



FALL 2019

groupcircle

The 2018 AGPA Agency Survey: A window into national utilization patterns and group leadership competency

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People within and outside the group world make many assumptions about how, when, and where group is practiced across the United States. Anecdotal evidence is only useful insofar as people are well connected, but in our increasingly siloed worlds, assumptions can often lead to ill-informed decision-making. Untested or unspoken assumptions prevail, from universities deciding not to offer group work as a required class as they see it as a niche, seldom-used treatment, to agencies assuming their groups are well-run. To date, there has been little actual evidence to contradict the conventional wisdom that group is a niche treatment or that minimally trained group leaders are automatically competent to lead. AGPA and the International Board for Certification of Group Psychotherapists (IBCGP) convened a Joint Agency Survey Task Force in 2017, comprised of AGPA and IBCGP leadership, which completed its survey in 2018. Its mandate was to test some of these assumptions while also creating links to agencies across the country. The Task Force worked diligently to recruit survey-takers across a wide variety of settings across the United States, and after a multi-year effort, the results came in.

The survey comprised 39 agencies, ranging from the small, serving fewer than 500 people a year, to the very large, serving more than 20,000 clients a year. Agencies included, but were not limited to, Ivy League university hospitals, community mental health centers, Veterans Affairs hospitals, university counseling centers, addictions services, and large hospital systems. The largest groups of respondents were hospital systems, accounting for 33% of the sample, followed by university counseling centers and community mental health centers at 11%.

In total, this survey accounted for between 160,000 and 250,000 people with mental health difficulties served per

year. The level of care ranged from inpatient to outpatient care and encompassed a wide range of diagnostic and population variables. The largest group fell into the adult outpatient category, but inpatient and other levels of care were also well represented in the sample.

Group utilization across settings – Is group a niche treatment?

The results were fascinating. First, it became clear that, based on this sample, group therapy is very far from being a niche treatment. Overall levels of utilization showed a clear pattern. Group is being more widely used than might be expected. The places where group is clearly the primary mode of treatment for all respondents were Partial Hospitalization Programs and Intensive Outpatient [Treatment] Programs (PHP/IOP). In this sample, all agencies with PHP/IOPs used group for at least 50% of all treatment, with half of this subset using it for more than 75% of all treatment. In other words, all PHP/IOPs in this sample used group as the primary mode of treatment.

Inpatient treatment showed considerable variability within the sample, with data fairly evenly spread among all categories. Depending on the site, group treatment could be less than 25% of treatment, more than 75% of treatment, or anything in between; however, almost half the number of sites is using group as a major part of their treatment in inpatient settings. This shows a clear, strong utilization pattern for group therapy within inpatient programs, albeit utilization patterns varied widely between group as primary or secondary treatment, depending on the agency.

Outpatient, unsurprisingly, showed the lowest rates of group utilization, with the majority using it less than 25% of the time. Logistical and scheduling difficulties make

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from the
 president

Eleanor Counselman, EdD, CGP, DLFAGPA

Happy Fall! Although I always hate to see summer fade away, autumn is a beautiful time of year and, of course, brings us closer to AGPA Connect. If you have not already done so, I urge you to register and to make your hotel reservations. AGPA Connect 2020 promises to be an extraordinarily rich program, and what's not to like about New York?

I have quite a few updates to share with you. The biggest news is our Bylaws changes. There has been a deliberate and transparent process, starting with a Strategic Plan recommendation several years ago. Proposed changes in voting rights, membership categories, and Board composition were subsequently outlined in a summer 2018 *Group Circle* column by then-President Barry Helfmann. They were discussed at several AGPA Board meetings. During the summer of 2018, several focus group conference calls were held, including with the Affiliate Societies Assembly and the Chair of the Diversity, Equity, and Inclusion Task Force. Further discussion took place during the Joint Board Leadership Meeting at AGPA Connect 2019 in Los Angeles. After that, there was a 45-day comment period for the entire membership. The final Bylaws changes to be proposed to the membership were approved by the AGPA Board during a special July 2019 meeting focused solely on the changes.

These Bylaws changes were then presented to the membership for voting. All proposed changes were approved with significant majorities. The changes will take effect immediately, in time for the November election.

Voting rights were extended to all membership categories. Having the right to vote will hopefully encourage greater involvement and sense of organizational ownership by all members.

The new membership categories of Distinguished Fellow, Fellow, CGP, Professional, Adjunct, Early Career Professional, and Student were also approved. The new designations

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Introducing Leo Leiderman, PsyD, ABPP, FAACP, CGP, FAGPA New Editor of the Group Circle

Steve Van Wagoner, PhD, CGP, FAGPA



It is with great pleasure that I introduce our new *Group Circle* Editor, Leo Leiderman, PsyD, ABPP, FAACP, CGP, FAGPA. Leo is a clinical psychologist, and Director of Neurofeedback & Psychological Services in Purchase, New York. Leo provides individual, family, and group psychotherapy, in addition to conducting Quantitative Electroencephalogram (QEEG/Brain Map) evaluations and neurofeedback. He is on the AGPA Board of Directors and is President of the Westchester Group Psychotherapy Society (WGPS). He has also served AGPA by being a member of several Community Outreach Task Force initiatives and is on the Science to Service Task Force.

Leo recently co-organized the conference *Migration Crisis: A Community Response*, sponsored by the WGPS and the Group Foundation for Advancing Mental Health, and co-authored an article about the conference in last winter's *Group Circle* with AGPA members Robert Klein, PhD, ABPP, CGP, DLFAGPA, Shoshanna Ben Noam, PsyD, CGP, L FAGPA, Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, and Victor Schermer,

MA, L FAGPA. He has other published articles, a co-authored book chapter, has lectured extensively, and made guest appearances on both radio and television. Leo is a frequent presenter at AGPA Connect, as well as other mental health professional organizations. He is board certified in both clinical psychology and group psychology by the American Board of Professional Psychology and is a Fellow of AGPA and the American Academy of Clinical Psychology.

Cultural differences and matters of diversity are important to Leo. "Being trilingual and tricultural, I have been fortunate during my career as a psychologist to diversify my experience." Leo was born in Argentina and immigrated to the U.S. with his family as a child. He learned important values from his parents, both social workers, specifically "values of community

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Steve Van Wagoner, PhD, CGP, FAGPA

It is with a mixture of excitement and sadness that I begin my column for this issue, because this will be my last column as Editor of the *Group Circle*. As you see elsewhere in the issue, Leo Leiderman, PsyD, ABPP, FAACP, CGP, FAGPA, will be assuming the helm of the newsletter beginning with the first issue (Winter) of 2020. I plan to stay on in the background to assist during the transition, which has already begun with this issue. Although I am very ready to move on to other things after editing the *Group Circle* for a decade, I feel some sadness as well because it was such a large part of my life in AGPA, and because I loved working with the many contributors over the years.

I had the honor to work with six AGPA presidents, each with his or her unique style of leadership, skills, and directional vision. I am indebted to all of them in various ways, but wanted to especially mention Connie Concannon, LCSW, CGP, DFAGPA, who opened the door for me to take on this position, and who was a guiding light to me in my early days. She continues to serve as longstanding Editor of *Group Assets*, the newsletter of the Group Foundation for Advancing Mental Health, which accompanies this newsletter each issue.

