The Use of the Training Group in Educating and Maintaining the Group Therapist: An Interview with Elliot Zeisel PhD, LCSW, CGP, DFAGPA

Lisa Mahon, PhD, CGP, FAGPA, Co-Chair, Institute Committee

Editor’s Note: Elliot Zeisel PhD, LCSW, CGP, DFAGPA, will present one of two Special Institutes at AGPA’s 2018 Annual Meeting, to be held February 26–March 3 in Houston, Texas. Dr. Zeisel has served on the Boards of Directors of AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists. A founding member of the Institute for Group Studies, Dr. Zeisel also directs the faculty at the Center for Modern Psychoanalytic Studies. An honorary member of the Israeli Institute of Group Analysis, he has lectured on various aspects of analytic group therapy both nationally and abroad.

What is the title and topic of your Special Institute?

EZ: During my one-day Special Institute—The Use of the Training Group in Educating and Maintaining the Group Therapist—we will explore the role of the training group in the education and maintenance of group clinicians. The training group, like other psychodynamic groups, invites exploration of intra-psychic and interpersonal process. Additionally, I will encourage examination of case material and encourage the integration of verbal techniques and group leadership skills.

What will you cover in your Special Institute?

EZ: We have a great written body of theoretical work and we have an oral tradition that transmits the work experientially. Throughout the day, concise theoretical talks will be followed by a series of demonstration groups. The audience will then be invited into a question-and-answer exchange, where theory will be related to practice.

The Technique of Mentalization-Based Treatment for Severe Personality Disorder: An Interview with Peter Fonagy, PhD

Arnold Cohen, PhD, CGP, Co-Chair, Institute Committee

Editor’s Note: Peter Fonagy, PhD, will present a Special Institute at AGPA’s 2018 Annual Meeting in Houston, Texas, on The Technique of Mentalization-Based Treatment for Severe Personality Disorders. Dr. Fonagy is Head of the Research Department of Clinical, Educational and Health Psychology and Professor of Contemporary Psychoanalysis and Developmental Science, University College, London. He currently serves as Senior Investigator, British National Institute for Health Research, Visiting Clinical Professor, Harvard University; and Clinical Professor of Psychiatry, Yale University, School of Medicine. The recipient of more than 50 research grants, he is author or co-author of 16 books, more than 200 book chapters, and nearly 400 original papers. With Anthony Bateman, MA, FRCPsych, he regularly runs training courses in Mentalization-Based Treatment (MBT) at the Anna Freud National Centre for Children and Families, where he also serves as CEO.

How did you get interested in Mentalization-Based Treatment for severe personality disorders?

PF: Psychotherapy for personality disorder (PD) has a complex history. Arguably, many attempts at offering help to these patients have resulted in a deterioration in their condition rather than generating the expected improvement. We have gradually evolved a technique that minimizesiatrogenesis based on the notion that the
At this writing, summer has arrived with a vengeance. Usually the summer issue of the Group Circle requires some hustle on my part to get people to write, but this year has been quite the exception. The 2018 Annual Meeting, although many months away, is already in the works, reflecting the amazing efforts of the Workshop, Open Session, and Institute Committees. To whet your appetites, we have two interviews with the Special Institute presenters—Elliot Zelis, PhD, LCWS, COP, DFAGPA, and Peter Forney, PhD. It will be a tough choice as both offer stimulating previews of what they will offer.

It is with great sadness that we mourn the loss of two longstanding members of our community—Nina Fieldsted, PhD, COP, DFLAGPA and Bernie Frankel, MSW, PhD, FAGPA. Please read Priscilla Kauf’s, PhD, COP, DFLAGPA In Memoriam to appreciate all that Nina gave to AGPA and the field of group psychotherapy. We will publish an In Memorium for Bernie in the next issue.

Sally Barlow, PhD, ABPP, ABGP, CGP, in Research Matters, reviews the more recent research on social anxiety, not just from a symptoms perspective, but with a careful examination of the interpersonal contextual factors like attention bias and interpretation bias. This issue I have filled in the Consultation, Please editor with a dilemma involving co-leadership, which I hope is of interest. In the meantime, anyone interested in exploring taking on the Consultation, Please column, please contact me at slwagoner@verizon.net.

