

# The Group Circle

Summer 2015

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

## Ensemble, Visibility, and Education: Some Guidelines for Group Psychotherapy

Leon Hoffman, PhD, ABPP, LFAGPA

*Editor's note: A version of this article first appeared in the Newsletter of the Illinois Group Psychotherapy Society. I thought it would be of interest to all AGPA members as well.*

**E**nsemble, visibility, and education are key components for group psychotherapists to grasp in order to be effective, develop thriving group practices, and educate the public and other clinicians about the value of group psychotherapy. I will elucidate each further below.

### Ensemble

When a group is working as a whole, we might think of it as an ensemble, which in my view is the operative concept and primary goal of all effective groups. All ensembles strive to function increasingly effectively *in concert*. I learned the significance of ensemble from my lifelong experience as a chamber music cellist. The notion of ensemble is clearly manifested in the optimally functioning string quartet.

Psychotherapy groups, like string quartets, when functioning at their best, create a blend of themes, at times dissonant, that combine to produce a narrative, or melody if you will, that is most harmonious for the group. The individual is encouraged to give her best in a way that most effectively benefits the group-as-a-whole. That includes the group psychotherapist, who is also a member of the ensemble. That leader may use an individual-in-the-group approach, an interactional (interpersonal) approach, or a group-as-a-whole approach, depending upon that clinician's theoretical orientation and the needs of the patients, but like a good conductor, finds a way to blend the dissonant voices into a coherent whole.

*Listening* and *observing* are paramount in all finely tuned ensembles, whether string quartets, basketball teams, families, organizations, or even world nations. To reach, excel, and maintain oneself at the highest professional level, a group psychotherapist must be skilled at both. Nuances and subtleties (both bodily and verbal) are crucial. Concentration and focus are always assumed.

Claudio Abbado, the late celebrated conductor, taught that we learn how to talk, but we don't learn how to listen. Both skills are required, and one learns early in string quartet playing that one must be able to play and listen at the same time, to contribute to the

ensemble. Similarly, one can learn to talk and to listen simultaneously. "Play out" is a significant dictum for ensemble players of all kinds. But noticing one's impact upon others is equally important. It is easier to look out the window than into the mirror. That is where our beloved, underappreciated, and not-well-enough-known field of group psychotherapy excels since a psychotherapy group is a veritable hall of mirrors in which one can discover how others experience him, akin to looking into multiple mirrors.

The legendary Scottish poet Robert Burns proclaimed, "O would some power the gift to give us to see ourselves as others see us" in his poem, *To a Louse on Seeing One on a Lady's Bonnet at Church* (1786). That wise observation frequently gets the credit for the hall-of-mirrors-concept in group psychotherapy. Actually, it may have been anticipated thousands of years earlier by the Jewish concept of *maarit eyen* (how does it look to the eye?), meaning how does it look to others. Teamwork (or ensemble) is the essence of group psychotherapy.

Ensemble is facilitated by knowledge of, and adherence to, contracts (or agreements) and the resulting boundaries. Attending to them creates and maintains the necessary framework to ensure that the group psychotherapist will be able to develop a thriving ensemble. Contracts are needed for only one reason—to interpret deviations from them. The elements of a contract (whether written or verbal) must be clear and complete. Boundaries help guide people so that they can effectively manage myriad life complexities; structure binds anxiety. Confidentiality and extra-group fraternizing represent some of the boundary issues that group psychotherapists must deftly navigate. Finally, everyone is advised to attend to the following age-old profound wisdom: If one does not pay meticulous, scrupulous attention to one's boundaries (whether personal, professional, occupational, political, or other), all relationships risk ruin.

### Visibility

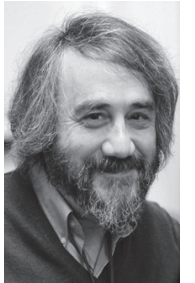
The absence of visibility remains the primary obstacle to our field's wellbeing. Group psychotherapy may pos-

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## From the President Board Gains

Les Greene, PhD, CGP, LFAGPA

**I** like being the bearer of good news and so, having recently presided over three and a half hours of conference calls with our AGPA Board of Directors, I find writing this



issue's column to be very gratifying. Not that I am personally responsible for creating this good news; I'm just the messenger. You, of course, are invited to give me as much credit for it as you like for the following positive developments.

But seriously, the most exciting recent activity is the completion of a new publishing contract for our *International Journal of Group Psychotherapy*. With this recent signing of a contract with the eminent publisher Taylor and Francis, we are embarking on a transition to a new world of Internet-age knowledge dissemination. For our membership, this development means always-available computer access to the current issue of the *Journal*, as well as to the entire series dating back to its inaugural year 1951, which featured classic papers by such group therapy pioneers as Samuel Slavson, the founder of AGPA, Jerome Frank, Helen Durkin, and former Presidents Jay Fidler and Henriette Glatzer. These archives, now being digitized, will provide a unique and valuable perspective of the growth and development of our ever-evolving field. Using search tools provided by the publisher, members will be able to search for specific articles, authors, or topics. For those members who, like me, also want to fill their office bookcases with hardcopies of the *Journal*, they will continue to be available at a very nominal fee.

There are so many more perks with our new publisher. The circulation of our *Journal* will soon increase; more than 10 times the number of current institutions will carry the *Journal*, thus enabling clinicians, researchers and students who are not affiliated with AGPA to have ready access to our publication. For those established and would-be authors, the manuscript review process will become more efficient and seamless with an online submission

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**The Group Circle** is published four times a year by the American Group Psychotherapy Association, Inc. and the International Board for Certification of Group Psychotherapists.