In addition to Connie, Jeffrey Kleinberg, PhD, CGP, DFAGPA, Kathy Ulman, PhD, CGP, DFAGPA, Les Greene, PhD, CGP, DLFAGPA, Eleanor Counselman, EdD, CGP, DLFAGPA, and Barry Helfmann, PsyD, ABPP, CGP, DFAGPA, all became important collaborators to me in keeping you informed about what AGPA was doing, the many efforts of people behind the scenes, the initiatives developed and implemented (from crisis and disaster management, to group training around the globe, to getting group psychotherapy recognized by APA as a specialty), and the many other acts of service these selfless, intelligent, talented, and committed individuals gave in their role as President. I learned so much from each of them, and express my deep appreciation to all. The recency effect dictates that I give special thanks to Eleanor Counselman, our current President, with whom I have worked for almost two full terms. Eleanor has served us well at a time we needed her most, and her calm and steady demeanor and presence has been a solid container for us to continue our work together.

I also wish to acknowledge Michael Hegener, MA, LCP, CGP, FAGPA, who for so many years pulled together interesting clinical dilemmas and found clinicians willing to respond in our *Consultation, Please* column, and Lee Kassan, MA, CGP, LFAGPA, who has ably stepped in as Editor of that column the past year and continues the tradition. I am grateful to Susan Orovitz, PsyD, CGP, who has collected and edited *Affiliate News* as the *Affiliate Society News* Editor, and all the many AGPA members who served in that position during my tenure. Many thanks to Angela Stephens, CAE, and Diane Feirman, CAE, for their unswerving support and assistance to me as Editorial/Production Managers, and to Marsha Block, CAE, CFRE, our CEO who has helped me grow in this position and in my understanding of the complexities of AGPA, my professional home. Their input has been invaluable in thinking about ideas for articles, the overall structure of the newsletter, trends in AGPA worth tracking, and their editorial assistance. Finally, my heartfelt thanks to Nicole Millman-Falk, Editorial/Production Manager, without whom I could have never managed the tasks of being Editor. I have learned so much about the editing and production process from her, and she has been a steady hand to keep me more or less on track and on task.

I strongly encourage you to read my introduction of Leo as the new Editor. It will give you insight into the man, not just his many accomplishments, but his deep caring about his communities and how he manifests that caring in his work. In addition, Martyn Whittingham, PhD, CGP, FAGPA, and Claudia Arlo LCSW-R, CGP, FAGPA, write about the results of a 2017/18 survey of 39 mental health service agencies to explore whether group is a niche treatment seldom used, and whether group leaders are well trained and competent to lead groups. Also check out Alexis Abernethy's, PhD, CGP,

FAGPA, interview of Jonathan Haidt, PhD, who will deliver the AGPA Connect 2020 Opening Conference Plenary in New York City, and Morris Nitsun, PhD, who is the Louis Ormont Lecturer at AGPA Connect. I am already getting excited for AGPA Connect, which will be here sooner than we know it.

I hope you also get a glance at *Member News*, *Consultation, Please*, *From the President*, *Affiliate Society News*, and *Practice Matters*. Many thanks to you the readers, for your ongoing support, critical feedback where needed, and reinforcement. Delivering you the AGPA news has been a privilege these past 10 years. 🙏

INTRODUCING THE NEW EDITOR

Continued from page 1

activism and to fight for what one believes in." These values are reflected in the way Leo leads his life. Immediately after college graduation, Leo "felt a call of duty" during the 1982 Israeli war in Lebanon, immigrated to Israel (without speaking Hebrew), and joined the Israeli Paratroopers. He was honored twice during his service. He facilitated bilingual child and adult trauma groups for underserved Hispanics from New Jersey, South Bronx, and Manhattan before receiving his doctorate in clinical psychology, which he obtained from Yeshiva University, Ferkauf Graduate School of Psychology.

"In reaction to the surge of underserved Hispanic immigrants, I was instrumental in establishing the first bilingual/bicultural mental health treatment program in Westchester County at Saint Vincent Catholic Medical Centers, where I served as the Director of the Latino Treatment Services for 20 years." Leo founded *Salud Mental*, *Mental Health News'* initial bilingual and bicultural publication. "I felt compelled to volunteer on numerous professional and governmental boards of directors to improve the provision of mental health services in Westchester county for the Hispanic

community and to develop policies and legislation assisting Hispanics within the 18th Congressional District."

A devoted family man, Leo has been married to his wife Sharon for 25 years. Sharon is a critical care social worker and on the Board of the WGFS. He coached his two children, now adults, in soccer when they were younger, and enjoyed trekking and summiting New York State's 46 highest peaks. "Both children and their father are *hinchas* (fanatic fans) of the Argentine National Soccer team; Sharon has learned to put up with it." Alexis is now a doctoral student in audiology, and Yoni is in an accelerated BS/MS physician assistant program. The family has not limited their mountain activities to New York, but have also hiked in Patagonian Argentine and Chilean glacier parks.

I have been working with Leo on the current newsletter and he is nothing short of a *mensch*. His mind is razor sharp, but he also has a gentle and inviting nature. He has great ideas for the *Group Circle*, and I already know the publication is not only in excellent hands, but it will grow under his editorship. 🙏

FROM THE PRESIDENT

Continued from page 1

are clearer and will make applying for membership a simpler process.

A few years ago, the Strategic Plan noted that the Board was large for an organization of AGPA's size. Exit interviews with retiring Board members have also suggested that the conference calls and meetings with nearly two dozen people are cumbersome. A smaller Board would provide more time and space for Board members to make the contributions they enjoy making. At the same time, we recognized that the composition of AGPA is changing, and the Board needed to reflect that both in terms of including students and new professionals and a more diverse composition. The new Bylaws decrease the At-Large category from 12 to eight four-year term Board members and Affiliate Societies Assembly representation from three to two Officers and adds two Early Career/Student members for two-year terms.

The new Bylaws now require that any changes to Bylaws be approved by an all-membership vote and not at a single meeting. The references in the Bylaws to the Annual Meeting will also be changed to clarify whether they refer to the Annual Membership Meeting or to AGPA Connect.

This year's Nominating Committee was charged with increasing diversity representation on the Board. (This is a Board policy, not a Bylaws requirement.) In consultation with the Diversity, Equity, and Inclusion Task Force, the Committee created a ballot roster that guarantees at least one Board seat will be filled by an ethnically diverse candidate.

AGPA continues its advocacy for the field of group therapy via the efforts of the Public Affairs Committee.

As a result of a number of conversations with Optum, that insurance company has now agreed to use the Certified Group Psychotherapist (CGP) credential as one of their areas of "attested expertise," meaning that an Optum provider who wishes to be listed as having a specialty in group therapy will be required to have the CGP. Details are being worked out, and non-CGPs will still be paid for group therapy. This is a huge step towards recognition that group therapy requires specialty training! See the article on page 6.

Community Outreach continues its valuable work. As always (sadly), Community Outreach has connected with members in areas affected by shootings: Gilroy Garlic Festival, Northern California/San Francisco area; El Paso, Texas; Dayton, Ohio; and Odessa, Texas.

In keeping with the rest of the world, AGPA continues to expand its use of the internet for teaching. Our first online Institute, led by Hank Fallon, PhD, CGP, FAGPA, was successfully offered in July with very positive reviews. A second online Institute will be led by Claudia Arlo, MSW, LCSW-R, ICADC, CGP. In addition, AGPA is teaching a 15-hour *Principles of Group Psychotherapy* online course to the China Institute of Psychology with plans for a second offering as part of a three-year contract. Over the summer, there was implementation of the new iCoherence Learning Management System that is now in use for the monthly E-Learning events. These exciting initiatives continue to expand our outreach with group therapy training. They are admirably supported by the new *Principles of Group Psychotherapy* curriculum manual that was published in September.

