old patient of mine to Dr. Semrad at a teaching conference. The young man was torn apart by the divorce of his parents that occurred when he was five. His father ran off with the babysitter, leaving the patient’s borderline mother with four young children to raise. Shunted back and forth between his parents, the patient distracted and comforted himself by drawing cartoons. While I was describing the young man, his cartoons were passed around to the clinicians in attendance. They became so engrossed in the cartoons that it became apparent in the discussion following Semrad’s interview with the patient that many of the residents had not listened to the facts of the presentation. I remember him cautioning the residents not to become more interested in a patient’s productions than in the patient himself.

Dr. Semrad taught us not to gratify ourselves at the patient’s expense. I think he noticed that I was more invested in getting his approval than I was in the patient’s welfare. This realization was brought home when I presented a 32-year-old married woman who had tried to kill herself by overdosing, who showed little interest in learning about herself, and even less in attending the teaching conference where she would be interviewed by Dr. Semrad. The interview was noteworthy for how little we learned about the patient because she was quite guarded and only superficially cooperative. After the interview, Dr. Semrad turned to me and asked how I had to prostitute myself to get the patient to come in for the interview. I learned a lot from that question.

Often the first question he asked patients at case conferences had to do with how people do business with each other. It was the language of the marketplace, something I could easily relate to because my father had been a middleman in the fruit business. To the hospitalized manic patient whose behavior left his therapist no alternative but to hospitalize him, the question might be, “Did you get what you came for?” To the patient who had been alienated from her family for many years, the question might be, “How did you afford that?”

His answers to questions that patients asked him were illuminating as well, like when a 21-year-old man asked, “When is it time for a person to leave home?” Semrad’s answer: “When the person is ready to.”

In his interviews with patients, Dr. Semrad demonstrated that we should not be overly puzzled by the trivial event that apparently precipitated a patient’s psychotic break. Instead, he encouraged

us to understand as fully as possible the patient’s pre-morbid functioning and his/her character structure before the break occurred. Perhaps it only took a trivial occurrence to cause the decompensation because, in fact, the patient was barely holding things together before the precipitating event.

Dr. Semrad exposed the myth that some patients are empty. His interviews showed how the apparent emptiness was a defense, an avoidance of the profound feelings that were part of the internal conflict that patients were struggling with.

Dr. Semrad and My Traumatic Experience

Around 10:30 Tuesday morning, June 5, 1969, I was called to Dr. Semrad’s office. My feelings were on the apprehensive, but excited end of the spectrum, having no idea what the meeting was about. Dr. Semrad spoke directly to me with no embellishment of the facts: One of my in-patients had killed herself. She had gone to her job in Boston, greeted the new summer-student employees, taken the elevator to the seventh floor, and jumped to her death. I felt stunned and devastated. I was tremulous and felt like crying. What would happen to this woman’s children? How could she have done this to me? How would I ever face my residency classmates in our T-group that would take place in a few hours?

Dr. Semrad said some things to me that have served me well in my clinical work over the years. He encouraged me to keep the experience of my work with Mary open in my mind and heart so I would keep learning from it. The idea was not to close down this extremely painful experience. He also cautioned me about one of the hazards of the psychiatric profession. He said that having gotten burned as I had in this case, the result could be that I might decide to never again treat very sick people. Later in my career, I heard the same advice in a different form: a cat that sits on a hot stove may never sit on a stove again—hot or cold.

Dr. Semrad had learned from the patient’s father, a wealthy white collar professional, that he had been pressuring his daughter to leave the hospital and resume being a wife and a mother. Her father could not understand why her treatment was taking so long. Dr. Semrad warned me against pressuring people to get better. There were ways to slow down a person’s recovery but he knew of no way to speed up a recovery from psychosis.

Estimating the Degree of Sickness of the Patient

During my third year of residency, half of which I did as a consultation-liaison psychiatrist at the Brigham and Women’s Hospital in Boston, Dr. Semrad was invited to chair a case conference. Mr. Smith had heart disease and depression. A married father of three, an accomplished musician and an impressive community activist, he appeared clearly clinically depressed during the interview with Dr. Semrad; however when asked if he was depressed, Mr. Smith answered, “No.” Then Dr. Semrad asked: “What is your idea of depression?” Mr. Smith answered with a question, “Isn’t depression when you put a gun to your head?”