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From the Editor  
Steven Van Wagoner, PhD, CGP, FAGPA

Summer has officially begun, and in the midst of vacation planning and execution, AGPA remains active, as does this newsletter. But with summer, comes a necessary slowing of reporting all the various activities and events in AGPA, which leaves some room to dig into the vault and publish some interesting articles that we hope will generate reflections about clinical practice, research, and the ongoing activities of the organization. It is with great pleasure that we

introduce what will be the companion to *Practice Matters!*, the column that debuted in the spring issue, and will be used to inform our members about important practice issues being addressed by AGPA and group psychotherapists-at-large. The new column, *Research Matters*, has been something in discussion with the Science to Service Task Force for more than a year and will address issues, developments, and findings from research that will aid clinicians in integrating evidence-based practices into their groups. It is my hope that the two columns, which will alternate each issue, taken together, helps our readers think about how clinical practice and research are collaborative and mutually informative endeavors. Our feature

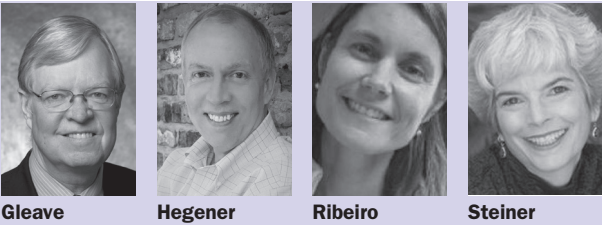
article, written by Leon Hoffman, PhD, ABPP, L FAGPA, reminds us of some key ingredients that go into becoming an effective group psychotherapist, developing a thriving group practice, and educating our constituents about the value of groups. Congratulations go out to the new AGPA Fellows, whose contributions to the field of group psychotherapy through clinical practice, teaching, training and supervision, and research, enhance our knowledge and benefit us in our development as group psychotherapists. I hope you enjoy the rest of the issue, including the feature articles, as well as *Member News*, *Affiliate Society News*, *Consultation*, *Please*, and Les Greene's, PhD, CGP, L FAGPA, *From the President*. ●

President continued from page 1

process, which should shorten the lag time from submission to publication. Page size will be enlarged, thus providing more content per issue. A new link on AGPA's homepage will enable members to more readily reach the *Journal* content. In addition, royalties from the increased circulation will significantly bolster our income, thus ensuring and enhancing our capacity to provide still other benefits to our membership. This is a winning arrangement for all stakeholders of the *Journal*. There's more good news for AGPA. As reviewed and discussed by our Board of Directors, we are ending the fiscal year with an anticipated balanced budget due in part to our highly successful San Francisco Annual Meeting, which far exceeded all of our registration estimates, to our very successful efforts at membership recruitment and retention, and to the continued sustaining support of the Group Foundation for Advancing Mental Health. Registration of our Distance Learning events is also up, thanks to complimentary membership access to programs and to reinvigorated and innovative new formats and topics, such as a book club. There are also SIG-sponsored events, like our recent teleconference on networking and marketing activities in building private practice groups. Applications for new CGPs are also up. We also just learned that the annual

Affiliates Societies Assembly meeting in Chicago was a huge success, with a productive leadership training session and reports of the development of two new affiliates—the Hawaiian Islands Group Psychotherapy Society, just approved by the Assembly and the Board of Directors, and the newly forming Northern Florida chapter. There is, of course, a lot more to the workings of AGPA, but I've chosen to highlight what for me are some of the more exciting developments. As I said from the start, I'd like to take credit for these achievements, but alas I am only reporting the truly impressive efforts of so many of our AGPA community, staff and members alike, though I am most appreciative of the opportunity to share all of this news with our community. One final note: From my perspective, all of our organizational efforts—those I've highlighted and the many others—are firmly guided by our mission statement. For those who are not familiar with our mission or need a refresher, please review this on our website, in the About Us section. It is a source of great pride that we are unswervingly dedicated to do the right thing in the practicing, teaching, supervising, and researching of quality group psychotherapy. At this time when one of the major mental health discipline organizations has strayed from its ethical grounding, I am comforted to experience and know that our organization, our AGPA, consistently takes the high road. ●

Member News



**Robert Gleave, PhD, ABPP, CGP**, was elected as President-Elect of Division 49, the group psychology arm of the American Psychological Association. Dr. Gleave is also on the Board of Directors for the International Board for Certification of Group Psychotherapists. He is a psychologist and a Clinical Professor at Brigham Young University, where he has a joint appointment with Counseling and Psychological Services and the Counseling Psychology Doctoral Program. He teaches advanced group theory and practice and leads two groups weekly. He is a Co-Founder of the Consortium for Group Research and Practice (C-GRP) research team, which is a productive collaborative effort between the clinical psychology program, the counseling psychology program, the Counseling Center, and the Utah State Hospital. C-GRP is involved in multiple research projects investigating group psychotherapy process and outcome. Dr. Gleave also serves on the Group Specialty Council, a small collaborative group seeking specialty recognition for group work from APA.

**Michael Hegener, MA, LPC, CGP, FAGPA**, has been appointed to the faculty of The Center for Group Studies in New York City.

**Michele Ribeiro, EdD, CGP**, was elected Member-at-Large of Division 49 of the American Psychological Association.

**Ann Steiner, PhD, MFT, CGP, FAGPA**, published a second edition of *How to Create and Sustain Groups that Thrive: Therapist's Workbook and Planning Guide*, which provides a hands-on approach to the challenges of forming and maintaining cohesive, durable and effective groups. This manual includes an overview of the different types of groups, a screening and preparation system, modifiable forms, sample group agreement templates, and online netiquette.



AGPA's Past President **Jeffrey Kleinberg, PhD, CGP, DFAGPA**, conducted an intensive training program for graduate students, new professionals, faculty, and administration at Ilia State University, Tsibilla, Georgia. He is pictured here (back row, sixth from right) with his class.



# Research Matters

Philip Flores, PhD, ABPP, CGP, LFAGPA, Robert Klein, PhD, ABPP, CGP, DLFAGPA, and  
Rebecca MacNair-Semands, PhD, CGP, FAGPA, Co-Chairs, Science to Service Task Force

*This is the first installment of Research Matters, a companion column to the Practice Matters! column, which was launched in the Spring 2015 issue of The Group Circle. This is a special opportunity to address our mission, part of which is to promote greater integration of clinical practice and research. Our hope is to enable AGPA members to be better informed about the latest research findings and how they can be applied to clinical practice.*

## How It All Began

During the course of its Strategic Planning session in 2014, AGPA’s leadership realized the importance of revisiting and revitalizing its commitment to evidence-based practice in group psychotherapy. This continues to be an important priority of the organization. Since AGPA was at that time in the process of re-doing the website, it seemed like the right moment to look at how we handled this matter on the organization’s official site.

Unfortunately, we discovered that the information on the website regarding the efficacy of group psychotherapy was either incomplete or out of date. Furthermore, it offered little of immediate value for practicing clinicians and probably wasn’t even read by most! We agreed that this entire section needed to be revised and that the members of the Science to Service Task Force might be in the best position to do the considerable work required.