You can see that, as always, there is a lot going on! I welcome comments about this column or anything else at EleanorF@Counselman.com. 🙏

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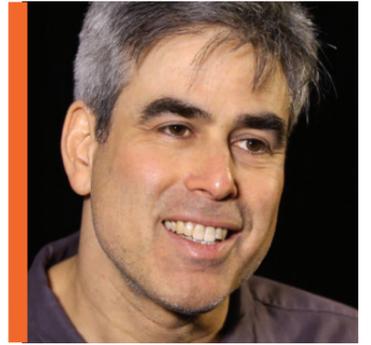
Contact Nicole Millman-Falk at 201-652-1687 or nicolemillmanfalk@agpa.org for further details.

The Impact of Social Media on Social Networks:

An Interview with Jonathan Haidt, PhD

Alexis Abernethy, PhD, CGP, FAGPA, AGPA Connect Co-Chair

EDITOR'S NOTE: Jonathan Haidt, PhD, is the Thomas Cooley Professor of Ethical Leadership at New York University's Stern School of Business. A social psychologist who studies morality, his current research investigates how to apply moral psychology to improve the functioning of companies, universities, and other complex social systems. Dr. Haidt is the author of two books: *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom* and *The Righteous Mind: Why Good People are Divided by Politics and Religion*. Dr. Haidt will be delivering the Opening Plenary at AGPA Connect 2020, March 2-7, in New York City.



AA: Dr. Haidt, we are honored that you will be speaking at the Opening Plenary for AGPA Connect. Why are you so passionate about the impact of social media on society?

JH: I'm a social psychologist who studies moral and political psychology, with a special focus on political polarization. Polarization, which I measure as a cross-party animosity, has been rising steadily since the early 2000s, and yet strange trends began happening around 2014, on college campuses and in America more broadly.

A strange new dynamic emerged, in which young people claimed to be fragile and harmed by words, books, and speakers. My friend Greg Lukianoff first noticed this from his work as President of the Foundation for Individual Rights in Education. He came to talk to me about the trend he was seeing in which college students were using the exact cognitive distortions that he had learned to stop doing, when he learned cognitive behavioral therapy for his severe depressive episodes. These are the kinds of cognitive distortions that can markedly affect our feelings and general emotional arousal. Our conversation turned into an article we published in *The Atlantic* in 2015 on "The Coddling of the American Mind."

After our article came out, things got much worse on campus, and as a result, we examined and learned a lot more about Gen Z—the generation born beginning in 1996. We dug much deeper, and found out that new data, released after we wrote the article, revealed that the mental health problems of Gen Z were much more severe than we had realized. For girls in particular, rates of anxiety, depression, and self-harm are up between 30 and 100 percent, depending on how these emotional states are measured. For pre-teen girls, the rate of hospitalization for self-harm is up 189%, compared to the first decade of the century. Something very big and alarming is happening to Gen Z, particularly to the girls.

AA: What are important factors that have contributed to this Gen Z mental health crisis?

JH: In our book, *The Coddling of the American Mind*, Greg and I examine many factors that have contributed

to the alarming increase in mental health problems of this generation and conclude that two are probably the most important. First, the vast overprotection that parents and society put onto American kids in the 1990s, out of a misguided fear of abduction (fostered by a society-wide moral panic about child abduction). Kids are "antifragile," meaning that they need thousands of experiences, challenges, stressors, and failures to grow strong. When we overprotect them, we deny them the very opportunities they need to develop strength. It is like the human immune system: Exposure to biological threats allows the immune system to adapt and more capably handle future threats. The same is true for children: exposure to challenges and stressors, including the occasional failure, allows children to develop the capacity to handle increasingly more difficult challenges in the future.

As a result of this overprotection, Gen Z is much more fragile and anxious than the previous generation—the millennials. Second, Gen Z moved onto social media in middle school, whereas the millennials didn't move onto social media until college or later. Heavy users of social media have twice the rate of depression and anxiety as do light or moderate users. Five published experiments indicate that the effect is at least partly causal; people who stop or significantly reduce social media exposure experience gains in mental health. There is still debate among researchers as to how large the effect is, but the trend is unmistakable. I may talk about how to interpret the mixed evidence on effect sizes.

AA: You are well known for your research on moral emotions and factors that contribute to political polarization. How did you get interested in these areas?

JH: I was always a strong left-leaning partisan, until I wrote *The Righteous Mind*. Doing the research for that book, and trying hard to understand conservatives and libertarians, showed me that there are good ideas on all sides of the political spectrum, and that if you don't seek them out—if you just stay in your tribe—you become less wise, less thoughtful, and less able to understand

complicated social problems. I think it's vital that social scientists take steps to reduce their partisan motivations, or we will never make progress on the most important social issues of our time. This led me to co-found the Heterodox Academy, an organization that tries to promote open inquiry and viewpoint diversity at universities. The idea is to learn to integrate the best ideas from a range of different perspectives.

AA: Is there a connection between this work and your current focus on GenZers?

JH: There was no connection originally; I just joined Greg Lukianoff to develop his excellent idea. But as Gen Z is beginning to graduate from college since 2018, we are beginning to see some of the same issues we faced on campus spread into the larger work world. We are seeing more and more corporations and non-profits experience a big rise in internal political and moral conflict.

AA: What have you learned in your work with GenZers that would be important for group therapists to be aware of?

JH: Firstly, older people cannot easily understand what life is like for those who have lived within social media since they were 10 years old. We need to listen to Gen Z and find out what *they* think are their problems. Secondly, Gen Z is not in denial; most of them agree that social media has damaged them, but they don't know what to do about it. Each person faces steep costs if they leave, as an individual. So, the big challenge is to find ways to help groups and communities use social media less and use it in more healthy ways.

AA: Would you like to add anything else?

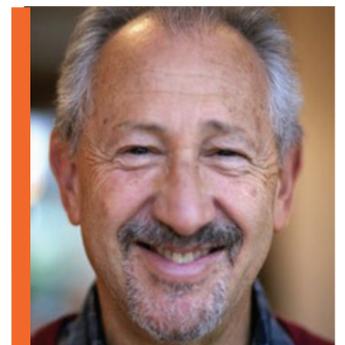
JH: Social media has changed many parameters of social and political life. In my talk, I will address what it has done to Gen Z, and also what it is doing to democracy as it fosters a gigantic surge in the total amount of outrage in circulation. If anyone wants a preview of what I'll say about mental health and Gen Z, I urge them to start on this page: www.thecoddling.com/better-mental-health. 🙏

Evoking Personal and Social Themes Through Visual Imagery:

An Interview with Morris Nitsun, PhD

Alexis Abernethy, PhD, CGP, FAGPA, AGPA Connect Co-Chair

EDITOR'S NOTE: Morris Nitsun, PhD, is a clinical psychologist with some 50 years of experience spanning the UK National Health Service, where he was Director of a large psychology and psychotherapy department for almost 30 years, and private practice, where he was a founder member of the Fitzrovia Group Analytic Practice, the largest group-based practice in the United Kingdom. An internationally known and published author and group psychotherapist, he has also developed in parallel a successful career as a painter. He has exhibited regularly in London, and his work is in collections across the world. His work is distinguished by its painterly qualities—vibrant colors, rich textures, and vigorous brush and knife work. Dr. Nitsun will be the Louis Ormont lecturer at AGPA Connect 2020 in New York City.



AA: What is the title of your presentation?

MN: *Reflections on Art and Life Through Dolls: The Power of Visual Images to Evoke Personal and Social Themes*. I am delighted to have this opportunity to describe the merging of my two main professional interests—psychotherapy and art—at a late stage in my career. It took a specific form: an exhibition of paintings of dolls in May 2019 in the Sussex town of Hove that triggered unexpected responses from viewers and prompted a deeper inquiry on my part.

