

The Group Circle

Spring 2016

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

Promoting Diversity in AGPA

Robert Klein, PhD, ABPP, CGP, DLFAGPA

Background and History

At this year's Annual Meeting in New York City, I had the honor of addressing the Fellows Breakfast. I offered some personal reflections about my involvement with our beloved organization and discussed what I consider to be unfinished business for AGPA. One important component of our unfinished business is the subject of diversity. This column constitutes an elaboration and continuation of that discussion.

Throughout our nearly 75-year history, AGPA has sought to carefully define and redefine its mission, organizational structure, and membership. It began in 1942 under the direction of Samuel Slavson with the understanding that the purpose of the association would be "to promote interest in group therapy and to coordinate and clarify the efforts of those involved in its practice and theory" (Committee on History, 1971). Membership was limited to: (a) psychiatrists with three years experience in psychotherapy; (b) psychologists and psychiatric caseworkers with at least three years experience in psychotherapy under approved supervision, with psychiatrists participating; (c) persons who did not have the specified educational training but who had five years' experience in psychotherapy, some of which had been in the actual practice of group therapy, under approved supervision with psychiatrists participating; (d) persons with unusual gifts, knowledge, or experience who had made a distinct contribution to the practice or theory of group therapy (Committee on History, 1971).

The original membership of AGPA consisted of 60 people with a hardcore commitment to group therapy and its professional association. The percentage of psychiatrists, psychologists, and psychiatric caseworkers in our original membership remains unknown. Back then, demographic statistics, such as gender, race, ethnicity, or professional training for our members, were not reported. Somewhat surprisingly, such data continue to remain unavailable for our current membership.

Maybe we don't want to know! Except for Slavson, who was a social worker, only psychiatrists held elected offices during the early years. The first 12 presidents of the organization following Slavson were all white male psychiatrists. In 1970, Emanuel Hallowitz, MSW, DLFAGPA, became the first post-Slavson non-psychiatrist to be elected President (Committee on History, 1971). It was not until 1976 that a woman, Henriette Glatzer, PhD, DLFAGPA, became President; we have never had a non-white President. By contrast, in the past 25 years, six of our 13 Presidents have been women. Among the 13 there were three psychiatrists, eight psychologists, and two social workers.

Examination of our history also reveals that, as an organization, we have experienced recurrent periods during which we revisited what I think of as the mission/membership wars, when we reconsidered our identity, our mission, and our priorities. These periods of heightened self-scrutiny constituted an organizational soul-searching, an identity crisis, a what-do-we-want-to-be-when-we-grow-up discussion. This involves not just consideration of our own needs, wishes and desires, but also consideration of the broader social context in which we are functioning.

The Core Question

A core question that always seems to emerge from these conversations is: Do we want to be a more broad-based, larger, inclusive, diverse representative national organization, or do we want to remain a more narrowly defined, more exclusive, smaller organization that maintains more tightly drawn boundaries around our mission, our membership, and our craft?

This remains a complex, unresolved issue. Good arguments can be made in support of both positions. The actual size of our membership has varied over the past 25 years between approximately 2,300 and 4,300 members.

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From the President

Eleanor Counselman, EdD, CGP, LFLAGPA

I am writing this column, my first as your President, soon after returning from our terrific Annual Meeting. As always, I came back exhausted and exhilarated, depleted, and recharged. I returned to my clinical work with renewed energy and enthusiasm.



It was wonderful to see many good friends; these connections are what keep so many of us coming back year after year, and feeling that AGPA is our professional home. It was also great to meet so many new members and first-time attendees. As I said in my plenary, "You are the future of AGPA, and we welcome you!" I attended both the new member no-host dinner and the new member breakfast and so enjoyed hearing what a good time the first-timers were having at the Meeting. To paraphrase the old joke about voting, come back early and often.