Several reasons warranted taking on this project. First, it is important that the membership move toward evidence-based practice since this is rapidly becoming the coin of the realm. Supporting and augmenting the evidence base for clinical practice lends credence to its legitimacy and its scientific basis. AGPA members, therefore, should have easy access to the latest evidentiary studies that support the efficacy of group therapy. They will then be better able to include this information in their knowledge base and determine how best to implement such findings in their actual clinical practices. This will assist them to continue to provide the highest quality clinical care.

Second, outside of AGPA, there is an ever-increasing demand, arising from multiple constituent groups including consumers, the government, insurance companies, and healthcare professionals, to provide evidence that group psychotherapy works. This will help to ensure that group psychotherapy continues to be recognized as a *bono fide* effective treatment that requires special training and expertise to conduct, that it is subject to scientific investigation, and that the process and results of treatment can be effectively measured and assessed. Establishing these premises will permit group psychotherapists to continue to qualify for health insurance reimbursement, maintain high standards for training, and acquire the necessary grant support to continue our studies.

## Updating the AGPA Website

The Task Force decided it would be important to write an introduction for this area of the website that would explore a variety of frequently asked questions about what constitutes evidence-based practice. Since the most rigorous research in the field tends to be conducted using diagnostically homogeneous groups, we summarized the research literature on efficacy and effectiveness of group psychotherapy according to diagnostic specific groups. Nine such diagnostic specific (homogeneous) sets of findings are presented on the site: Anxiety Disorders; Bulimia/Eating Disorders; Personality Disorders; Schizophrenia/Psychosis; Trauma/PTSD; Medical and Health Issues; Stress/Anger Management; Substance Use Disorders; and Mood Disorders. In addition, a section on anger management, a category that cuts across diagnoses, but about which there is considerable research evidence using groups, was included.

However, the Science to Service Task Force remains aware that much of clinical practice is conducted with diagnostically heterogeneous groups. It can be challenging, therefore, to apply research findings when working with typical clinical populations. The Task Force has elected to deal with this complex situation in phases. The first phase is the update and summary of the latest information gleaned from the best available research, making this information easily accessible in one place. The second phase, which will also be included on the website, will be to focus primarily on the clinical implications of the research findings.

The Task Force is now ready to tackle phase two of this project. Special appreciation goes to Steven Van Wagoner, PhD, CGP, FAGPA, Editor of *The Group Circle*, for inviting us to initiate this column, which will provide another wonderful opportunity to do just that: to tease out the clinical implications from the latest research findings.

We hope you will find *Research Matters* thought-provoking and clinically useful, and we welcome your feedback. ●

Note: Along with this new column addressing diagnostically specific areas, the Science to Service Task Force has selected the authoritative chapter on the subject—“Change Mechanisms and Effectiveness of Small Group Treatments,” by Gary Burlingame, Bernhard Strauss, and Anthony Joyce, which appears in the *Bergin and Garfield Handbook of Psychotherapy and Behavior Change* (© 2013, John Wiley & Sons), edited by Michael Lambert—as a good representation of evidence supporting the effectiveness of group therapy. This chapter is reproduced with permission of the publisher on the AGPA website at [www.agpa.org/docs/default-source/practice-resources/change-mechanisms-and-effectiveness-of-small-group-treatments.pdf?sfvrsn=4](http://www.agpa.org/docs/default-source/practice-resources/change-mechanisms-and-effectiveness-of-small-group-treatments.pdf?sfvrsn=4).

## Large Group Experience

Edna Wallace, MA, CGP

Small group:  
A few adults making contact, revealing themselves, comforting each other.  
Large group:  
Hundreds of people in concentric circles; a thousand voices.  
Voices venturing, booming, pronouncing.  
People’s truths aired, stated.  
People wanting to be seen, heard.  
People not being able to see, hear each other.  
The softer voices very quickly drowned.  
Those with grand theories or grand reputations given more space, more time.  
The voices proclaim their truth as if it were the truth.  
The voices opine. The opinions contradict each other.  
And still people keep talking, sometimes greeting the other, sometimes yelling, often ignoring the previous thought.  
And it’s all brought up-  
Isis or “is is”  
Structural racism, sexism,  
Orientation, lateness, feeling tired. Being black or a woman or a Muslim. Or literate. Or mad. Or being a middle child.  
What one woman vituperatively maintains is shot down by a man with a British accent,  
What one person constructs as REALLY important is swallowed in another’s subject-changing.

So much passion. So many voices, so many pitches.  
We could be speaking different languages, which maybe we are.  
But the only true thing in this, the one indisputable fact,  
Is the sheer volume of words.  
Random thoughts constructed and verbalized ...  
Like my unconscious--the monkeys chattering.  
Or like the Internet.  
Or like the world.  
Two venerated theorists battle for territory and the group’s approbation  
(the ancient jostling for power).  
And many, many say nothing  
(it’s not safe to speak up, or their voices are faint).  
But the only time my heart opens is when a older man turns to a younger idealistic woman and  
apologizes to her for what he wasn’t able to accomplish when he was young, in the 60s.  
And she says of course, she understands.

That moment of encounter, of connection, of understanding  
Makes the difference.  
That’s what I will take away from this too-large too-fast too-loud group.  
That’s what I note in my world.  
Moments of love.

# When Harold and Maude Value Gratification Over Analysis

Rob Pepper, MSW, PhD, CGP

In my work as a group psychotherapist, I am constantly reminded of the importance of maintaining the boundary between therapy and not therapy, not only because of the negative consequences that can ensue when things get messy, but also because of what is revealed about members' character structures when they bang headlong into the rules. It is always fascinating to me how fantasy trumps reality when unmet emotional needs get played out in the treatment. This was illustrated when a former group member contacted me for the phone number of a member of his group. My rule is that members are anonymous to each other, only known by their first names while they are in group treatment with me; however, if both parties are amenable to it, and if they are willing to wait six months after a member terminates group, then they can have contact outside of treatment.

This member, Harold, left me a voicemail only a week after terminating treatment. In it he said that of all the members, the one he missed the most was Maude. She was his "favorite," according to Harold, because she owned a (unspecified) firm that could benefit him financially now that he was no longer a group member. Harold had left group under duress. He clearly stated that he didn't want to leave and knew that he wasn't ready but felt compelled to, in order to care for his emotionally and physically infirm mother with whom he lived. As a child, he had to cope with her wildly erratic mothering skills due to profound mental illness, ultimately resulting in a childhood fraught with maternal deprivation. Harold was a sad case of failure to launch, a middle-aged man who was unable to separate from his mother, never living alone nor having a significant other in his life. What resulted were years of caring for his mother as a way of staying connected to her.