AA: Please share the circumstances that led to your decision to blend these two interests.

MN: It was not a conscious decision. It happened spontaneously, perhaps unconsciously, becoming apparent only during the exhibition. The striking, sometimes

disturbing, variety of responses to the paintings made me aware that I had entered new terrain as an artist and that I needed to draw on my psychological experience to understand what this meant. The decision to paint images of dolls was itself conscious, but I was unaware of its significance until the exhibition began.

AA: What was going on in your life?

MN: As I have gotten older (I'm now in my mid-seventies), I sensed a wish for integration, of bringing things together in my life, perhaps trying to get on the right side of Eric Erikson's formulation of the challenge of old age: integrity versus despair. I was also reflecting more than usual on my childhood and family history. I have come to see the doll paintings as emblematic of this journey. In addition, I have had a series of significant personal losses, friends and relatives, in recent years.

My difficulty with this has been both ordinary in terms of sadness and anxiety and extraordinary in terms of a sweeping, overwhelming sense of loss. I wondered if there are echoes here of the Holocaust history of my father, who lost half his family in Eastern Europe. The dolls, perhaps, are like the ghosts of the past or an attempt to bring back the lost.

AA: How would you describe your artistic interests?

MN: I have painted for approximately 55 years, in parallel with my psychological studies. I love paint, the colors, textures, and smells. I regard myself as a painterly painter. Ironically, when I won a prize in the South African Artists of Fame and Promise Competition in 1966, it was for a large figurative painting with a group theme, called *Party*. When I came to live in England, however, I painted mainly landscapes, seascapes, gardens, and still

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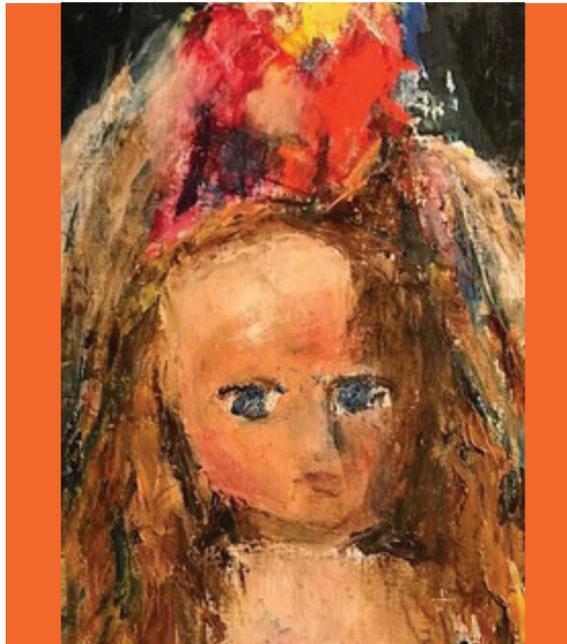
lives. I had at least 10 successful exhibitions in London based on these themes. People very much appreciated the work, and sales were gratifying. However, painting the dolls was a departure, reflecting a wish to return to the human figure. Dolls, of course, are not human, but they symbolize the human, and their ambiguity was a major factor in the strong and varied responses they evoked.

AA: *Can you describe the focus of your presentation in more detail?*

MN: My presentation at AGPA Connect describes the exhibition and the background surrounding it, starting with my purchase of a Victorian house in the seaside town of Hove two years ago. I became interested in Victoriana, and the images of vintage dolls emerged in this context. The exhibition was an Artists Open House event, with people coming from many walks of life. It culminated in a large planned group discussion in the studio surrounded by the paintings. This comprised mainly psychotherapists, and the focus was the impact of the doll images and the personal and group associations with them. As mentioned, the responses were very varied and surprisingly divergent, so much so that they called for an explanation.

I increasingly considered that these were not just different perceptions of dolls. There was more to it than that. A question arose: Could the responses reflect different social constructs of childhood in our culture? In my AGPA presentation, I will outline these constructs in greater detail, but they can be summed up as the loved child, the monstrous child, and the traumatized child. Projection onto the images played a major part in eliciting the different responses. The fixity of the projections was often striking. This raised questions about the link between social constructs and individual subjectivities and their mutual influence. Gender was another important theme, both historically (the convention: Girls play with dolls; boys don't) and presently in the way men and women reacted differently in the here-and-now of the discussion.

AA: *Could you share more about how the issues of gender and social constructs have emerged in this work?*



MN: The issues about gender emerged in men and women's differential responses to the paintings—the contrasting narratives about gender-based play with dolls in childhood and the way men in the studio group discussion tended to adopt a rather distant, intellectual approach to the paintings compared to the women who were more emotional in both their memories of childhood dolls and the way they expressed their feelings. Some men identifying as gay described their anxiety about doll play, wanting to get closer to dolls as children but fearing censure and ridicule.

The social constructs I refer to are specifically constructs or images of childhood. These were not revealed directly. It was more my reading of the responses. I had to find a way of comprehending the highly divergent responses to the paintings. I could see themes or categories in the welter of responses: consistent patterns that cohered around specific constructs of childhood as part of a discourse of childhood. These are hypotheses on my part. They aim to highlight the unconscious aspects of

people's projections, raising the question of how much the personal unconscious was at play and how much a shared social unconscious.

AA: *How will you organize this presentation?*

MN: The event will start with an illustrated lecture showing slides of my paintings. This includes a few of my previous older paintings and some of the newer doll paintings. A discussion with the audience will follow. This, in turn, will be followed by a group experience in which audience members will be invited to volunteer to participate in a small group, observed by the larger group. This is analogous to the group held in my studio during the exhibition in Hove. Prints of the paintings will form a backcloth to the discussion. The larger audience group will then be invited to comment on the small group response, to explore the themes further, and to consider the approach as a novel form of art-and-psychotherapy.

AA: *Is there any connection between this work and your work on the anti-group?*

MN: I thought this question (about the anti-group) would arise! Again, there is no direct connection. But the world conveyed in many people's responses to the paintings suggests an anti-group world. Descriptions of difficult families, fragmented groups, abuse, loss, and abandonment, as well as intense envy and rivalry, suggest that the dolls evoked in many people a dysphoric world. I saw the dolls in many ways as mirroring something(s) for the viewer. People spoke about the dolls' gaze, as if their gaze was loaded in some way, revealing, challenging. Questions arose about both the world from which the dolls came and the viewer him/herself came; this could be a shadowy, frightening, even damaging world.

AA: *Any final thoughts?*

MN: I would like to add only that I hope readers will be stimulated to come to the Ormont Lecture in 2020 but not to expect a conventional lecture in a neat academic framework with crystal-clear objectives! I invite participants to share an experience with me and bring themselves and their worlds to the event. 🌍

member NEWS



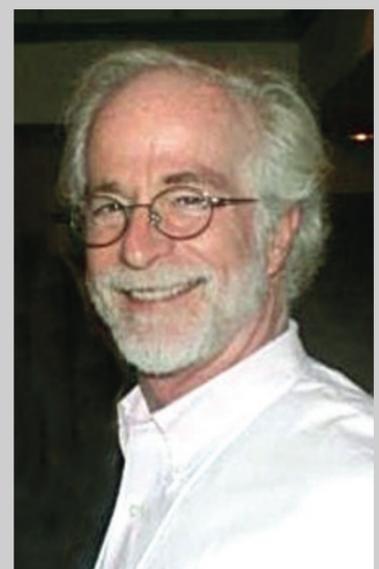
Jill Paquin, PhD, FAPA, Editor of the *International Journal of Group Psychotherapy*, and Associate Professor, Graduate Programs in Counseling Psychology at Chatham University, has been elected to Fellow status with the American Psychological Association, Division 49, Society for Group Psychology and Group Psychotherapy.