Next year is AGPA's 75th anniversary celebration! The Annual Meeting Committee is hard at work planning a superb program; in fact, the plenary speakers have already been secured. (Having been on the Annual Meeting Committee for many years, I can assure you this is impressive.) We will be back at the Sheraton Times Square in New York City, March 6-11, 2017, so mark your calendars for a great week. The 75th Anniversary Task Force has been busy as well: There will be anniversary videos, two special issues of the *International Journal of Group Psychotherapy*, a hilarious skit, and much more.

I'm excited about being AGPA President and look forward to working hard over the next two years. I will continue implementation of our Strategic Plan goals, including: 1) having a strong year-round presence for members through continued enhancement of member benefits; 2) expanding membership by concentrating on diversity and social justice issues within the organization, mentoring new members, and forging connections with scholarship recipients; 3) promoting the value of group therapy services to the public, as well as within the mental health field; 4) continuing to provide first-rate, state-of-the-art group therapy training, learning, and knowledge, and influence training standards for graduate education and professional licensing; 5) supporting research in group therapy and communicating findings to clinicians in user-friendly ways; and 6) maintaining financial stability and expanding our base by connecting with those who believe in group work.

A healthy and vital organization can grow and change while remaining true to its core mission and values. This has been true of AGPA. I was recently asked what changes I had witnessed in AGPA over the past several

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Practice Matters

Eleanor Counselman, EdD, ABPP, CGP, LFAGPA

Farooq Mohyuddin, MD, CGP

Group Psychotherapy as a Specialization: The Group Specialty Council, which includes members from AGPA, APA, and ABGP (the American Board of Group Psychotherapy, which is part of the American Board of Professional Psychology), has continued its efforts towards obtaining APA recognition of group therapy as a specialty. This effort will benefit all group therapists as it will recognize that group therapy requires specialized training. In addition, the process and lessons learned from these application efforts might be used by other professional groups applying for specialty status.

In May 2015, the American Psychological Association rejected the petition to have group therapy recognized as a specialty. The rejection letter contained a number of specific criticisms of the petition. The Group Specialty Council discussed the rejection and decided to develop a new petition that addressed all the problems APA identified. The Council agreed it should hire a professional writer, and AGPA, IBCGP, APA, and ABGP have shared the cost of the writer. An RFP was issued, many applications were read, several interviews conducted, and a writer with considerable experience in grant writing was hired. She has begun work and will have a final first draft ready by the end of June.

CPT Code Review: The CPT code review project continues to be an ongoing priority. The Center for Medicare and Medicaid Services (CMS) sets the Medicare payment rates for the various CPT codes, and most

insurance companies follow the lead of CMS. There are two important questions before the Public Affairs Committee: 1) Do we petition CMS for a code review? and 2) What would we want to propose? The Committee is looking to retain a consultant with expertise in this field. Health care reform seems to be on the horizon, but since this an election year, major reform may not occur until next year. We do want to keep positioning group therapy as effective, accessible, and affordable, and therefore entitled to fair reimbursement rates.

Legislative Efforts: Also through the Public Affairs Committee, AGPA has continued lobbying efforts on behalf of our members and their patients. Through our representation at the Mental Health Liaison Group we have taken positions and signed off on important legislative efforts that will improve availability of mental health in the country. Some of them have already been approved by legislation.

AGPA continues to dialogue with other national organizations to ensure that group therapists are represented when mental health legislation at the federal level is being proposed and discussed. We welcome input from the membership about any national legislative initiatives.

Practice Matters is a column written jointly by AGPA's Public Affairs and IBCGP's Practice Development Committees. Its purpose is to keep members informed about our organizations' activities on behalf of the practice of group therapy.

From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

Imagine that I am not alone in returning from the Annual Meeting refreshed and full of vigor, having reconnected with my AGPA family, beaming with a renewed energy for my clinical work and a renewed commitment to AGPA and the roles that I assume within the organization. My impressions about this year's meeting needs a qualifier: Because I was only able to be at the meeting for a couple days, this was the first time in nearly two decades that I was not present for the whole week, and it had an impact on me. So, while I, indeed, came home with renewed energy, I also experienced a loss associated with such a truncated experience, and I was pensive riding the Vamoose bus back to Washington, DC.