Harold often said that the group was his real family, but he didn't always feel that way. When he first came to group, Harold was jealous of the others and resented sharing the talking time with them. He was particularly jealous of Maude, who was her parents' favorite and who seemed to Harold to be living a charmed life. But over time, Maude developed a maternal feeling toward Harold and like a good parent accepted him, even with his temper tantrums when he didn't get his way in group. In many ways, Maude provided maternal caring that was so absent in Harold's childhood.

So I laughed to myself, now that he's out of the group, Harold wants to immediately morph therapy into not therapy. I was suspicious of his unconscious agenda. Having just left treatment, Harold had to know that his desire for outside group contact was, at the very least, against the rules of my practice. The no contact for six months rule is in place to ensure that the desire for contact is more than just an acting out of a member's inability to tolerate the separation anxiety of leaving treatment. But there was more to Harold's unconscious agenda than separation anxiety; there might also have been an unspoken message to me. Since money is always symbolic, Harold's request for Maude's phone number so soon after leaving treatment told me that his need for immediate gratification took precedence over his need to be analyzed. He was implicitly saying: "To hell with your rules, I want to be fed."

When I told Maude about Harold's request at the next group meeting, Hortense, another member, thought it was inappropriate for me to bring such a private matter to the group's attention. Another member, Hyman, understood. He said that since Maude and Harold are only known to each other through their group participation, this was a group matter that involved everyone. Maude was flattered by the proposal and agreed to have her phone number given to Harold. She said that her business had taken a recent down-

It is always fascinating to me how fantasy trumps reality when unmet emotional needs get played out in the treatment.

turn and she could surely use the business. When I suggested that we talk about everyone's feelings about this before going into action, she became angry with me for frustrating her need to close the deal. It seemed to me that her emotional hunger was getting in the way of her thinking this through. But it wasn't until she told us that if Harold did call her, she could not discuss their business relationship with us because of client confidentiality that I saw a big red flag.

Under any other circumstance, confidentiality between a business and a client makes perfect sense. In this context, however, because their relationship began as an emotionally intimate and therapeutic one, a business relationship could be problematic and destructive to Maude's ongoing treatment and Harold's treatment outcomes. The ethical precept of confidentiality gets turned on its head in this case because a perversion of the as if nature of the treatment relationship will have taken place through the establishment of a dual relationship between Harold and Maude (are they group siblings or out-of-group business associates?). If morphing the transference relationship of group siblings into a business relationship leads to a conscious withholding (at a minimum) of Maude's thoughts and feelings in the group, then this relationship would be destructive to her treatment. The directive in group is "say how you feel to the members of the group and why you feel that way." Consequently, if all of Harold's emotional gains in this sibling relationship are turned into the possibility of financial gain as the relationship is redefined as a business arrangement, then he has lost the powerful impact of a cherished sibling relationship in this new, potentially financially rewarding, but potentially risky relationship. Clearly, a nascent business relationship between Harold and Maude would be a bad idea. Although Maude was angry with me, she realized that I could not support this arrangement, and I would not give Harold her number. At the same time, if Harold were able to use his Internet savvy to find Maude, I couldn't prevent that from happening, and the group would have to deal with that should it happen.

Harold's fantasy could in no way be matched by reality. Even if Maude were able to convert straw into gold, it still would not satisfy Harold. His experience of childhood maternal deprivation has created an insatiable need to suckle. That is my understanding of the underlying unconscious want of his request. Today's feast can never compensate for yesterday's famine. For her part, Maude's need to be needed, learned at the breast of an emotionally vacuous, narcissistic, and depressed mother, compromised her judgment in her relationships in life, and now in the group setting. The early childhood maternal deprivation she suffered that led her to adopt a role reversal in which she had to take care of her child-like mother now as an adult drives her to put her own needs aside and to attend to the needy other, in this case, Harold, even if it's at her own expense.

The group experience fosters the ignition of strong regressive urges in group members. To treat these fantasies as reality, more often than not, leads to disaster. Reality can never match the magical power of the wishes of the omnipotent, yet impotent, infant. The reason that the contract suggests waiting six months before contacting a former group member is to allow for the transference feelings and dynamics to diminish. For Harold and Maude to continue their relationship so soon after Harold left the group, especially when he felt that he was leaving prematurely, puts a strong pull on both to continue enacting their relationship dynamics and fantasies outside of the therapy in a newly defined, but non-therapeutic relationship, which could hurt them both. ●

The group experience fosters the ignition of strong regressive urges in group members.

**Dear Consultant:**

**I have worked with Jack for two years in individual treatment. The treatment seemed to be going well; I thought we had a good working relationship; and he seemed attached to me. Last month he entered my therapy group. From the first night in the group, he began to express negative feelings toward me. I heard things I had never heard in our individual sessions, from his irritation at my fee, to anger at things I said to him and others in group, the temperature in the room, the brightness of the lights, and so on. I started to feel I could do nothing right. I am beginning to dread leading the group, as he has stimulated others in the group to talk about their anger and disappointment with me. I feel ambushed. Can you advise?**

**Signed,  
Bewildered**

**Dear Bewildered:**

**I** sympathize with your bewilderment! It can be surprising, even shocking, when an individual client shows a very different side of himself in the group setting, and yet, isn't this one of the wonderful things about group? Being able to see your clients interact with group therapy siblings, and with you in the presence of these siblings, can shed new light on the difficulties they are bringing to the treatment room.

While Jack's expressions of dissatisfaction are a departure from the way he's interacted with you in the past and, understandably, have taken you aback, it may be helpful to keep in mind that it can be easier for some clients to express negative feelings in group than in one-on-one therapy, with the group providing a sense of safety in numbers. In addition, Jack's complaints may be an unconscious way of defending himself against the vulnerability inherent in joining a group. As the newest member, he may be afraid of being seen (or seen through) by other members. One way to protect himself from such risky exposure is by pointing the finger at you. This distraction technique may be telling you something about Jack's early experiences and the interpersonal strategies he developed, perhaps out of necessity, to avoid himself becoming a target.