Jonathan Stillerman, PhD, CGP, has begun a two-year term as Dean of the National Group Psychotherapy Institute, at the Washington School of Psychiatry.



Andrew Susskind, LCSW, SEP, CGP, has published a new book, *It's Not About Sex: Moving from Isolation to Intimacy after Sexual Addiction*. Susskind, a psychotherapist and recovering sex addict, applies the latest mental health research to help at-risk readers out of the shame, isolation, and secrecy in which sex addiction thrives.



Steve Van Wagoner, PhD, CGP, FAGPA, Editor of the *Group Circle*, and Co-Chair of the Standards Committee of the International Board for Certification of Group Psychotherapists, has begun a two-year term as Chair of the National Group Psychotherapy Institute, which produces six two-day (weekend) conferences at the Washington School of Psychiatry (www.wspdc.org). 🌍

individual therapy seem easier to offer in many outpatient settings. However, 29% used group for at least 25 to 50% of all treatment, and more than 12% used it more than 50% of the time. Therefore, even for outpatient, group is still used at high levels, depending upon the agency. It may not be the primary treatment modality, but it is certainly being used at levels suggesting it is a vital component of the overall treatment package. This suggests that group is highly utilized, even when it is not the primary mode of treatment delivery for all agencies.

These findings show a clear pattern. Group is very widely used throughout agencies surveyed. PHP/IOP treatment is the clearest example of a setting where group predominates as the primary treatment modality. Inpatient showed wide variability, but group is still used in very large numbers in these settings overall. Outpatient showed a clear trend toward group as a secondary treatment, but practitioners could still be expected to run a significant number of groups, with some practitioners leading groups for more than 50% of their treatment. Clearly group is not a niche offering. Therapists must be prepared for the eventuality that groups may comprise a significant portion of their workplace routine.

Are group leaders well-trained and competent?

Given that groups are widely used in treatment settings, the next set of questions the survey asked was related to the competency of leaders.

A key question asked how agencies assured competency of their group leaders. Sites could respond to more than one answer. The top three answers were “supervision/consultation” (79%), “reliance on general training/credentials” (74%), and “self-report of clients” (53%). The first of these is encouraging, since supervision can be helpful in ensuring competence. However, since only 37% of sites indicated requiring specific training in group, the quality of that supervision is difficult to measure. Relying on basic credentials is also not a guarantee of leadership quality. In some cases, agencies require at least one group class, however, even this requirement is no guarantee of leadership quality since it only involves a basic education in principles rather than extended supervision and consultation in leadership skills and group practice. Obtaining self-report patient satisfaction data from clients is an important component of ensuring treatment quality; however, this survey did not ascertain whether the data is systematically collected and benchmarked or collected in a more ad hoc way. More research is needed.

Only 34% indicated “monitoring attendance” as being important, meaning that leaders’ ability to prevent premature group dropout is seldom considered. This is an important indicator of competent leadership. Since premature dropout and attrition have been shown to lead to worse outcomes for clients, group leaders should develop skills in building and maintaining group cohesion and repairing alliance ruptures as they occur. Failure to do so can lead to clients experiencing double demoralization, as the hopelessness that accompanies mental health problems is now compounded by treatment failure.

Only 29% of sites indicated “monitoring outcomes.” Research findings (Whittingham, 2019) have shown that inpatient unit outcomes can range from ineffective to highly effective, but that these differences only emerge under scrutiny of admission to discharge outcome tracking. Therefore, this lack of outcome data is a significant barrier to ensuring treatment is being competently administered. Moreover, only 8% of agencies required credentialing in group therapy. In the article mentioned previously, requiring certification in group psychotherapy was associated with stronger outcomes for inpatient group therapy. Therefore, the absence of required certification in group combined with lack of tracking attendance, group dropout, and outcome measurement questions whether group is being delivered competently. Until agencies begin to require certification, measure outcomes, and track attendance and dropout, they have no way of knowing if the groups are being led competently. Currently, for too many agencies, the assumption of competency is seldom based on concrete evidence and is, therefore, at significant risk of self-serving, conformation bias.

Are manualized treatments heavily utilized?

Given the assumption that managed care somehow mandates manualized treatments, some might assume that the answer to this would be a clear “yes,” however, this was far from the case. Of the agencies surveyed, only 15% indicated “requiring manualized treatments.” The largest cluster indicated they “left it up to the individual therapist” (37%); the next largest indicated it was “preferred but not required” (21%), followed by “no requirement” at all (16%). There is clearly room for theoretical diversity in agencies.

So, if groups are not manualized, the question is what types of group are offered in what settings? Detailed analysis of this finding will follow in journal articles, however, one finding of interest to AGPA was that between 11% and 24% of all groups offered across treatment settings

were general psychotherapy and process groups. While structured, psychoeducation, and recreation groups also formed a large cross-section of treatment, percentages varied considerably by setting, agency, and treatment severity.

Summary and recommendations

Based on this large-scale survey, group is not a niche treatment but a major aspect of treatment delivery nationally. It is very widely used in agencies across the nation and accounts for a significant amount of treatment delivery, whether as a primary or secondary modality. This has implications for training at both the graduate level and beyond. For group leaders to obtain work in these settings and then begin the road toward ethical and competent practice, group should be a required graduate school class. Equally, further training and certification should be seen as an essential step toward ethical practice. To ensure competency, agencies should also provide consistent tracking of attendance and dropout while monitoring outcomes.

Moreover, as the recent awarding of specialty status to group by APA demonstrated, group therapy practice is not just individual therapy in a group. Leaders will be practicing groups ranging from general psychotherapy to manualized approaches. Group-specific research, best practices, and leadership techniques are a significant predictor of successful outcomes; therefore, agencies and training programs need to consider how best to train their leaders in competent practice that will ensure effective outcomes for clients.

AGPA and IBCGP have significant roles to play in training, certification, dissemination of research, and promotion of group therapy. Reaching out to agencies and forming relationships with them is an essential part of this process. This survey demonstrates that the need is great, and the potential impact is of national importance. 📌

References

- Whittingham, M. (2019). Division 49 Presidential Address, *Group Therapy Poised on the Cutting Edge: Trends in the Present and Implications for the Future*, APA National Convention, Chicago, IL.
- Whittingham, M., Arlo, C., Counselman, E., Courville, T., Crosby, G., Helfmann, B., Rene, R., Sheppard, T., Ulman, K., & White, K. (2019). *AGPA/IBCGP Agency Survey*. AGPA Connect. Los Angeles, CA.