I began to think about the people

I didn't spend time with, the events I could not attend, and the experiences that I had to give up to get home early. What unique thing happened during the Community Meeting amidst the array of reports? How did our new President, Eleanor Counselman, EdD, CGP, LFAGPA, inspire the membership in her Presidential Address? Who of my fellow faculty were there when my cherished local training program, the National Group Psychotherapy Institute, received the Harold S. Bernard Group Psychotherapy Training Award? Who of my friends were awarded Fellowship? Who attended the dinner I have gone to for 18 years in a row, and how much laughter did I miss? Who went wild on the dance floor Friday night? Who looked hung over at the Saturday morning Board meeting (just sayin')? As I thought about all these things that I missed, I became more aware of the importance the organization has for me. No, that's not quite right; I was aware of the importance of many of my personal relationships within AGPA, even those I might only

connect with once or twice a year. I hope, as new professionals and members join our ranks, that they will be able to have similar reflections about this remarkable group of group therapists.

In reviewing the articles for this Spring issue of *The Group Circle*, I was able to connect with some of what I must have missed at the meeting, including but not limited to the Fellowships awarded, Robert Klein's, PhD, ABPP, CGP, DLFAGPA, Fellows breakfast talk on *Diversity*, and Eleanor Counselman's vision for AGPA. I was also able to catch up on what others are doing around the country and the world to promote group psychotherapy. When I read the *In Memoriam* by Walter Stone, MD, CGP, DLFAGPA, and Esther Stone, MSW, CGP, DLFAGPA, I was remembering the enormous contributions to our craft by the late Howard Kibel, MD, CGP, DLFAGPA, a man who helped me a great deal in my current role as Editor of this newsletter, and I was thinking about the passing of the mantle that has taken place so many times

over the two decades I have been a member of AGPA.

The most recent example of this takes place now, as Eleanor takes the President's gavel from Les Greene, PhD, CGP, LFAGPA—wait a minute, I think Les gets to keep his gavel! In fact, I am pretty sure he wouldn't give it up without some kicking and screaming. But she does take the "mantle," a word uttered by Les in his final President's column in the last issue of *The Group Circle*. I will miss Les' columns, his erudition and articulation, mixed with a deft blend of humor.

But change means letting go, accepting transition, and encouraging and having faith in the new leadership. When I read columns like *Affiliate Society News* or *Member News*, or *Consultation, Please*, I begin to see that many more of our members already possess the knowledge, the skills, the initiative, and the wisdom to accept the mantle from the leaders before them. These emerging new leaders will keep our profession and organization vibrantly alive. ●

Congratulations Distinguished and New Fellows

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

Zipora Shechtman, PhD, DFAGPA (Haifa, Israel), an AGPA Member since 1990, was awarded Fellowship in 2006. Dr. Shechtman earned her PhD in counseling and student development at American University, Washington, DC.



Dr. Shechtman has held 11 academic positions, starting as Chair of Special Education at Gordon College, through Lecturer, Tenured Senior Lecturer, Associate Professor, Full Professor, and Professor Emeritus at the University of Haifa, School Counseling Program. She served as an Adjunct Professor at the University of Maryland, and at American University in counseling psychology and development; and a Visiting Professor at Iowa State University in counseling psychology and at the Institute for Research and Seoul National, Seoul Korea.

Dr. Shechtman chaired three different

University of Haifa committees, including the Head of Laboratory for Research and Development of Counseling Intervention, as well as being a member of the PhD Committee of the Faculty of Education. She has been Editor and Associate Editor of the *Hayeutz Hahinuvi*, (counselor education journal of Israel) and APA's *Group Dynamics Theory, Research and Practice*. She was Chair of the APA's Research Committee of Division 49, Chair of AGPA's Research SIG, and the Research Open Session; and Chair of the Committee of the Emotional Needs of the Gifted, Israeli Academy of Sciences. She was a Grant Reviewer for the Ministry of Education in Israel, the Group Foundation for Advancing Mental Health (as a Co-Chair of the Research SIG), and the Israeli Science Foundation.