THE TECHNIQUE OF MENTALIZATION-BASED TREATMENT

Continued from page 1

Steve Van Wagoner, PhD, CGP, FAGPA

At this writing, summer has arrived with a vengeance. Keeping the garden healthy in this heat has been quite a challenge, but so far so good. Usually the summer issue of the Group Circle requires some hustle on my part to get people to write, but this year has been quite the exception.

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the CE store. And please consider a special gift to the Group Foundation for Advancing Mental Health in honor of AGPA’s 75th Anniversary, so that we can continue our robust Steven Van Wagoner, PhD, CGP, FAGPA

MBT approaches are particularly relevant for group work with quite diverse clinical populations. The Special Institute will offer the opportunity to explore the extent to which enhancing mentalization may be a legitimate aim for group psychotherapy.

AC: How do you feel that the learning will be relevant for participants? Will this be useful for people of all levels of experience? PF: Experienced people can add it to their armory of skills, and less experienced clinicians can learn a new technique. The techniques of MBT can be readily adopted along with other modalities: Those working in systemic approaches, dialectical behavioral therapy, or psychodynamic therapies will particularly find mentalizing techniques a useful adjunct. Obviously, MBT approaches are particularly relevant for group work with quite diverse clinical populations. The Special Institute will offer the opportunity to explore the extent to which enhancing mentalization may be a legitimate aim for group psychotherapy.

AC: How has your thinking on this topic evolved over time? PF: Originally, our ideas were cast in the framework of attachment theory. While our commitment to attachment remains strong, we are increasingly seeing much more than it will the State of Texas. I hope that members instead will come to the Annual Meeting and together find ways to promote socially just policies. I also want to stress that AGPA is committed to welcoming diversity—of race, sexual orientation, gender identity, ethnicity, gender, religion, and political belief. If you read the history of AGPA, you will see that we have successfully navigated considerable social changes in the past, and I am confident that we will continue to do so now.

As always, I welcome comments about this column or anything else at EleanorF@Counselman.com. 
Nina Fieldsteel, PhD, DLFAGPA, died peacefully at her home in Rockport, Massachusetts, on May 29 at the age of 94 years. In true Nina fashion, she was prepared for her death as much as it is possible to be. She worked often with her son Adam Fieldsteel, who was beyond dedicated and caring, to put her affairs in exactly the order she desired. She is survived by Adam, and her other two sons Joshua Fieldsteel and Adam Noggoh. During this preparation, she stayed in touch with her wide circle of friends, colleagues, and relatives—most especially her eight beloved grandchildren.

I met Nina close to 40 years ago when I was an intern and she was a fellow in the Psychoanalytic Training Department of the Postgraduate Center for Mental Health in New York City. I also met her impressive and erudite husband, the Honorable Ira Fieldsteel, who in addition to being an Immigration Court judge, was an expert player of and scholar in early music. To honor him after his death, Nina organized a concert series of early music at the Shalin Liu Concert Hall in Rockport, where a memorial was held in her honor in July (according to a New York Times obituary). Nina was a regular contributor to Rockport Music, and served on its Board of Directors.

Nina was an outstanding member of the community of psychoanalysts, psychologists, and group psychotherapists for children and adults. She was a major contributor to the literature, as well as a teacher and supervisor during her long and illustrious career. Her reputation among her many hundreds of students was that of a devoted, concerned, highly intelligent teacher. She was sought after for her sensitivity, availability, and capacity to communicate the intricacies of treatment, theory and technique, as well as her ability to enable students to deal with countertransference.

Nina served on the Boards of both the American Group Psychotherapy Association and the Eastern Group Psychotherapy Society (EGPS) in many capacities, and was a member of AGPA’s Institute Committee. She was a Founding Editor of Group, the journal of the EGPS, and served on the Editorial Board of the International Journal of Group Psychotherapy. She was also a member of the Ethics Committee of the AGPA Ethics Committee and for the American Psychological Association, Division 39 as a member of APA National Ethics Committee.