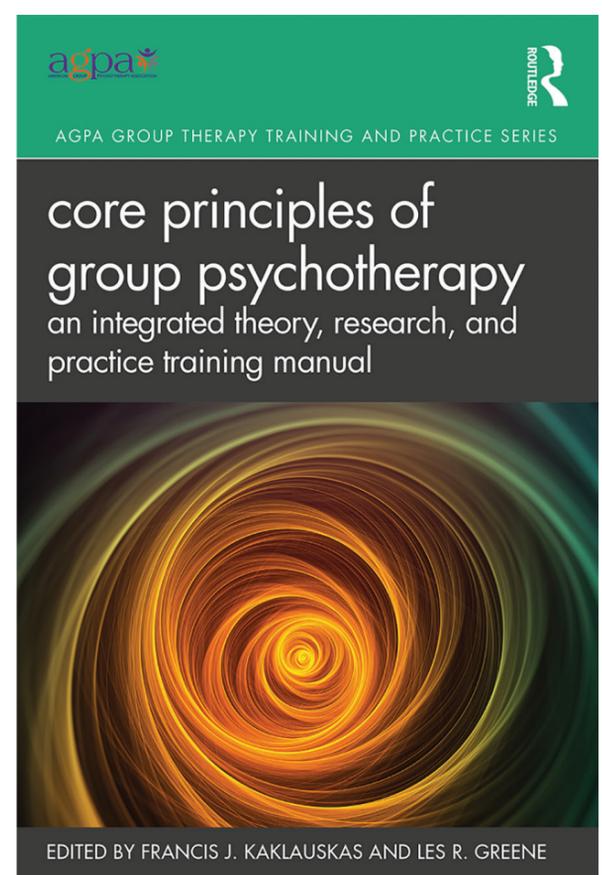
AGPA Releases New Core Principles of Group Psychotherapy Manual

AGPA has published *Core Principles of Group Psychotherapy*, edited by Francis Kaklauskas, PsyD, FAGPA, and Les Greene, PhD, CGP, DLFAGPA. An integrated theory, research, and practice training manual, this publication is the primary curriculum for the *Principles of Group Psychotherapy* course that fulfills the educational component of the Certified Group Psychotherapist (CGP) credential awarded by the International Board for Certification of Group Psychotherapists.

This manual launches the new AGPA *Group Therapy Training and Practice* series, produced in collaboration with Taylor and Francis. The series’ mission is to produce the highest quality publications to aid the practitioner and student in improving their knowledge, professional competence, and skills with current and new developments in methods, practice, theory, and research in the group psychotherapy field.

The text is divided into five modules: group therapy foundations; group structure and group dynamics; group formation and group development; group leadership tasks and skills; and ethics, neuroscience, and personal style. This guide is an essential resource for students and clinicians interested in learning more about group psychotherapy, as a text in academic courses, or as part of a practicum or internship training curriculum. In addition, helping group psychotherapists bolster their skills ensures the availability of quality mental health services.

You can purchase this curriculum at: <https://www.routledge.com/Core-Principles-of-Group-Psychotherapy-An-Integrated-Theory-Research/Kaklauskas-Greene/p/book/9780367203092>. 📌



practice MATTERS

Molyn Leszcz, MD, FRCPC, CGP, DFAGPA; Farooq Mohyuddin, MD, CGP, FAGPA; Kathleen Ulman, PhD, CGP, DFAGPA; and Marc Azoulay, MA, LPC, LAC, CGP, Public Affairs Committee Members

The AGPA Public Affairs Committee works to disseminate information about the benefits of group therapy and to insure access to quality group therapy care. As part of this mission, the Committee's advocacy work includes building relationships with insurers to engage in a dialogue regarding quality of care and issues of reimbursement. As part of this outreach, we are pleased to report that Optum, a division of United Behavioral Health, has approved "Certified Group Psychotherapist" as a specialty in the list of clinical expertise that clinicians can attest to upon joining their network. This action has occurred following the Public Affairs Committee's outreach to Optum, which included the provision of information on the benefits of group therapy and the need for experienced providers to ensure the quality of services.

In the Optum network, a specialty listing means that the provider has obtained additional training and/or experience to provide the designated services. Providers must attest to and provide documentation of such criteria for it to be added to their provider profile, which will appear when individuals who have Optum as their insurer search for providers.

This is an important step in recognizing our expertise and value, an important point as we want to increase access to high quality in all that we do. We hope to create a strong

platform upon which we can advocate for appropriate remuneration for group therapy. (It will not impede in any way, provision of group therapy services by providers who do not have the CGP.)

The specialty will be stated as "Certified Group Psychotherapist," and it is applicable to group therapists of all disciplines. Group therapists must have certification by the International Board for Certification of Group Psychotherapists and need to submit a copy of that certification when they apply to Optum for specialty recognition in their network.

For those applying to be a new provider in Optum's network who are Certified Group Psychotherapists, applications on Optum's Provider Express website will include the Certified Group Psychotherapist in the Optum Attested Expertise under Physician and Non-Physician Specialties. Information on joining Optum can be found at: <https://www.providerexpress.com/content/ope-provexpr/us/en/our-network.html>.

For CGPs who are already contracted in the Optum network, you must update your information in order to have the certification noted in your file. Use the Expertise Attestation form and fax the signature page and the required documentation (a copy of your CGP Certificate)

to *Network Management* so the requested expertise can be added to your profile. If you have questions or difficulty doing this, you can contact your network manager directly (if you know who it is) or call 877-614-0484 for assistance.

This recognition of group as a specialty through Optum joins the recent recognition of group psychology and group psychotherapy as a Specialty Designation through the American Psychological Association as another successful step in AGPA's work to have group psychotherapy recognized as a valuable and specialized treatment that requires scientific and professional knowledge and skills to deliver a quality service. The recognition of the CGP by Optum as the qualifying credential for the specialty for all disciplines underscores the value of the certification. If you are not yet a CGP and interested in obtaining it, information can be found online at <https://www.agpa.org/cgp-certification/how-to-apply> or you can contact the AGPA office at 212-477-2677.

We are eager to continue to outreach on behalf of the AGPA members to third party payers and other systems to advocate for the benefits of group therapy and its proper remuneration. Please reach out Diane Feirman, CAE, Public Affairs Senior Director at dfeirman@agpa.org if you have contacts or suggestions for outreach. 📧

Congratulations New Fellows

EDITOR'S NOTE: AGPA annually recognizes professional competence and leadership in the field of group psychotherapy. Carlos Canales, PsyD, CGP, FAGPA, Michele Ribeiro, EdD, CGP, FAGPA, and Jennifer Ruiz, MD, CGP, FAGPA were recognized as new Fellows at AGPA Connect in Los Angeles earlier this year.



Carlos Canales, PsyD, CGP, FAGPA (Des Moines, Iowa), an AGPA member since 2010 and a Clinical Member since 2011, served as Board Member of the Northern California Group Psychotherapy Society (NCGPS) and is now a member of the Illinois GPS. He was a NCGPS Institute Faculty and a Faculty member at AGPA Connect. He is currently a member of the AGPA E-Learning Task Force. He holds a position as a Staff Psychologist at the West Des Moines Center for Psychotherapy, where he facilitates two psychotherapy groups and is a Staff Group Psychotherapist/Consultant for Latinas Unidas para un Nuevo Amanecer. He was involved in the development of and Director of the Online Doctoral

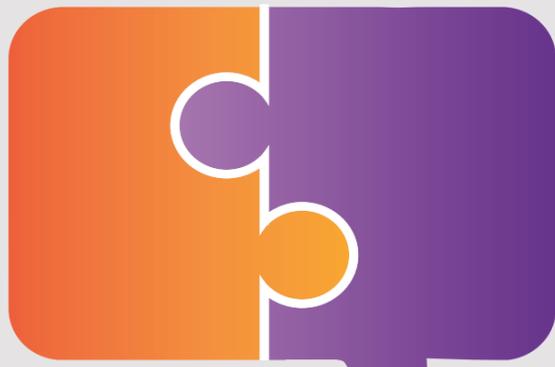
Program for the Professional School of Psychology in Sacramento. A Board Member of the Hispanic Educational Resources and the Iowa Psychological Foundation, Dr. Canales has also provided multiple educational workshops and seminars to university communities and professional agencies including the Iowa Mental Health Counselors Association, the Iowa Psychological Association, the Yolo Solano CA MFT Association, the Latino Behavioral Health Institute and the National Latina Psychological Association. He has led 19 groups since 2000 in his professional practice. A licensed clinical psychologist, he received his PsyD in Clinical Psychology from Rosemead School of Psychology at Biola University in La Mirada, California. He is in private practice in West Des Moines, Iowa. Prior to moving to Des Moines, he was in private practice in Davis, California. Dr. Canales is bilingual and bicultural and has developed an emphasis in the treatment of Latino/Latina clients.