Dr. Shechtman has made presentations all over the world, 15 of those at AGPA Annual Meetings. She is the author of three books, *Developing*

Democratic Values in Schools, Group Counseling and Psychotherapy with Children and Adolescents, and Treating Child and Adolescent Aggression through Bibliotherapy; and six book chapters. She has published 94 articles, including eight articles in the *International Journal of Group Psychotherapy*, and has seven articles awaiting publication. She supervised 14 doctoral dissertations and 40 masters theses, and is now supervising seven dissertations in various stages of completion.

Dr. Shechtman is a Fellow of APA, the American Counseling Association, and the International Society for Research in Aggression. She received the Group Psychologist of the Year Award, APA Division 49; the award for Excellence in Research, APA Division 49; and the Career Award of the Israeli Ministry of Education-Counseling and Psychological Unit, which is the highest award given to professionals in the education field in Israel.

Macario Giraldo, PhD, CGP, FAGPA (Arlington, Virginia), a Clinical Member since 1999 and an AGPA Member since 1993, has served AGPA on the national and local levels. Dr. Giraldo has been an Institute Faculty Member at the AGPA Annual Meeting from 2000–2015 and a member of the Training Task Force formed in 1992. He has frequently presented at the Eastern Group Psychotherapy Society, the Northeastern Society for Group Psychotherapy, and was the keynote presenter for a two-day institute for the Southwestern Group Psychotherapy Society in 2013. Dr. Giraldo served on the Board of Directors of the International Association for Group Psychotherapy and Group Processes (IAGP) from 2012-2015 and was a workshop presenter at IAGP Annual Meetings from 2005-2015.



In 2012, he published *The Dialogues IN/OF the Group: Lacanian Perspectives on the Psychoanalytic Group*, and since 2001 has published more than 10 publications on group psychotherapy, including a recent chapter in the *Encyclopedia of Group Counseling and Psychotherapy*. His latest book in preparation for publication is *The Dialogues in the Group: Lacanian Perspectives on the Psychoanalytic Group*. Since 2000, he has made presentations on Lacanian perspectives in group therapy in Panama, Israel, Turkey, Brazil, France, Italy, Canada, England, and Portugal.

Dr. Giraldo served as Clinical Instructor, Department of Psychiatry, Georgetown University and has served on the faculty at the Washington School of Psychiatry since 1974 for Child and Adolescent, Advanced Individual Psychotherapy, Object Relations Theory and Therapy and the Group Psychotherapy Training Programs. He was the Director of the National Group Psychotherapy Institute and Chair of the Group Psychotherapy Program.

Dr. Giraldo began his formal education in Bogota, Columbia, where he received a BA in education in 1953. He was awarded a Fulbright Scholarship to come to the United States to study linguistics at Georgetown University, Washington, DC, where he received his MS in applied linguistics. He was awarded a PhD in clinical psychology from the Catholic University of America, Washington DC, in 1972.

Dale Godby, PhD, ABPP, CGP, FAGPA (Dallas, Texas), a Clinical Member since 1994 and an AGPA Member since 1983, has led six AGPA Institutes, presented Annual Meeting workshops and Open Sessions, and served on the AGPA Institute Committee and the International Aspects Committee.



Dr. Godby is a Clinical Professor of psychiatry at the University of Texas

Southwestern Medical Center in Dallas, where he teaches group psychotherapy. He was a Group Psychotherapy Course Instructor in the Doctoral Program in Clinical Psychology for 11 years and has been a T-Group Leader and Coordinator for the psychiatric residents since 2006. Dr. Godby developed the T-Group program to combine all of the T-groups into one large group four times per year. He wrote a supervision manual to facilitate the oversight of third year residents required to run groups. Dr. Godby received the Excellence in Teaching awarded by the residents in 2010. He has also been a T-Group Leader and Coordinator for the Dallas Theological Seminary since 2000.