Nina set a high bar for me and countless other professionals in terms of her intelligence, thoughtfulness, and integrity as a writer and as a clinician. She was my good friend and god-great-grandmother to my grandchildren, I will miss her every day. ✨

Priscilla Kauff, PhD, CGP, DFAQPA

THE USE OF THE TRAINING GROUP

Nina Fieldsteel, PhD, DLFAGPA, had a distinguished career as an educator, clinician, and author, as well as an active member of AGPA’s governance. She served on AGPA’s Board of Directors, including as AGPA Secretary, and was on the Conference, Ethics, Institute, Journal Contract Review, and Publications Committee. She was a member of the Editorial Board of the International Journal of Group Psychotherapy for more than 15 years and was the Founding Editor of Group, the Journal of the Eastern Group Psychotherapy Society, serving on its Editorial Board for many years. Among her many positions, she was on the faculty of the Center for Psychoanalytic Studies at Massachusetts General Hospital and was an instructor at Harvard Medical School. She was on the faculty and a senior supervisor at the Postgraduate Center for Mental Health, and a Training Analyst at Blyton Peale Institute and the Institute for Psychotherapy and Psychoanalysis of New Jersey. She published numerous articles on ethics and termination in group psychotherapy and furthered her contributions to the field as Chair and Co-Chair of the Ethics Committee for the American Psychological Association, Division 39 as a member of APA National Ethics Committee.

EDITOR’S NOTE: Nina Fieldsteel, PhD, DLFAGPA, had a distinguished career as an educator, clinician, and author, as well as an active member of AGPA’s governance. She served on AGPA’s Board of Directors, including as AGPA Secretary, and was on the Conference, Ethics, Institute, Journal Contract Review, and Publications Committee. She was a member of the Editorial Board of the International Journal of Group Psychotherapy for more than 15 years and was the Founding Editor of Group, the Journal of the Eastern Group Psychotherapy Society, serving on its Editorial Board for many years. Among her many positions, she was on the faculty of the Center for Psychoanalytic Studies at Massachusetts General Hospital and was an instructor at Harvard Medical School. She was on the faculty and a senior supervisor at the Postgraduate Center for Mental Health, and a Training Analyst at Blyton Peale Institute and the Institute for Psychotherapy and Psychoanalysis of New Jersey. She published numerous articles on ethics and termination in group psychotherapy and furthered her contributions to the field as Chair and Co-Chair of the Ethics Committee for the American Psychological Association, Division 39 as a member of APA National Ethics Committee.

The training group also inoculates against fatigue and reduces the isolation of clinical practice. It refreshes and restores the clinician’s psychic apparatus and extends practice life.

The training group process is relevant to people at all levels of experience. I will teach and demonstrate a process that has lifelong benefits for any therapist interested in staying vital and connected.

Training group gave me a much closer read of the underlying theory that supports the interventions that I witnessed in the therapy group. Modern Analysis is a theory of technique, and to master it requires an immersion as a patient and as a practitioner. When I arrived in training group as a member, I’d already been studying my group analyst’s technique for several years. I had a passing acquaintance with the Modern Analytic method at that point, but I was still a novice in the work and didn’t have much confidence as a young man. As I fluctuated between unconscious incompetence and conscious incompetence, I began to understand how much I didn’t know and what I needed to grow into a more competent person and therapist.

Year after year, the group taught me a lot about each of these men, who in turn helped me find my own voice. All this contributed to my defining how I work and make use the Modern Analytic method of treatment. Years of evolution and a passing through conscious competence to unconscious competence.

Allow yourself to feel dumb; take notes if it helps you learn, but don’t try to remember everything. I used to attend lectures and demonstrations with the goal of mastery, and after 10 minutes of listening intently, my I.Q. would drop precipitously. To address this issue, I’d suggest you listen, let the material wash over you, absorb what you can, and expect to repeat the process many times until it becomes part of you. In our work, like most professions that require a high degree of training, you have to go from unconscious incompetence, to conscious incompetence, to conscious competence, to unconscious competence (Burch, 1970). You learn the rules of engagement, the techniques for studying resistance, and then you forget about them. You embody the work, and eventually, you acquire emotional muscle memory that serves you wherever life takes you.