Dr. Semrad’s question, “What is your idea of depression?” helped me never to assume that I fully know what a patient means without first asking additional questions. Dr. Semrad ended the case conference by thanking us for presenting him such a healthy patient, which reminds me of another one of Dr. Semrad’s teachings.

One of our jobs as clinicians is to estimate how sick we think the patient is. He told us that just having completed our internships, we probably had little trouble deciding about a patient’s medical illness. Estimating how sick a patient was psychiatrically was a different matter. He taught that all human beings have three major tasks to accomplish in life: (1) survival; (2) getting other people to do things for us; and (3) maintaining the relationships that we have. Severely emotionally sick people were primarily trying to survive. The emotionally sick were primarily trying to get other people to do things for them, and the sick and healthy were primarily trying to preserve the relationships that they have.

The kinds of questions that Dr. Semrad asked patients gave me the impression that he believed that people did not simply feel feelings but decided which feelings they would feel or if they would let themselves feel anything at all. “When did you decide to turn off your feelings?” was a question that Dr. Semrad often asked. He was relentless in his curiosity about the circumstances in which people made these decisions, decisions that in some instances would last a lifetime.

About Making Basic Life Decisions

In addition to being empathic and incredibly in touch with feelings of sadness, loneliness, and disappointment, Dr. Semrad was tough and tenacious. He was relentless in holding patients and staff responsible for making the decisions we all need to make in our lives. Treating patients and staff alike in this regard reflected his deep belief that people are much more similar than different. He felt, with regard to life’s important tasks, that psychotic people and neurotic people were different only quantitatively, not qualitatively. He kept his eye on the ball; it was difficult to evade his questions. He was keenly aware of the difference between idealization and realistically valuing someone. As he once put it, “Don’t idealize anyone, they all stink. But do realistically value people for what they have to offer.”

Three Important Lessons

The primary thing Dr. Semrad taught me was to respect the patient. Immediately after he was done interviewing a patient, he would ask, “Do I have your permission to talk with these doctors, nurses, and social workers about how we might best be of help to you?” I remember how profoundly this question affected me. Here we were, a group of highly successful professionals and there was the patient, often a broken down person saturated with feelings of failure and shame, and Dr. Semrad extended such respect to the patient.

The second thing I learned was to always be

Dear Consultant:

I recently added Joe to my long-term, mixed-gender therapy group. I also work individually with each patient in this group. On Joe's first night in the group, it was discovered that he and Brenda another recent addition, knew each other from outside the group. They talked about moving in the same social circle. Later that week, when Brenda came in for her individual session, she told me that she and Joe had made out at a recent party. She is going through a divorce and custody battle for her children. I encouraged her to talk about her relationship with Joe and to consider talking about it in the group. The next week, she was in a crisis and talked about that in the group. It has been two months, and neither Brenda nor Joe has talked about the extent of their involvement. Joe has never mentioned it. The group agreement is that the members refrain from outside contact, and if it occurs, they will talk about it in the group. I am feeling nervous about the secret and unsure about how to handle this situation. Can you advise?

**Signed,
Torn**

Dear Torn:

I'm not sure that the exact nature of the contact between Joe and Brenda can be considered a secret in the resistance sense of the word. Both members immediately acknowledged that they knew each other from outside the group. It sounds as though all contact occurred before either of them were group members, and so, therefore, wasn't an enactment (which is why we focus on secrets as resistance).

Since you meet with both Joe and Brenda individually (very fortuitous in this case), I would use the opportunity to explore the reasons for their reluctance—if that's what this is—to bring to the group the details of their contact outside of the group. I would encourage both of them to explore their reluctance to discussing specifics in the group, with no expectation that they reveal the nature of the specific incident. Should Joe and Brenda be willing, you would then be positioned to explore group members' reactions to this new material (and to them), as well as the meaning of it all (fairness, trust, historical referents, etc.) to the group-as-a-whole. By this time, I would imagine that the group would be likely to express interest in the nature of Joe and Brenda's contact, and maybe they would even be willing to reveal it.