Dr. Godby has presented on group psychotherapy from a wide range of perspectives in the United States, Canada, England, Ireland, and Portugal. His publications include *Introducing Median and Large Group in the Training of Psychiatrists* and *Group Analysis* in the *Sage Encyclopedia of Theory in Counseling and Psychotherapy*.

Dr. Godby earned his BA from Wheaton College, Wheaton, Illinois, a MA in religious studies, and his PhD in clinical psychology from the Fuller Theological Seminary in Pasadena, California. He is a Past President of the Dallas Society for Psychoanalytic Psychology and served as Chair of the Examination Committee and as an Examiner of the American Board of Professional Psychology in Clinical Psychology since 1988. Dr. Godby has been the President of the Group Analytic Practice of Dallas since 2001. He has been in private practice since 1981.

Andrea Grunblatt, PhD, CGP, FAGPA (Kingston, New York), a Clinical Member since 2007, the same year she became an AGPA member, has served AGPA on the national and local levels. Dr. Grunblatt has been active in the Children and Adolescents SIG and Women's SIG since becoming a member. A member of the Eastern Group Psychotherapy Society (EGPS) since 2008, she has presented workshops on *Social Interaction Group Therapy for Children and Adolescents*, *Play Therapy for Children*, and *Countertransference in Adolescent Groups* at AGPA, EGPS, NSGP, and IAGP in 2012.



Dr. Grunblatt is President and owner of a group psychotherapy practice where she trains and supervises four full-time and eight part-time group therapists, and runs 15 different groups that meet every other week. These groups include preschoolers, latency boy and girl groups, an ADHD boys group, two adolescent groups, one young adult, four adult groups, a sexual abuse survivors group, a parent support group and a supervision group. These

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Fellows *continued from page 3*

groups have been running for more than eight years.

Dr. Grunblatt started her education at the University of Hamburg, Germany, where she also obtained a Diploma in clinical, child and school psychology. She has a MA in clinical psychology, University of Southern California, was a Psychoanalyst at the Rockland Institute for Psychoanalysis, and obtained her Doctorate in clinical psychology from the University of Bremen, Germany.

A licensed psychologist in New York State and Vermont, she is a registered Play Therapist, Certified Group Psychotherapist, Licensed Psychoanalyst, Certified School Psychologist, Certified Criminal Justice Specialist, and a Certified Cognitive Behavioral Therapist.

Dr. Grunblatt served as President of the New York Psychological Association Group Division and the Hudson Valley Psychological Association, and she was on the Board of Directors of the Hudson Valley Guild of Mental Health Professionals. She presented *Group Therapy for Adults, Adolescents and Children* at the New York State Social Work Association, Pace University School Psychology Program, and at Mt. Sinai Hospital Faculty.

Nancy Kelly, PhD, MSSW, CGP, FAGPA (Austin, Texas), a Clinical Member since 2008 and an AGPA Member since 2003, is an AGPA Board member and previously served as a Board member of the Group Foundation for Advancing Mental Health. She is on the AGPA 75th Anniversary Task Force and the AGPA Annual Meeting Workshop Committee. Dr. Kelly was Secretary of the Austin Group Psychotherapy Society (AGPS) and an AGPS Board Member. She also was AGPS Nominating Chair and a mentor in the Women's SIG.



Dr. Kelly served as Adjunct Faculty at The University of Texas School of Social Work, Austin, Texas, and is a current Faculty member of the Center for Group Studies, New York City. She is in private clinical practice in Austin, where she provides consultation and supervision for licensure and training groups.

Dr. Kelly has been an Instructor at the University of Texas School of Social Work, Austin, where she taught the graduate course, *Theory and Methods of Group Interventions*, and also presented 12 half-day and full-day workshops on a variety of topics, including dealing with erotic countertransference in group therapy by women group therapists and women's resistance to erotic feelings in group supervision. She is the author of *Women Therapists and Resistance to Erotic Countertransference*, *Modern Psychoanalysis* (39:2, 2015) and *Through the Plexiglas, Darkly*, a play based on her relationship with a woman in a Texas prison.