Sally Barlow, PhD, ABPP, ABGP, CGP

Anxiety Research: Examining the Interpersonal Context

Harry Stack Sullivan stated over half a century ago, “A much more practical psychotherapy seems to be possible when one seeks to find the basic vulnerabilities to anxiety in interpersonal relationships, rather than to deal with the symptoms called out by anxiety to avoid anxiety” (Sullivan, 1953, p. 11). In other words, there exists anxious persons-in-relationship, not individuals housing a homunculus of anxious traits.

The most recent Annual Review of Clinical Psychology and anxiety research suggests that:

Social anxiety (SA) is a common human experience characterized by an intense fear of evaluation from others in social situations. When it reaches a pinnacle of severity such that functioning is impaired, we refer to it as social anxiety disorder (SAD) or social phobia. The prevalence of SAD and its chronicity, personal/economic/societal costs, and comorbidity with other disorders have been well documented. Several researchers have proposed explanatory models; the most widely cited and applied of these models have been those of Clark & Wells (1995) and Rapee & Heimberg (1997) (see comparison of these models by Schultz & Heimberg, 2008). Here, we focus on our model of SA/SAD, which delineates the processes by which individuals with SA are affected by their fear of evaluation in social situations (Morrison & Heimberg, 2013, p. 250.)

Further, recent meta-analyses clearly support the presence of biased attention threat across anxiety disorders. Most research has been correlational; however, researchers have manipulated attention bias using a variation of the attentional probe task to train attention toward or away from threat stimuli resulting in an increase or reduction of symptoms—showing a causal role in the maintenance of social anxiety. We must also pay attention to interpretation bias, where there is a tendency to interpret ambiguous or neutral stimuli as threatening. Recent work has also examined interpretations of positive social information in SA—a failure to see others positive reactions at face value. In fact, it appears that individuals with SAD were slower to generate images of neutral stimuli. Treatment implications suggest that individuals with SAD grossly underestimate the quality of their social performance. Emotion regulation problems have been found with the majority of anxiety disorders. SAD has been characterized by reduced emotionality, perhaps related to a poor understanding of human emotions. Treatment implications suggest one’s ability to effectively deal with social anxiety symptoms is effectively influenced by one’s sense of self-efficacy. Finally, these impaired reactions to all things positive appear to lower the quality of life of the person with SA, which makes him or her less appealing to others.

What’s a clinician to do? Perhaps it is wise to start with attachment, given the robust literature (Maramarosch, et al, 2013). Attachment styles are relevant for each group leader to consider. Anxious and avoidant attachment styles are the most troublesome in group psychotherapy. Useful leader interventions, given attachment styles are represented in the table below.

<table>
<thead>
<tr>
<th>THERAPEUTIC FACTORS</th>
<th>ANXIOUS ATTACHMENT</th>
<th>AVOIDANT ATTACHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation of Hope</td>
<td>Address ambivalence and anxiety directly</td>
<td>Engage group members</td>
</tr>
<tr>
<td>Universality</td>
<td>“Everyone is in the same boat”</td>
<td>“Even you”</td>
</tr>
<tr>
<td>Imparting information</td>
<td>“Is it ok if I tell you . . . I need information on bipolar”</td>
<td>“We all have attachment styles. What is yours?”</td>
</tr>
<tr>
<td>Altruism</td>
<td>Initially reward development of the real self</td>
<td>Develop altruism through imitative behavior</td>
</tr>
<tr>
<td>Corrective recapitulation of primary family process</td>
<td>Watch to see what elicits anxious behavior—deal with specifically</td>
<td>Watch for withdrawal. Address this</td>
</tr>
<tr>
<td>Socialization techniques</td>
<td>Encourage role plays</td>
<td>Encourage homework</td>
</tr>
<tr>
<td>Imitative behaviors</td>
<td>Copy securely attached</td>
<td>Copy securely attached</td>
</tr>
<tr>
<td>Interpersonal learning</td>
<td>“You don’t have to be right”</td>
<td>Observe until you feel okay</td>
</tr>
<tr>
<td>Group cohesiveness</td>
<td>Belonging doesn’t lead to loss</td>
<td>Belonging doesn’t equal hurt</td>
</tr>
<tr>
<td>Catharsis</td>
<td>Express feelings of anxiety</td>
<td>Express anything</td>
</tr>
<tr>
<td>Existential factors</td>
<td>Which existential factor is scariest—being alone or death?</td>
<td>Coax mortality salience; encourage group talk</td>
</tr>
</tbody>
</table>