Remember, your goal isn't so much that Joe and Brenda tell all as that the function and impact of their not telling all become clear to everyone.

*Lynn Pearl, PhD, CGP
New York, New York*

Dear Torn:

This reminds me of an experienced colleague who attended one of our professional discussion groups. He related to us that he hasn't led a group for the past 20 years, saying the reason was that two group members had an affair while in his group and he felt responsible and he ended the group in shame. We helped him reconnect with our group family. This is still a topic (physical contact outside of group) that many therapists feel uneasy to bring out in the open. Right from the start of this couple coming into the group and claiming to know one another raises important issues for you and their fellow group members to address.

Can they both keep their social lives/group lives separate or do you need to refer one to another group? If the extent of their social involvement is significant, I would refer Joe to another group.

Since he has remained (we still need to entertain that another group may be the prudent course), then your agreement (refrain from outside contact and bring it in when it occurs) is a good one, and I would add another. It is not unusual for members to avoid bringing in uncomfortable topics like this one. If a member tells me in individual sessions about this outside contact, I will again remind her of the rule, give her a limited time frame to bring it into group, and let her know I will bring it into group myself if it is too difficult for her. I will not let her be judged or punished; we are here to explore and to understand. Otherwise, we are allowing two of our members to hold us hostage. Many a child/family therapist can attest to the child having the parents over the barrel!

I also would enlist the group members in this activity: "Why haven't we heard from Joe and Brenda on any updates about their outside lives?" Remember, we create rules in group to protect the patient and provide boundaries, so members can feel safe to explore, in the here-and-now, without pressure to act out when they leave group.

That being said, we expect our contract to be broken. We are not drill sergeants looking to discipline. We watch for contract violations—not paying bills on time, coming late for sessions, not taking one's share of talking time, having outside contact and not bringing it into group for discussion. I am torn between advising you to seek out further consultation either with fellow colleagues or supervision, or trusting your intuition, and listening to the induced feelings from this couple and the other group members. I was also wondering if this is replicating an early family drama for yourself and your group members?

*Greg MacColl, LCSW, CGP, FAGPA
Forest Hills and New York, New York*

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 512-472-2880 or e-mail at mhegener@sbcglobal.net.

aware of how I might be keeping certain dimensions of the patient from finding expression in the therapy hour or during the hospital stay. Repeatedly, I watched him interview patients that I had been working with for several months, only to find the patient telling Dr. Semrad things that the patient had never told me. This caused me to wonder, "What is it about me that keeps my patients from telling me this highly personal

information?" "What am I unwittingly doing to impede rather than enhance the progress of therapy?"

And last but not least was to value my own personal experience. When I came to MMHC fresh out of residency, I was probably as smart as I would ever be. I had just finished a year of internship, using my vast knowledge to take care of people, only to walk on to an in-patient unit

where most of my knowledge would be of little use in helping severely mentally ill patients. It was very upsetting and frightening. It was at that juncture that Semrad said something that I have always treasured: "The one thing that each of you has that no one else has is your own experience as you experienced it. You might not like it, you may feel it stinks, you may not have elected it; but it is yours, so value and use it." ●



American Group Psychotherapy Association, Inc.

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See Group Assets insert

Affiliate Society News

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

The Austin Group Psychotherapy Association (AGPS) prepared for its Spring Conference with J. Scott Rutan, PhD, CGP, DFAGPA, by discussing *A Sense of Belonging in Groups* on April 5, led by Kate Culligan, LMFT, and Patricia Louis, MSSW. The same weekend, Katie Griffin, MA, LPC, CGP, led AGPS's Spring Student and New Professionals Institute—*Desire, Eroticism and Sexuality in Group: An Introduction*. AGPS's Spring Workshop was *Best Practices in Trauma Prevention: Strategies for Self-Regulation*, taught by Patricia Tollison, PhD, CGP, and Gaea Logan, MA, CGP.