Ribeiro co-taught the AGPA Principles of Group Psychotherapy at multiple settings, as well as the online E-Learning Course. She created a group training program and doctoral practicum training program at OSU's Counseling and Psychological Services. Dr. Ribeiro has facilitated numerous cultural and diversity group trainings at AGPA Connect, and for the American Psychological Association, National Multicultural Summit, National Association of Student Personnel Administrators, American College of Personnel Administrators, and National Coalition Building Institute. She is a Co-Editor of *The College Counselor's Guide to Group Psychotherapy* for which she wrote two chapters and co-wrote another. She has published extensively in *The Group Psychologist* and the *Journal of Muslim Mental Health*. Dr. Ribeiro received her EdD in counseling psychology from Rutgers University in New Brunswick, New Jersey. She is a past Board Members of APA's Division 49 Society of Group Psychology and Group Psychotherapy.

Jennifer Ruiz, MD, CGP, FAGPA (Boston, Massachusetts), an AGPA member since 2006 and a Clinical Member since 2013, served as Co-Chair and Chair of the Registration Sub-Committee of the Northeastern Society for Group Psychotherapy (NSGP) Annual Conference, Chair and Co-Chair of the NSGP Breakfast Club Committee, a member the NSGP Committee on Medical Education, the NSGP Board of Directors, Acting Medical Director of NSGP, Co-Chair of the NSGP Training Committee, and Co-Editor of the NSGP newsletter. She was Co-Chair of AGPA's Mental Health Agencies and Institutions SIG, and Faculty at AGPA Connect and at the International Association of Group Psychotherapy. Dr. Ruiz co-facilitated a Continuous Online Group at the AGPA Connect and for the Group Analytic Society International Symposium. She maintains a group psychotherapy practice at Fenway Community Health Center in Boston where she leads weekly process groups, including a Gay and Bisexual Men's Intimacy Group, two Women's Interpersonal Psychotherapy Groups, and a CBT for Anxiety Skills group. She was the developer and lead physician for the Suboxone Treatment Program for Opiate Addiction. She developed a time-limited Cognitive Behavioral Therapy for anxiety group, leads the group, and trains future group leaders. Dr. Ruiz developed a group manual, *40 & Forward*. She teaches psychology and social work interns on the basic principles of group therapy at Fenway Health. Dr. Ruiz is also a weekly T-Group leader at McLean Hospital Combined Residency Program with Mass General Hospital. She received her MD from the University of Pennsylvania School of Medicine. She completed a Fellowship in Psychiatry at Massachusetts General Hospital Center for Psychoanalytic Studies. 📧



Michele Ribeiro, EdD, CGP, FAGPA (Portland, Oregon), an AGPA member since 2005 and a Clinical Member since 2011, is an AGPA Board Member. She is Co-Chair of the Open Sessions Conference Committee since 2015. She was a member of the Open Sessions Conference Committee and Co-Chair of the College Counseling and Other Educational Settings SIG. Dr. Ribeiro was one of the designers and presenters for the diversity training, *Increasing Sensitivity to Cultural and Diversity Issues* in AGPA, now required for all AGPA Connect Faculty. She has maintained an active group psychotherapy practice at Oregon State University (OSU) in Corvallis, where she leads weekly process training groups for trainees throughout their psychiatric residency. Dr.



consultation, please!

Dear Consultants:

I recently started a group made up of three women and three men, aged 45 to 65. I had been treating a physician in my practice for several years who was working on leaving a troubled marriage, which she did a year ago. She was interested in using the group to cut back on her individual therapy. Early on, the patient distinguished herself from the other group members by sharing the following thoughts: she was in love and extremely happy; she didn't want anyone to question her happiness; the group members were all in therapy for too long; they were all born with serotonin deficiencies and should be on medication; they should meditate as it helps her. She recently announced to the group that she will be missing the next two group sessions to take a computer class. The animosity toward this person is increasing. The other group members feel judged, dismissed, misunderstood, and put down by her. At the same time, her unfolding relationship dynamics in the group replicate the issues that she has been having at work, with her sons, and in her marriage. I never saw any of these behaviors when I saw her alone. I've thought about asking her to leave the group, but I realize that she could benefit greatly from coming to understand her impact on other people, and the other members could benefit from working things through with her. Her patronizing superiority is demoralizing to a newly formed group. How do I balance the needs of this patient and her group-destructive behavior against the needs of the group and the feelings of the other members?

Gratefully, Conflicted

Dear Conflicted:

Congratulations for having a new group, and a group that wants to work! I'd like to examine your group-as-a-whole first, then discuss this specific group member. The first of Bion's basic assumptions in group is "dependency." Members of a new group are filled with anxiety and fear of doing the work and dealing with uncertainty. They want the group leader to lead them to safety. This requires an active and available group leader. A major task for the leader is protecting the much-needed scapegoat from being sacrificed. The provocative behavior of this patient makes her a perfect scapegoat—the person who, we believe, we need to kick out of our group in order to bring back peace and unity. Alas, this fantasy almost never works. Once the scapegoat is banished, a potentially destructive unspoken message is delivered: The leader cannot contain our misbehavior, defiance, anxiety, pain, or shame. The group is neither safe nor containing. In most cases, the group would likely disintegrate shortly after. I find it interesting that the woman takes two sessions off (maybe a time-out for self-regulation), and the group is resentful rather than celebratory that she will be absent. The group needs its scapegoat!

A remedy would be to join the scapegoat with empathy. You can acknowledge her anxiety, and admit that this work is hard. You can address her wish for a quick fix, the wish for a biological theory that explains everything. While defending the scapegoat empathically, which dispels the group fantasy of "we are going to be fine by expelling the scapegoat," you can also explore and validate other group members' anger and hostility, sending the message that you are alive, reliable, and containing.

You describe the doctor and her patronizing behavior and ignorant comments. Why does she need to be recognized as an authority? Why does she need to make other group members feel "judged, dismissed, misunderstood, and put down?" More importantly, can we hear what she does not say? The doctor could be telling us about her deeply seated shame—of being a patient and not knowing, of not being seen, of not being cared for, and of having pain. Possibly, the original templates for internalizing others were planted with hostility, without care or containment. Perhaps,

this is the way she unconsciously relates to the others. In addition, she has been utilizing projective identification as a defense against the fear and shame that the group work evokes. The doctor says what group members should or should not do, and the group responds by identifying with her unconscious fears: "Maybe group therapy is not for you." Cautiously bringing up these unconscious patterns and defenses during group and in individual therapy could be tremendously helpful in creating insight and healing. Having a patient with her personality traits in your group is not an easy task, but, as you noted, it can become a great opportunity to deepen the work for her and for the group.

Larry Mortazavi, MD, CGP
Littleton, Colorado

Dear Conflicted:

Since this is a relatively new group, I might try to go over the group goals and agreements. At least this will clarify what the expectations are of each member and begin a discussion without addressing her behavior specifically. You can use the agreements to talk about the commitment to being present each week. She is not aware of the importance of her presence in group and the impact that it has on the others. You can explore why it seems so difficult for her to make a commitment to her own personal growth, without making any judgment about attending the computer class.