Perhaps most notable in 50 years of anxiety research is the paradigm shift represented by Lorna Smith Benjamin regarding the miscued affects for threat and safety in the presence of others, which underlie anxiety disorders (Benjamin, 2017). We locate ourselves in relationship to the other. Group therapy provides a most promising venue to address whatever it is that makes us interpersonally afraid, whether from early attachment figures or current attachements. A sense of threat is acquired by proximity to our main mothering figure (calling to mind Harlow’s experiments with comfort versus nutrition-giving monkey mothers). Both fear and anxiety are pathological when there is no real threat. Nevertheless, many of us are captured early by the leads expressed by our early caregivers, which we absorb automatically, that then feels like real threat to us later on. The question is, “What initiates the anxiety?” Is it the perception of threat linked to specific affects and defensive behaviors? Clearly duration and age of exposure matter, evidenced by studies of resilience (Masten & Narayan, 2012). Phobia involves a fear of something specific that is inappropriately perceived as a threat because of maladaptive threat signals from family-in-the-head (Benjamin, 2017) or from internal working models (Bowby, 1969).

What do we know from the recent anxiety Cognitive Behavioral Group Treatment (CBGT) studies (randomized controlled trial experiments that garner all of the research attention because their dependent variables are so much easier to study than say, psychoanalytic studies given the greater ease in operationalizing finite variables)? First we must consider group type. Is this a structured group of like-minded anxiety sufferers, perhaps a psychoeducational group that addresses anxiety-related topics that all group members understand? Or is it a group of other adults.
with problems in living, where anxiety disorders take their place alongside major depression, personality disorders, and perhaps even psychotic disorders? Many anxiety-related group members can profit from topic-related discussions about how to handle anxiety, both didactic and dialectical (Barlow, 2013). If, however, anxiety-burdened individuals are mixed within a group of other adults (depression, BD, NPD, Schizoid, etc.) then their struggles will necessarily take place within the group arena of conversations about depression, personality struggles and the like. All of these contexts are important to take into account.

Positive effects of CBGT have been confirmed related to primary outcomes of social phobia, commonly based on the Leibowitz Social Anxiety Scale, as well as on depression scales and several secondary outcomes (e.g., general anxiety, perfectionism, and post-event processing (Burlingame, et al., 2013). The overall efficacious treatments for social phobias continue to encompass CBGT, although not all patients benefit. There is compelling evidence that adults as well as children and adolescents diagnosed with social phobia can be effectively treated with CBGT. Moreover, patients treated in groups improve at the same rate as those treated in individual therapy. Exposure and Response Prevention (ERP) offered in a group format shows reliable improvements in the primary symptoms of OCD.” (Burlingame et al., 2013, p. 648).

Therefore, given the current state of empirical research, the AGPA website information regarding anxiety disorders offers a main treatment strategy—CBGT—for anxiety disorders (often in the style of anxious person-homunculus rather than anxious person in social contexts.) Basic categorical distinctions are social anxiety, panic disorder, and obsessive-compulsive disorder for which there is substantial empirical support for cognitive behavioral treatments. Clearly, learning about anxiety as a human condition in a fairly structured environment with specific skill-building is key to helping group members apprehend and eventually comprehend what it is that makes them so anxious, especially as they practice with each other. Nevertheless, we all have colleagues who run long-term psychoanalytic groups where dealing with anxiety is fundamental to the group process. We await that data.

Nevertheless, we all have colleagues who run long-term psychoanalytic groups where dealing with anxiety is fundamental to the group process. We await that data. In this author’s opinion, one must take with a grain of salt the notion that one anxiety disorder treatment is as good as the next in groups. As Wittgenstein said, “context is everything” (Philosophical investigations, 1953). All anxiety conditions are not equal. Each must be handled carefully within the context of family-in-the-head (Benjamin, 2017) or internal working models (Bowlby, 1969).