That these criticisms are being directed at you early on in his group membership is actually a good thing. It's much better that criticism this early be directed toward you than Jack seeking fault in his fellow members, as doing the latter could set him up for ostracism and potential scapegoating. Of course, the hope is that in time, Jack will start using this defensive strategy in his interactions with other members of the group so that they can help him learn about the effect it has on his relationships. But directing his critiques at you at this stage has several benefits.

Firstly, it affords the group an opportunity to cohere. The members can develop a sense of camaraderie around the ways you have let them down (not fun for you as the leader, but beneficial nevertheless).

Secondly, many clients struggle with accepting their anger and even more so with recognizing the gain that can come from expressing it. With this in mind, I invite you to join with your members' complaints about you rather than attempting to quell or remedy them. For example, if Jack were to complain that the temperature of the room is too cold, you might say with a tone of genuine appreciation and curiosity, "I'm glad you're letting me know, Jack. Can you tell me, how else am I creating a chilly environment in here?" Allowing Jack and the other group members to voice their dissatisfaction and see that you welcome all their feedback will help them to gradually resolve their resistance to expressing anger and other feelings.

Take heart. This is an opportunity for the group to move forward. If, over the coming months, the group gets locked in place, with no movement from the "our leader can't do anything right" stance, you can understand it as a group resistance. You can then invite the group to become curious about what keeps them from expressing a broader range of feelings towards you.

*Laura Ebady, PsyD, CGP  
Austin, Texas*

**Dear Bewildered:**

**W**e can do all the preparation in the world with our individual clients, but no one can predict what is going to happen when a potential group member becomes an actual group member. Group is very stirring, and integrating new members poses challenges for the group and for the leader.

That Jack started group after two years in individual therapy may be significant. At roughly the two-year point, many patients start to experience therapy as a reenactment of what happened in their families growing up. Jack may have been harboring negative feelings towards you for quite some time and is taking the opportunity of entering group to let you know all of the ways that you have been letting him down. Even though these complaints may be difficult to hear, if you can tolerate the criticism and get curious, you may be able to understand Jack's anger as symbolic communication about how it was for him as a young boy. It may seem paradoxical, but it is precisely the good work you have done with Jack creating an attachment that is allowing him to show you other parts of himself by expressing his negative feelings towards you.

One of the unique opportunities you have when a new member starts group is to understand how they say hello, and Jack is telling you a lot about how he deals with new and challenging situations. He is taking this opportunity to express his stored up negative feelings towards you, as well as enlisting the group in his quest to make you out to be the ungratifying, incompetent parent. This is actually a wonderful thing if you can withstand what must seem like withering personal attacks. It sounds like he is putting his thoughts and feelings into words rather than acting on his aggression. He and his fellow group members are directing their aggression toward the leader, which is where it belongs.

New group members deal with significant amounts of anxiety and fear during the first year or more of group treatment, and some are unable to put these more vulnerable feelings into words. Often, like Jack, new group members resort to channeling their entire emotional experience through their anger. It is probably too early to invite Jack to talk about it, but it might help you to know that there is more here than meets the eye and at some point Jack might give you clues that he is ready to talk about his anxieties or fears that arise in the moment.

You didn't say how you responded to his complaints but my guess is that they were very hard for you to hear since you are probably very conscientious and have done your best to enable Jack to have a smooth transition into group. It might help to be very curious about Jack's complaints about the room "Tell me more about how it's too hot in here, Jack," "Are any of the other group members too hot today?" or "What do you think I should do about the lighting, Jack?" Complaints about money can be met with the same curiosity as can complaints about interventions you have made in past group sessions. Try to be as inviting and welcoming as possible with his complaints.

One of the most important tools that therapists have to understand our patients is to understand and explore our own emotional reactions to them. The best way I have found to do this is through my own individual and group treatment, as well as some form of supervision or consultation. Perhaps this can help you work more effectively with your patients as well.

*Dave Kaplowitz, LMFT, CGP  
Austin, Texas*

*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 e-mail at hegener.michael@gmail.com.*

# Consultation, Please



# Congratulations New Fellows

*Editor's Note: AGPA annually recognizes outstanding professional competence and leadership in the field of group psychotherapy.*



**Joseph Acosta, MA, LPC, CGP, FAGPA** (Austin, TX), an AGPA member since 2004 and a Clinical Member since 2009, was Co-Chair of the Gay, Lesbian, Bisexual and Transgendered Issues SIG and has led four highly rated workshops at the AGPA Annual Meeting. He is a member of the Austin Group Psychotherapy Society, where he was a founding member of the Scholarship Committee; he also served on the Nominating and the Fundraising Committees.

Mr. Acosta has a thriving group practice in Austin that includes three ongoing psychodynamic groups, a consultation group, and a study group that integrates neurobiology and modern analysis. He is serving his second term as President of Austin IN Connection, an organization that fosters healthy relationships through the integration of emerging science and practice.

Fluent in Spanish, Mr. Acosta is an international ambassador for group psychotherapy. He has given presentations in Colombia, Spain, and Russia. After training group therapists in St. Petersburg, he now leads a Skype group for Russian clinicians. He regularly trains Spanish therapists in the principles of modern group analysis. He recently conducted a workshop in Palma de Mallorca titled *Emotional Communication in Group*.

He served as faculty for the Center for Group Studies in New York City. He was awarded a certificate of Modern Group Leadership for the Center for Group Studies, also in New York City. Mr. Acosta has four publications on a variety of group-related topics.



**Katie Griffin, MA, LPC, CGP, FAGPA** (Austin, TX), an AGPA member since 2004 and a Clinical Member since 2007, has moved from a New Professional member to a leadership role, not only in the Texas clinical community, but also in AGPA. Ms. Griffin served as Austin Group Psychotherapy Treasurer, AGPA Affiliate Society Representative, and Austin Group Psychotherapy Society President-Elect and President. She then served as Chair of the AGPA Affiliate Societies

Assembly, Chair of the Affiliate Societies Task Force to the Group Foundation, AGPA Board and Executive Committee Member, and Co-Chair of the AGPA SIG for Gay, Lesbian, Bisexual and Transgendered Issues. She is currently on the Board of Directors of the International Board for Certification of Group Psychotherapists.

Since 2002, Ms. Griffin has been providing individual, group, and family psychotherapy in private practice, continues to lead six groups, is a consultant to group therapists on group therapy and practice development, a consultant to nonprofit boards on leadership succession, and a consultant to corporate executives for personal and staff development.

She has given 15 presentations on group therapy, organizational development, and gay, lesbian, bisexual and transgendered issues in group therapy, and has two publications on group psychotherapy.