Dr. Kelly has her BA in English from Rice University, where she graduated Magna Cum Laude. Her PhD in philosophy was awarded at Stanford University, with areas of specialty in modern literary theory and aesthetics; and she completed a Masters in clinical social work at the University of Texas, Austin. She completed a three-year certificate course in Modern Analytic Group Leadership at the Center for Group Studies, New York.

Andrea Pully, MEd, LPC, CGP, FAGPA (Austin, Texas), a Clinical Member since 2005 and an AGPA Member since 1999, has been a Board member of the Group Foundation for Advancing Mental Health since 2008. She served as Co-Chair for the Co-Leadership in Groups SIG and was on the Local Hosting Austin Annual Meeting Task Force. Ms. Pully has led Process Group Institutes, and co-presented workshops for the AGPA Annual Meetings. Ms. Pully served



as a Board member and Treasurer of the Austin Group Psychotherapy Society (AGPS) and on the AGPS Nominating Committee. She has co-presented workshops at the AGPS meetings and is a founding member of the AGPA Austin Scholarship Committee, where she helped raise more than \$130,000 during the past 10 years.

Ms. Pully was a Counseling Specialist at the University of Texas at Austin and a Residential Instructor at the Texas School for the Blind and Visually Impaired. She has been a group psychotherapy supervisor/consultant since 1997, co-leading one weekly training and consultation group for psychotherapists since 2005 and providing ongoing supervision to group psychotherapists. She led a pro-bono weekly supervision group for group therapists at Waterloo Counseling Center.

Ms. Pully received her Bachelor's Degree in psychology from the University of Texas at Austin, and her Masters in education and counseling from Southwest Texas State University. She became a Licensed Professional Counselor (LPC) in 1994 and is in private practice as an individual, couples and group psychotherapist in Austin.

Katherine Steele, PhD, CGP, FAGPA (South Bend, Indiana), a Clinical Member since 1996, the same year she joined AGPA, served as Co-Chair of the Women's SIG and served on the Membership Committee. She was a member of the AGPA Annual Meeting Open Session and Workshop Committees, served as the latter's Co-Chair, and is currently Senior Co-Chair. Dr. Steele has also been a frequent presenter at AGPA Annual Meetings, presenting workshops on integrating group psychotherapy and EMDR. She presented as part of an AGPA Open Session on *Creating a Secure Practice with Groups that Thrive* and an Institute on *Foundation of a New Group* for the Illinois Group Psychotherapy Society. She has also presented on EMDR at the National Association of Social Workers Indiana Chapter Regional Meeting.



Dr. Steele became Clinical Director of the non-profit Samaritan Health and Living Center when the Center was in dire straits, helping to turn the institution around by coming in with a vision of offering EMDR and group psychotherapy. The Center now has five therapists, all of whom attended the AGPA's Annual Meeting in San Francisco on scholarships and have been trained in EMDR. The Center has offered three groups since the beginning of 2015. Dr. Steele wrote and received a grant to offer CEU trainings and hosted a two-day training on group psychotherapy for 36 participants. She plans to offer three trainings a year over the next three years on this grant.

Dr. Steele is certified in EMDR by the EMDR International Association and is an EMDRIA approved consultant and facilitator of trainings. She is a licensed psychologist in Indiana and an Associate Medical Staff Member at St. Joseph Regional Medical Center in South Bend, Indiana. Dr. Steele is Adjunct Faculty at the University of Notre Dame, supervising PhD students, many of whom have attended AGPA Annual Meetings on scholarship. She maintained four weekly groups for 15 years in her private practice and two weekly groups for another five years.

Dr. Steele received her BA in psychology from the University of Tennessee, graduating Summa Cum Laude. Among several honors she received was the University of Tennessee Ulrey K. Wilson Psychology Award. She received her MA and PhD from the University of Notre Dame in counseling psychology. ●

Member News

Richard Beck, LCSW, BCD, CGP, FAGPA, was named Adjunct Instructor at Columbia University, New York City.