**References**


AGPA Annual Meeting Kicks Off 75th Anniversary Celebration
Dear Hurt and Confused:

Your situation presents an opportunity to deepen the work for everybody in the group. Your co-leadership relationship is a model for the kinds of relationships your members can develop with each other. If you and your co-leader explore what underlies your differences, you will be helping your members to do the same with each other, even if the work you do is mostly behind the scenes.

When this type of split happens between co-leaders, it can be tempting for each of you to polarize, valuing your own approach while dismissing that of your co-leader. It requires concerted effort to name and appreciate what you each offer the group that perhaps the other can’t or doesn’t. This can decrease polarization and help you both focus on identifying the moments in group when one approach may be more appropriate than the other.

Share the feelings you both have as you notice each other’s differing responses in group. Express any irritation, fear, and hurt you feel, as well as any feelings of jealousy and competition for control of the group. Equally important, name what you want to focus on in group, why you value it, and how it might relate to your own family of origin issues. For example, you might thrive on helping the group have a more immediate here-and-now experience whereas your co-leader might thrive on helping the group frame of the group. If one or both leaders are working on themselves, acquiring new personal or professional skills, this can manifest in the form of envy about professional skills, expertise, and accepted knowledge that will give rise to desire and envy. It can materialize in the form of envy about professional skills, expertise, and accepted knowledge that will give rise to desire and envy. It can be extremely helpful to our relationship, as well as to our group to identify and explore feelings of envy and competitiveness. We use the information learned in consultation to provide insight into what’s going on in the group, explore our countertransference, and resolve resistances that interfere with our effectiveness with each other and the group.

Competitive and envious feelings that are acknowledged and accepted can be used constructively and creatively, so long as leaders confront and resolve their resistance to their own envy. Talking to your co-leader about any feelings of envy you have for his competence and skill might create openness to explore these feelings with you. It is possible that your co-leader is feeling competitive with you and is unable to freely communicate that to you. In fact, it’s quite common and perhaps inevitable that competitive feelings arise between co-leaders, and is actually desirable both for the co-leader relationship and for the group.

As Melanie Klein wrote, envy is perhaps our first reaction to our awareness that we are in a relationship (Klein, 1984). In co-leading a group, differences become apparent that will give rise to desire and envy. It can materialize in the form of envy about professional skills, expertise, and accepted knowledge that will give rise to desire and envy. It can be extremely helpful to our relationship, as well as to our group to identify and explore feelings of envy and competitiveness. We use the information learned in consultation to provide insight into what’s going on in the group, explore our countertransference, and resolve resistances that interfere with our effectiveness with each other and the group.

With all of the myriad ways envy develops in a co-leading relationship, it’s important to remember that those feelings, when given attention, provide opportunities for both the leaders and the group to come alive. Leaders are occasionally on different pages, and the fact that you and your co-leader tend to focus on different aspects of group dynamics is extremely beneficial. While you may be able to focus on individual members, your co-leader is able to focus on group-as-a-whole interventions. Each leader brings his or her own rich knowledge and unique history to bear on the group dynamics.

My co-leader and I have been in ongoing consultation since before our first group started, and have found it extremely helpful to our relationship, as well as to our group to identify and explore feelings of envy and competitiveness. We use the information learned in consultation to provide insight into what’s going on in the group, explore our countertransference, and resolve resistances that interfere with our effectiveness with each other and the group.

Christina Oliver, MA, LPC-MHSP
Nashville, Tennessee

Signed, Hurt and Confused

Allen Lambert, LCSW, CGP
Austin, Texas


Members are invited to submit questions about issues that arise in your group practices. They will be presented anonymously, and two AGPA members will be asked to respond to your dilemma. Email: slwagoner@verizon.net.
The Atlanta Group Psychotherapy Society is holding its annual Fall Workshop—Group Psychotherapy as a Neuro-Exercise: A Polyvagal Theory Perspective—on October 21. To be led by Philip Flores, PhD, CGP, FAGPA, and Lisa Mahon, PhD, CGP, FAGPA, the workshop will describe and demonstrate how Polyvagal Theory provides a neurobiological framework to understand the processes involved in successful group psychotherapy. Group psychotherapy, conducted and guided by the insights of Polyvagal Theory, can help therapists craft an ideal neural exercise regimen for promoting the biobehavioral adjustments for the regulation of emotions, interpersonal engagement, resilience, health, emotional attunement, and behavioral flexibility. This workshop will feature didactic presentations, group demonstration, and discussion regarding how the innovative perspectives of Polyvagal Theory can enhance group work. CEUs have been applied for with GAMFT, GPA, GALPCA, and GSCSW. Additional workshop and registration information are available at www.atlantagps.org.