**Justin Hecht, PhD, CGP, FAGPA** (San Francisco, CA), an AGPA member since 2000 and a Clinical Member since 2001, served the Northern California Group Psychotherapy Society as a Board Member, Treasurer, and as Co-Director of its Core Group Psychotherapy Training Institute.

Since 2000, Dr. Hecht has been a Clinical Instructor in the Department of Psychiatry, School of Medicine at the University of California San Francisco, where he has various teaching responsibilities including serving as past leader of the Experiential Training Group for residents and teaching group therapy as part of their seminars in psychotherapy. He leads process groups for psychiatric residents and has five ongoing therapy groups in his private practice. At the CG Jung Institute of San Francisco, he taught Group Therapy/Integrating with Jungian Psychology 2009, and at AGPA taught workshops and Specific Interest Institutes on Jungian approaches to group psychotherapy. He has presented programs at Dallas GPS, Austin GPS, Eastern GPS, Los Angeles GPS, Rochester GPS, and Northeastern SGP and is slated to be the Primary Speaker at Houston GPS's 2015 Institute. Dr. Hecht has been in private practice since 1998.



**Leonardo Leiderman, PsyD, ABPP, CGP, FAGPA** (South Salem, NY) an AGPA Clinical Member since 1999, has been very active in the Westchester Group Psychotherapy Society (WGPS), serving as Programming Chair, member of the Board of Directors, and President. Dr. Leiderman is also a member of the Affiliate Societies Assembly. He has presented two workshops and participated in one open session at the AGPA Annual Meeting.

Since 1997, Dr. Leiderman has provided, on a pro-bono basis, supervision to post-graduate licensed clinicians seeking CGP credentialing. He runs four outpatient psycho-

therapy groups in his private practice. He recently completed a research study using neurofeedback to measure the efficacy of group therapy and has published articles in *Mental Health News and Education* and (in the Spanish) *Salud Mental* newsletter.

In addition to his leadership roles with WGPS, Dr. Leiderman has served as Director of Doctoral Psychology Externship/Outpatient Group Training Program, and Director, Latino Treatment Services at Saint Vincent's Hospital in Westchester County. His interest in Latino affairs began in graduate school where his doctoral dissertation was on *Engagement of Resistant Hispanic Families Through a Family Systems Approach*. He has pursued this interest by serving on the Westchester County Hispanic Advisory Board and on Congresswoman Nita Lowey's Health Care Advisory Committee.



**Rebecca MacNair-Semands, PhD, CGP, FAGPA** (Charlotte, NC), an AGPA member since 1996 and a Clinical Member since 2004, has presented numerous workshops and has been a reviewer for the *IJGP* (and several other journals). She was a member of the Science to Service Task Force, when it received the Alonso Award for Excellence in Psychodynamic Group Theory and is currently one of the Task Force's Co-Chairs. She authored the AGPA manual *Ethics in Group Psychotherapy*. She also has served as a research grant reviewer for the Group Foundation for Advancing Mental Health.

MacNair-Semands is a prolific researcher and a key contributor to the development of the CORE Battery, the Therapeutic Factor Inventory, and the Group Questionnaire. Her 35 publications and 40 professional presentations address a variety of group topics, including: ethical, legal, and social justice issues, therapeutic factors, group research tools, member selection, complexity, and group drop-outs.

She is the Senior Associate Director for the Counseling Center at the University of North Carolina, where she provides individual and group therapy, coordinates the group therapy training program, and conducts research and trains staff in the use of research protocols. She has also worked at the Sexual Assault Crisis Center in Knoxville, Tennessee, and at the Eastern State Hospital in Williamsburg, Virginia. Clinically, she has worked with college students and other individuals suffering with HIV.



**Andrew Pojman, EdD, CGP, FAGPA** (Walnut Creek, CA), an AGPA member since 1986 and a Clinical Member since 1995, served as Co-Chair of the Child and Adolescent SIG, and is currently a Co-Chair of the Annual Meeting Open Session Committee. He was Institute Co-Director of the Northern California Group Psychotherapy Society. In addition to leading workshops on children and adolescent group therapy, he has taught the AGPA Core Course and the Adolescent Group Psychotherapy Course at several AGPA Annual Meetings.

Dr. Pojman is the author of AGPA's curriculum *Adolescent Group Psychotherapy—Method, Madness, and the Basics*, published in 2009, and has reviewed articles on child and adolescent group therapy for the *International Journal of Group Psychotherapy*.

He is a licensed psychologist in California, as well as a licensed school psychologist. In addition to his private practice, where he treats children, adolescents, young adults, and adults, he provides assessment services, which include forensic evaluation in several counties for juvenile and adult courts and private attorneys. He is Adjunct Professor of Psychology, Graduate School of Professional Psychology, John F. Kennedy University, Orinda, California, and the Wright Institute, Berkeley, California. He is Consultant/Trainer at the Contra Costa County Mental Health Department, where he provides training and consultation to mental health professionals. He has taught group therapy for children and adolescents, as well as the AGPA Core Course for Group Psychotherapy at Kaiser Hospital, San Francisco. He is the author of a chapter on adolescent group psychotherapy, "The Real Work," in the *Wiley-Blackwell Handbook on Group Psychotherapy*.



**Deborah Schwartz, MD, CGP, FAGPA** (Vancouver, BC) has been an AGPA member since 2001 and a Clinical Member since 2005. Dr. Schwartz served on the AGPA Board of Directors, was Co-Chair of the Addiction and Recovery SIG, and was the AGPA Representative and Editor of the *Practice Guidelines for the Treatment of Eating Disorders for the American Journal of Psychiatry*, the American Psychiatric Association.

Dr. Schwartz has presented workshops on group therapy and eating disorders at the AGPA Annual Meeting and she has supervised two CGPs, one of whom is teaching Group Therapy at the University of BC to Internal Medicine Residents.

A psychiatrist in private practice, she designed, implemented, and directs an integrative intensive outpatient treatment program for compulsive eating and the other eating disorders. She leads nine weekly long-term psychotherapy groups, the longest running since 2004, and is beginning a group for nine MEd candidates. She is a Member of the Editorial Board of the *Journal of Groups in Addiction and Recovery*, and submitted a paper to the *International Journal of Group Psychotherapy*, "We Shall Overcome: A Psychodynamic Group Treatment Model for Compulsive Overeating."