Earl Hopper, PhD, CGP, DFAGPA, has been elected the 2016 Prix Irene Laureate. The Prix Irene is awarded each year by The Prix Irene Committee in appreciation of work

that promotes peaceful coexistence between human social groups, including contributions to journalism, literature, art and music, theology, or science. Prix Irene takes its name from Dr. Irene Bloomfield, a prominent British group analyst, who led psychotherapeutic groups in Prague, uniting people of different ethnic origins, and who promoted psychotherapy for refugees, victims of social violence, Shoah survivors, and political prisoners. For many years, Irene worked in Prague with Dr. Helena Klimova and her colleagues in order

to develop group analysis and its applications. Dr. Klimova is an Honorary Member of the Group Analytic Society and frequently attends AGPA's Annual Conferences. Earl Hopper is the first scientist to be honored with this award. He has lectured, conducted small groups, and convened large groups for students and colleagues in Prague. Dr. Hopper has developed the New International Library of Group Analysis, which includes two volumes about the social unconscious that have been translated into Czech. He is



Beck



Hopper

the only Laureate who knew and worked with Irene. They were in group supervision with S.H. Foulkes and continued to discuss with each other their work with elderly survivors of the Shoah.

In Memoriam—Howard Kibel, MD, CGP, DLFAGPA

Howard Kibel, MD, CGP, DLFAGPA, was a warm, outgoing, dynamic, energetic, friendly, and humorous human being. He was the devoted husband of Renee, an advocate and proud father of three sons, and a warm, fuzzy, teddybear Zada (grandfather) to his grandchildren. In addition, he was a generous contributor to our profession and to his patients. He loved music, promoting especially the Klezmer of the Alexandria Sextet, a group with whom his son Seth played. Howie, as he was known to all of us, kept himself active by going to the gym and playing tennis. He was even cited for dancing on tables in Croatia in the late 1980s. He demonstrated and shared his knowledge of his profession and the world according to Howie through his general participation and through his willingness to assume leadership tasks and to assist others in their endeavors. Of course, this same spirit of generosity was his hallmark with his friends and colleagues.

There are so many differing and interesting facets to Howie's life. I met him in 1964, shortly after we had completed our psychiatric training and joined the American Group Psychotherapy Association. We both began to work on AGPA committees. There was an immediate rapport, and soon after, we would socialize outside of AGPA meetings, even visiting back and forth between Cincinnati, where I lived, and New York, where he lived. I was honored when during a snowstorm in December 2001, he and Renee travelled to Cincinnati for my long-delayed Bar Mitzvah.

Dr. Kibel grew up in New York. He enrolled at Columbia College and upon receiving his degree was accepted to medical school at Downstate Medical Center in New York City, graduating in 1962. Moving west, he was selected for his internship at Southern Pacific General Hospital in San Francisco. Before he returned to the east coast, he chose and was selected for his psychiatric residency at the prestigious Menninger School of Psychiatry in Topeka, Kansas. The emphasis at Menninger was on teaching dynamic psychiatry, with considerable exposure to both inpatient and outpatient group treatment. At that time, patients would often remain at Menninger for extended periods so that the residents could see changes in very ill individuals as they progressed through ongoing treatment. He completed his training in 1966 and returned to New York, where he continued his education in group psychotherapy with tutorial training in group psychotherapy at the Mount Sinai Hospital Psychotherapy Clinic, under the direction of Aaron Stein.

At the same time, he also accepted a one year, full-time position as a staff psychiatrist at the Veterans Administration Hospital in Montrose, New York. The following year, he opened a private practice, also serving as an attending and/or consulting psychiatrist at various hospitals in Westchester County, as well as facilitating group psychotherapy training seminars for clinicians and nurses. This training included groups for inpatients and for outpatients. Among the considerable number of places that he consulted or conducted training were Mount Sinai Hospital, New York City; Northern Westchester Hospital Center, Mount Kisco, New York; and Westchester County Medical Center, Valhalla, New York.