The Carolinas Group Psychotherapy Society Fall Workshop will be held November 11-12. Jeffrey Hudson, MEd, LPC, CGP, FAGPA, will present Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders. In addition to the small process groups to be held throughout the two-day workshop, he will present didactic information, including enriching the group experience; focusing on emotional availability; and understanding the five principles of modern psychodynamic treatment; and the role of acceptance in effective group leadership.

The Colorado Group Psychotherapy Society’s (COGPS) Annual Conference will be held November 11-12 at UCHealth Center for Dependency, Addiction and Rehabilitation in Denver, Colorado. Desire: Wishes, Fears, and Impulses in Group Psychotherapy will feature Lucy Holmes PhD, LMSW, CGP, as keynote speaker. COGPS will be offering a 10% discount to members of other Affiliate Societies who attend the meeting. To learn more about COGPS or to buy early bird tickets, visit www.COOGPS.org.

The Eastern Group Psychotherapy Society’s (EGPS) annual Spring Event was co-chaired by Teachi Sionmin, PhD, CGP, and Hilary Levine, PhD, CGP. Living History in Our Groups: Survival During Dangerous Times featured a presentation of Decoding the Tablecloth, a play written and performed by Gabriela Kohren, MFA. After watching the play, Ronnie Levine, PhD, ABPP, CGP, FAGPA, led a large-group discussion, which allowed attendees to process their reactions and to ask questions of the performer and writer. EGPS’s bi-annual fundraising event honored Dan Raviv, PhD, CGP, FAGPA, Neal Sprack, PhD, CGP, FAGPA, and Mary Susillo, LCSW, CGP, FAGPA, for their significant contributions to EGPS and to the group therapy community. EGPS hosted a Why Group? event to explore experiences and attitudes about running groups.

The Illinois Group Psychotherapy Society (IGPS) will feature Katie Steele, PhD, CGP, FAGPA, on November 4-5, in The Promise of Real Play Group Psychotherapy. The Real Play format is useful in dual relationship environments, such as in a group psychotherapy class or a college counseling center. The conference will consist of didactic presentations and experiential components including process groups. Breakout groups will be conducted by: Mary Krueger, MSEd, LCPC; CGP; Paige LaCava, MA, LCPC; CGP; Kathy Reedy, LCSW, LMFT, BCD; CADC; CGP; and Britt Rapfling, LCPC, CGP.

The Louisiana Group Psychotherapy Society (LGPS) acknowledged Jeffery Hudson MEd, LPC, CGP, FAGPA, for his overwhelmingly well-received presentation, Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders, offered at its Spring Conference.

The Mid-Atlantic Group Psychotherapy Society Fall Conference, to be held October 20-22 in Shepherdstown, West Virginia, will feature Earl Hopper, PhD, CGP, DFAGPA, who will present Navigating Consequences of Traumatic Experiences in the Unconscious Life of Groups, Especially Large(r) Ones. Dr. Hopper will explore the conscious and unconscious patterns that operate in all groups. He will also consider the variable of traumatic experience and the assumption of incohesion.

The Westchester Group Psychotherapy Society’s (WGPS) September 15 meeting on Grounding Therapeutic Work in the Language of the Body will be led by Jean Seibel, LCAT, BC-DMT. On October 29, Mary Nicholas, PhD, LCSW, CGP, FAGPA, will present Why People Repeat Abusive Relationships and How Group Therapy Can Help. On November 11, WGPS will hold a 25th Anniversary Gala Celebration at CV Rich Mansion, The Women’s Club of White Plains, 305 Ridgeway, White Plains, NY. The special guest of honor is Gloria Bartkin Kahn, EdD, ABPP, CGP, FAGPA. For presentations and Gala Event reservations, contact: globalatkahn@gmail.com or 914-428-0957.