The Eastern Group Therapy Society's (EGPS) Annual Spring Event, co-chaired by Phillip Luloff, MD, CGP, and Elizabeth Merrill, PsyD, CGP, included Macario Giraldo, PhD, presenting on *Of An Absence That Does Not Leave and a Presence That Does Not Happen: An Encounter with the Dialogues In/Of the Group*. EGPS's upcoming fundraiser, co-chaired by Patti Cox, PhD, CGP, and Cheryl Gerson, LCSW, BCD, will honor Chera Finnis, PsyD, CGP, FAGPA, Bernard Frankel, PhD, ABPP, LCSW, LFAGPA, and Lena Furgeri, EdD, LCSW, CGP, LFAGPA. EGPS is bringing back its celebrated Chinese Auction (with great prizes). The event will be held at Sagaponack, 4 W. 22nd. Street, New York City; tickets are \$130. Contact Jan Vadell, 631-385-0763 or egps@optonline.net.

Jerome Gans, MD, CGP, DLFAGPA, was the keynote speaker during the Annual Institute of the Houston Group Psychotherapy Society (HGPS) presentation of *Difficult Scenarios in Group Psychotherapy*. The Institute began with a presentation by Karen Magee, MA, Jungian analyst, on *Ethics—A Search for Light in the Shadows: A Story's Final Chapter*. Using the film *Gran Torino*, individual and group exercises from an ethical exploration focused on the story of one man's life as he approached his final chapter. Dr. Gans led participants through lectures, demonstration groups, and small group exercises on how common challenges in groups affect therapy practice. Additionally, specific interest groups had extensive experiential components on topics including psychodrama, self psychology, Jungian group therapy, eating disorder recovery, anger management, subtle body movement, Imago therapy, male and female relationship building, familial enactments, and Dialectical Behavioral Therapy.

The Puget Sound Group Psychotherapy Network has been working hard on development issues including instituting a Welcoming Program that matches newer professionals with more seasoned practitioners. It has also been updating its bylaws and increasing participation and the vitality of its board. Philip Flores, PhD, ABPP, CGP, LFAGPA, presented *Interpersonal Neurobiology, Attachment Theory and the Group* at Puget's Annual Conference.

Please note: Affiliate Societies may submit news and updates on their activities to Kathy Reedy, MSW, MFT, BCD, CADC, CGP, Editor of the Affiliate Society News column, by e-mail to: Kreedy57@gmail.com.

Being a Group Therapy Teacher

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Emotional experiences are better remembered than cognitive ones. I teach from the heuristic paradigm. One learns by doing. We are in a circle and each student has an opportunity to be a group leader. Each student is assigned a chapter from the textbook and is required to choose one or two ideas from the chapter through which to engage their classmates in a dialogue. This is often their first experience of engaging a group of people, while at the same time having the security to fall back on the topics they have chosen from the book if they get stuck. I am in the circle to guide the student when lost or unsure about what to do next. I believe in Roger's statement that a teacher, "should be a guide on the side, not a sage on the stage." Once each student has presented a chapter, I remove myself from the group and sit outside of the circle, while he or she engages his/her classmates in group process. After the group, the entire class processes what happened during the group and gives feedback to the student group leader. I love to watch them develop from their initial bewilderment to looking like a budding group leader. Students are not required to disclose personal information if they so choose, but are encouraged

to share their thoughts and feelings in the here-and-now. Students have related to me over the years that they have never had such an experience in any other course, and for the first time, they really got to know all of their classmates.

Even with the experiential learning, you tailor the experience to their developmental level, increasing the challenge as they gain skill and confidence. Also, in some ways they end up having a group experience like at an AGPA Workshop or Institute, except as a leader, as well as a group member.

I have 15 weeks to give my students a feel for both the client and leader experience. I wish I had more time with them to prepare them for internship and jobs and to further generate excitement and passion for group therapy.

Over the years, I have received many communications from past students thanking me for this experience. I also received letters from internship supervisors telling me they have never had a doctoral candidate this group-savvy before in their program. I like to believe this to indicate that I have been a successful teacher and mentor. ●