Dr. Schwartz was the keynote speaker for the British Columbia Council of

Nutritionists, Wyeth Consumer Health Care, Live Well with Diabetes Conference, Co-Occurring Disorders Conference, Vancouver Community Mental Health Service and the Student Health Services of British Columbia.



**Mary Sussillo, LCSW, BCD, CGP, FAGPA** (New York, NY), an AGPA member since 2000 and a Clinical Member since 2009, served on the AGPA Board of Directors, led yearly, well-attended workshops at the Annual Meeting since 2005, and for the last three years has given a two-day, Specific Interest Section Institute on bereavement.

Ms. Sussillo has also been an active member of the Eastern Group Psychotherapy Society, where she has served on its Board and was Co-Chair of its Referral Service.

She is the Founder of the Center for Bereavement in New York City, where she

runs grief groups and makes referrals. In her private practice, she has conducted a long-term group for young adults struggling with ADD, alcoholism, social isolation, and relational issues.

Ms. Sussillo is Adjunct Professor and Supervisor, National Institute for the Psychotherapies Training Institute (NIPYI), where she completed her training in 1999. She is Co-Editor Emeritus of NIPYI's journal, *Psychoanalytic Perspectives: An International Journal of Integration and Innovation*. She served in senior EAP management positions for a Fortune 500 company and Wall Street consulting firm advocating the use of group therapy. Over the past 10 years, she has conducted numerous workshops on bereavement, traumatic grief, and parental loss. Major concepts from these talks appeared in her 2005 article *Beyond the Grave: Adolescent Parental Loss—Letting Go and Holding On*. She has given keynote addresses in Austin, Texas and Rochester, New York, and presented at the Canadian Group Psychotherapy Society Annual

## Guidelines

*continued from page 1*

sibly be one of our country's best-kept secrets. Hardly any person who one talks with has been, or knows anyone who has been, a patient in group psychotherapy. Furthermore, there is no museum in the United States that has any permanent exhibit dealing with psychotherapy. For myriad, disparate, and essentially unimportant reasons, the majority of Americans have little knowledge of what group psychotherapy is, and what it has to offer—for the prevention, cure, and rehabilitation of countless life traumata. For people who come from a dysfunctional background or suffer from problematic life distresses, psychotherapy and group psychotherapy offers patients a second chance to get things right. If one spends one's formative years in France, one develops a French accent. Similarly, if one spends one's formative years in a dysfunctional family, one develops a dysfunctional accent. The good news for our group psychotherapy field is that we typically deal with learned behavior, and almost anything learned can be unlearned with something better put in its place. Psychoanalyst Hans Loewald, MD, said in 1960, that by remembering and internalizing new experiences with the therapist, patients "can turn ghosts into ancestors."

One never unlearns a limp or an accent without developing a serious, committed, generally long-term relationship with an outstanding expert (in our case, a group psychotherapist), and then works diligently to successfully integrate the new learning. Fortunately, there is realistic hope for virtually all human situations. As E. James Anthony, MD, the British psychoanalyst and child psychotherapist once proclaimed to his colleagues, "I thank my parents for having given me enough so that I could benefit from psychotherapy."

We group psychotherapists need to regularly use the media, write articles for the lay press, present workshops in professional and other settings, and do everything we can to inform the public of the offerings of our field. Visibility remains one of the foremost issues our field needs to navigate. Henry Ford, a century ago, stated, "Talk good about Ford, talk bad about Ford, but talk Ford." That is, and has always been, the operative concept of all public relations—visibility.

## Education

Education (not simply training) for group psychotherapists is vital if one hopes to attract and successfully treat patients who are experiencing diverse afflictions across a broad social spectrum. Freud reminded all aspiring psychoanalysts that they had to be broadly experienced and knowledgeable. Up-to-date familiarity with the sciences and the arts is assumed, as is the culture in which the group psychotherapy is conducted. C.P. Snow's historic lecture *The Two Cultures*, given at Oxford, England, over a half-century ago, described how the bifurcation between scientific, technical thinking and literary, cultural thinking was the primary reason for the demise of Western civilization—and that was in the 1950s.

Academic degrees may provide training but not the broad-based education that prepares the psychotherapist to have the capacity for deep emotional and intellectual understanding. In addition, the significance of mentors and role models throughout one's professional career cannot be overemphasized. Such connections help to maintain the quality control and growth of psychotherapists through the generations. For example, without the unwavering, superb mentorship, role modeling, and encouragement of Eric Jackman, PhD,

a former President of the Illinois Group Psychotherapy Society, I would not likely have become a group psychotherapist.

Almost 90 years ago F.W. Peabody, MD, stated that a scientist is known not by his technical processes, but by his intellectual processes. Significant group psychotherapy work may be unrelated to many mundane contemporary matters such as HIPAA, third-party payment issues, or the number of CEUs that one collects. One is expected to be—and remain—well trained and educated throughout one's professional career.

It may not be required that a group psychotherapist can correctly spell Nietzsche, but one should have heard of him, as well as be acquainted with at least some of his writings and the significance of his role in our culture. Finally, and importantly, all group psychotherapists should have had, and continue to have, as needed, their own group psychotherapy experience as patients throughout their professional life, just as should all individual psychotherapists.

## Further Reflections and Considerations

When one knows something, situations are not experienced as difficult. A young child learning arithmetic wonders how he will ever learn something like algebra. But, lo and behold, some learn not only algebra, but even become calculus professors! Similarly, group psychotherapists should practice their skills daily, just as does a violinist. A great virtuoso said, "If I don't practice one day, I know it. If I don't practice for two days, my family and friends know it; and if I don't practice for three days, the public knows it." If your practice isn't flourishing and your patients are not thriving and functioning increasingly optimally, look in the mirror, and perhaps, if you are not already engaged in it, seek out effective supervision and/or consultation.

The goal of effective psychotherapy, which always provides both physical and emotional benefits to the patient, is to help the patient function as optimally as possible. Optimal is a valuable template against which to evaluate the functioning of any patient. It is not judgmental, but simply phenomenological. The optimally treated patient ends psychotherapy with a clear sense of hope, as well as an internalized feeling of permission. The person who concludes definitive psychotherapy will be functioning optimally with regard to his/her life functions such as sleep, water intake, nutrition, activity, sex life, spending, social involvements (work and love), sublimations, etc. Group psychotherapists help patients to reach optimal adjustment. Why settle for less? In group psychotherapy, patients learn to listen to their (and each other's) feelings, and as composer Richard Strauss proclaimed, "Music is how our feelings sound."