You can also address the group interaction directly. Is the group talking about her patronizing superiority? What kind of reaction is she having to their continued expressions of frustration with her? Is she not responding to or acknowledging their feedback? Is the patient still seeing you for individual therapy, and is there any discussion of how she is experiencing group?

In my groups, each group member agrees to gradually tell the emotionally significant story of his or her life over time and agrees to put thoughts and feelings about one another and the therapist into words or explore any reluctance to do so. I notice that a lot of the feedback doesn't include feelings. Perhaps, you can help them identify their feelings toward her, but more importantly toward you. Because

their hostility is increasing, I would encourage them to direct their anger toward you. This helps to protect her from too much aggression, but allows them to continue to express it. "Maybe you're angry at me for not helping her understand how to use the group."

I agree with you that she is doing in the group what she does in her relationships outside the group, and needs help to see the impact that it has on others. She is presenting her issues front and center, and you can invite a discussion around the idea of the group being a laboratory to try out new behaviors. Physicians are taught to be helpers, and I imagine she has not given much thought to her own needs and wishes. I also am wondering how this might have played out in her early development; maybe this can be explored as well. Knowing her background and issues from your individual work allows you to make connections between her group behavior and her relationships in the world. Try to find a way to help her reveal these connections in the group.

Kathy Reedy, LCSW, LMFT, LCADC, BCD, CGP
Crestview Hills, Kentucky

Members are invited to contact Lee Kassan, MA, CGP, LFLAGPA, 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. Special Interest Group members are also encouraged to send cases that pertain to your particular field of interest. Email Lee at lee@leekassan.com.



NEWSLETTER OF THE

AMERICAN GROUP
PSYCHOTHERAPY ASSOCIATION

INTERNATIONAL BOARD FOR
CERTIFICATION OF GROUP
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groupcircle

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See Group Assets insert

affiliatesociety NEWS

The **CAROLINAS GROUP PSYCHOTHERAPY SOCIETY (CGPS)** presented the workshop *Connecting in the Moment: Group Process and Improvisational Theater* October 18-19 in Durham, North Carolina. Presenters were Deborah Klinger, LMFT, CEDS, and Decoder Ring Improvisational Comedy Troupe. Many of the skills that make improv a powerful art form (focusing on the present moment, listening, validating others, working with whatever has been shared, a willingness to take risks) can also make process groups a powerful healing modality. At every CGPS workshop, attendees also participated in five small experiential process groups throughout the two-day workshop. Susan Orovitz, PhD, CGP, CGPS President, received the ASA Community Service Award. Visit carolinasgps.org.

The **EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS)** is hosting its Annual Conference November 22-23 at The Riverside Church, in New York City. This year's topic is *Sympathy for the Devil? Resisting and Confronting the Pull of Vilification in Group*. Visit egps.org.

The **FOUR CORNERS GROUP PSYCHOTHERAPY SOCIETY (FCGPS)** is hosting its Annual Conference—*The Stories Within: Working with Unspoken Material in Group Psychotherapy*—on November 16-17 at the University of Denver Morgridge College of Education. Keynote speaker Maria Riva, PhD, will address *Identifying and Facilitating Critical Moments in Group*. FCGPS is offering a 30% discount on tickets to its conference for members of any other AGPA Affiliate; enter the discount code AGPAALLIES on its Eventbrite page. Contact www.fcgps.org.

The **ILLINOIS GROUP PSYCHOTHERAPY SOCIETY (IGPS)** held a hugely successful and thrilling workshop this past summer, *Integrating Adventure Activities with Group Therapy*, presented by Barney Straus, LCSW, CGP, FAGPA. It was filled with experiential activities followed by opportunities to process the group experience. There was a focus on both group-as-a-whole, as well as individual dynamics. IGPS hosted its Fall Conference November 1-2 at Cathedral Counseling Center, Chicago. The topic was *The Art of Group Leadership: Staying Open to Ourselves and Others*. Presenters were Britt Raphling, LCPC, CGP, and Dave

Kaplowitz, LMFT, CGP. IGPS thanks Larry Viers, PhD, CGP, FAGPA, for his years as President and looks forward to Bruce Aaron, MSW, CGP, becoming President in January. It also has a Facebook page—ILGPS—and hopes readers will check it out.

The **MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS)** Fall Conference will feature Jonathan Stillerman, PhD, CGP, presenting *Indecent Exposure? The Pitfalls and Potential of Group Therapist Self-Disclosure*. He notes that “we’ve come a long way from the classical analytic ideals of abstinence, anonymity and neutrality and the mandate that psychotherapists serve as blank screens for the patients’ projections. Yet, how therapists can most effectively use and reveal themselves with patients remains an area of spirited debate.” In the Spring, Lisa Kays, offered a conference, *Play with Me: The Role of Improvisation in Personal Growth, Relationships, and Therapy*. She presented a perspective that inspired risk-taking, unforeseen new options, and honored fun as a valid aspect of decision-making. MAGPS is instituting a new program of diversity training for all new MAGPS Board members. MAGPS members Raquel Willerman, PhD, LCSW, CGP, Liz Marsh, LICSW, CGP, and Rebecca Abell, PsyD, CGP, have recently earned their Certified Group Psychotherapist (CGP) status. Lorraine Wodiska, PhD, CGP, ABPP, FAGPA, was awarded the ASA Community Service Award.

The **NORTHERN CALIFORNIA GROUP PSYCHOTHERAPY SOCIETY (NCGPS)** will have its Annual Conference at Asilomar, a Coastal Retreat Center on the Pacific Ocean, May 29-31. The weekend’s theme is *Dialogue: Exploring the Relational World of Group Therapy Contributing to Mutual Respect and Connection While Honoring our Differences*. The Conference will offer workshops, lectures, and break-out

groups for processing the conference experience. NCGPS has successfully experimented with quarterly Community Meetings and decided to continue this initiative. The President and some Board members travel to a variety of geographical areas covered by the Society and come together with the local society members in conversation and share a potluck lunch. These meetings have fostered interest and excitement to be more involved with the Affiliate.

The **SAN ANTONIO GROUP PSYCHOTHERAPY SOCIETY (SAGPS)** Fall Workshop with Paul Kaye, PhD, CGP, *Listening Fully to Group Process—A Developmental Perspective*, was a great success. Dr. Kaye reviewed intrapsychic, interpersonal, and group-as-a-whole models. He then assisted attendees in exploring an integrated model of group process informed by developmental theory. Attendees used clinical material gathered from a demonstration group, video recordings of a process group, and the sharing of attendees’ clinical vignettes to apply an integrated/developmental model. Attendees learned to listen more deeply and flexibly to group process. The SAGPS annual *Al Riemer Memorial Ethics Workshop* will be held on January 10. Always free for members, the annual ethics workshop explores complex ethical issues with the community of individual and group practitioners and adds value to membership for new and renewing members.

The **WESTCHESTER GROUP PSYCHOTHERAPY SOCIETY (WGPS)** hosted a workshop on November 8 presented by Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA, on *A Guide to Leadership of Successful Therapy Groups*. On December 6, presenter Robin Good, PhD, CGP, FAGPA, will give a workshop on *Working with Difficult Patients in Group Therapy*. For information, contact Dr. Kahn at globatkahn@gmail.com.

PLEASE NOTE:

Affiliate Societies may submit news and updates on their activities to Susan Orovitz, PhD, CGP, Editor of the Affiliate Society News column, by e-mail to: sussiego@me.com.

Visit the Events Calendar on AGPA’s website at www.agpa.org for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.