Working well in ensemble, in a profession that develops well-deserved public awareness and with practitioners who are expertly educated, will help us, our beloved, noble field, and the patients we treat, to succeed, thrive, and perhaps even to prevail.

The late F. Theodore Reid, MD, my dear friend, was an early leader in group psychotherapy. When he was President of the Illinois Group Psychotherapy Society in the 1970s, he concluded his speech at the Annual Conference with timely comments appropriate to the divisiveness with which many practitioners at that time ardently defended their theoretical positions about how to best do group psychotherapy. Ted humbly proclaimed, "Some of us do psychotherapy in the here-and-now; some of us do psychotherapy in the there-and-then; but most of us do psychotherapy now and then." ●





American Group Psychotherapy Association, Inc.

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See *Group Assets* insert

# Affiliate Society News

The **Eastern Group Psychotherapy Society's** (EGPS) annual Spring Event, co-chaired by Hilary Levine, PhD, CGP, and Amanda Michael PsyD, CGP, featured authors Dr. Tamara Buckley and Dr. Erica Foldy who presented on *The Color Bind: Talking and Not Talking about Race in Groups*. The event explored: a) the role of group therapists in addressing the color blind; b) barriers to becoming cognizant of the impact of race; and c) ways to participate in discussion about race that are progressive and healing. This interactive evening was moderated by Dr. Paul Browde, a psychiatrist and founder of Naritiv Inc. A June 14 fundraiser, co-chaired by Edward Elder, MHS, MDiv, and Elizabeth Merrill, PsyD, ABPP, CGP honored EGPS members Shoshana Ben-Noam, PsyD, CGP, FAGPA, Herbert Rabin, PhD, ABPP, LFAGPA, and Marie Rothschild, MSW, CGP for their extensive and valuable contributions to the society.

The **Hawaiian Islands Group Psychotherapy Society** (HIGPS) achieved its official AGPA Affiliate Society status, resulting from many concerted efforts made by numerous members, colleagues, and friends. Maui continues holding Saturday morning potluck networking events every other month, with various group-related topics discussed on each occasion. Thomas Glass, PhD, CGP, will present the *Gestalt Therapy Workshop* on Maui on August 8, per special request after providing it twice on Oahu earlier this year. This training workshop will be a combination of presenting concepts central to the Gestalt approach, e.g., emphasis on the here-and-now, focusing on the what-and-how, and experiencing rather than talking about. HIGPS will also introduce experiential techniques and exercises, which will illustrate through participants' own direct experience how these methods function within the group. Oahu held an *Aloha Hui* (Meet 'n' Greet) in July. The HIGPS Annual Membership Meeting will be combined with an Institute on the *Social Unconscious* facilitated by Elaine Cooper, MSW, PhD, CGP, DFAGPA. Maui will be hosting these events on September 26-27, to be repeated October 3-4 on Oahu.

The **Mid-Atlantic Group Psychotherapy Society's** Fall Conference, *To Thine Own Self Be True: Clarifying Your Theory*, will be held November 13-15 at the Tides Inn, Irvington, Virginia, with guest presenter J. Scott Rutan, PhD, CGP, DFAGPA. Participants can expect a lively experience in which they will learn to identify and clarify the theory with which they identify most strongly, describe the group process in a way that translates theory to better technique, and better manage difficult emotions.

Tom Buffington, MA, LMHC, was elected President of the **Puget Sound Group Psychotherapy Network** (PSGPN); Danielle Debray, MA, LMHC was elected Secretary; and Cyndee Baldwin, MA, LMHC, was elected Conference Chairwoman. PSGPN begins its Fall QPM series on September 25 with Leyla Welkin, PhD, CGP, presenting *Walking Into the Dragons Mouth* about her group therapy work in the Turkish refugee camps working with war refugees from Syria. Leyla will discuss how to utilize the power of the therapist's cultural comfort/discomfort to the benefit both group leader and group. PSGPN will hold a panel discussion of *Co-leadership vs. Solo Leadership of Groups* on November 13. The discussion will give presenters and attendees an opportunity to examine the benefits of both ways of being in the leadership position.

## Southwestern Group Psychotherapy Society

It is with mixed feelings that we are sending this report. After 59 years of promoting group psychotherapy in the Southwest, during which successful Institutes and Workshops were offered around the region, and as a result of the membership survey conducted several months ago, it has become clear that the **Southwestern Group Psychotherapy Society** (SWGPS), with a dwindling membership has little energy to keep our beloved regional society alive.

A regional society for training group therapists in the southwestern United States was needed back in the late 1950s. Under the direction of the AGPA Board, David Mendell, MD, of Houston, was recruited to establish such a society. In 1959, seven Texas group therapists—Harry Goolishian PhD; Grace Jameson MD; Irvin Kraft MD; Robert Mac Gregor PhD; Mendell; Christopher Morris MD, and Harold Winer PhD—established the Southwestern Group Psychotherapy Society as an Affiliate Society of AGPA, to include members from Texas, Arkansas, Oklahoma, New Mexico, and Arizona.

The SWGPS has fulfilled its original purpose, and we are very proud of our accomplishments. Through the promotion and training of group psychotherapy, SWGPS has helped establish four Affiliate Societies in Texas and Affiliate Societies in New Mexico and Arizona.

The SWGPS Executive Committee has decided that because of our five-state legacy, and our past successful efforts to memorialize our Society, to give the money accumulated over years of successful meetings and training to the Group Foundation for Advancing Mental Health. This money will be given for a Group Foundation Endowed Scholarship for AGPA members, non-members, students, and new professionals residing in Texas, New Mexico, Arkansas, Oklahoma, or Arizona. The Southwestern Group Psychotherapy Scholarship will be offered to one applicant per year to attend and participate in the AGPA Annual Meeting.

The SWGPS Executive Committee struggled to make this painful decision, which we believe had become inevitable.

Best wishes to AGPA, the Group Foundation and the Affiliate Societies. Thank you for your support.

Alberto Serrano, MD, DLFAGPA, President

Cristina Serrano, PhD, Treasurer

Micki Grimland, LMSW, ACP, ACSW, Member-at-Large

Carol Vaughan, LCSW, CGP, LFAGPA, Senior Advisor

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.

Visit AGPA's website at [www.agpa.org](http://www.agpa.org) for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.