Concurrently, he assumed a number of teaching appointments in a broad range of organizations and institutions, including Mount Sinai School of Medicine, Cornell Medical College, and New York Medical College, where he was promoted to Professor in 1994. He was responsible for teaching

post-graduate courses in group psychotherapy in three of these institutions.

Even with an active clinical practice and teaching responsibilities, Dr. Kibel became involved in a number of professional organizations. In the Westchester Psychiatric Society, he assumed responsibilities as Chair of the Group Psychotherapy and Program Committees and participated in committee work for the areas of general hospital psychiatry and continuing education. He also served on several committees in the Eastern Group Psychotherapy Society, notably the Presidential Advisory Board, and was President of the Westchester Group Psychotherapy Society.

Howie volunteered extensively and with intensity in AGPA. The responsibilities that he assumed are more than can be detailed in this remembrance, but here are a few highlights. Soon after joining AGPA, he served on the Annual Meeting Committee, and in 1974, he became Co-Chair of the Conference, a position he held for four years. In 1979, he was elected to the Board of Directors, and later elected AGPA President (1986-88). As Past President, he continued his involvement in governance, participating in the Psychiatry SIG, the Continuing Education Subcommittee, and the International Relations SIG.

As a scholarly contributor to group psychotherapy and the AGPA Annual Meeting, he presented on psychodynamic theories, covering such topics as transference, object relations, suicide assessment, psychiatric symptoms and analysis related to current cultural and political events. In 1997, he was honored as an AGPA Distinguished Fellow.

Not unexpectedly, Dr. Kibel also became involved with the International Association of Group Psychotherapy (IAGP), where he was Co-Chair of the IAGP Scientific Committee in Istanbul, Turkey. He served three, three-year terms on the Board of Directors and was Secretary in a period between these responsibilities. In 2012, he was awarded Distinguished Fellow of IAGP. Beyond IAGP, his international activities included presenting a series of training seminars about inpatient and outpatient work in Norway and Italy.

Throughout his career, Dr. Kibel served on a number of journal editorial boards. He reviewed article submissions for the *American Journal of Psychiatry*, the *Journal of Psychotherapy Practice and Research*, the *American Journal of Psychotherapy*, the *Journal of Psychiatric Practice*, and the *Bulletin of The Menninger Clinic*. He also served on the Editorial Boards of *GROUPE*, the *International Journal of Group Psychotherapy*, and the *International Library of Group Psychotherapy and Group Process*. In addition, he served on the Scientific Committee of non-English journals, including the *Italian Review of Group Analysis* and *Funzione Gamma (Internet) Journal*.

Despite all of these activities, Dr. Kibel found time to write and be published in a variety of medical journals and books, including those not exclusively dedicated for group psychotherapists. To mention a few: the *Journal of Religion and Health*; the *Journal of Psychiatric Treatment and Evaluation*; *Issues in Ego Psychology*; and the *Journal of Psychiatric Education*. He contributed book chapters on group psychotherapy on such topics as *Treatment Planning in Psychiatry*, *Core Reading in Psychiatry*, *Borderline and Narcissistic Patients in Therapy*, and *Less Time To Do More: Psychotherapy on the Short-Term Inpatient Unit*.

Not surprising, he also became involved in civic activities. For two decades, he was a member of the Physicians for Automotive Safety (PAS), serving on the Board of Directors and for more than 10 of those years as Vice President. He gave testimony before the Congressional Committee on Interstate and Foreign Commerce's Subcommittee, which campaigned for a school bus referendum in White Plains, New York. Following 9/11, he worked with groups for families of the fallen New York City fireman, and subsequently he conducted a Group for Jobless as a part of these activities.



Howie's energy was boundless. He loved playing jokes, kibitzing (chatting), and just having fun. At the International Association of Group Psychotherapy Congress in Israel, Howie thought that the Board dinner meeting needed to be more laid back and that some sort of entertainment was called for. He recruited me to help and handed me this script* to do with him based on the old "Who's on First" routine of Abbott and Costello.

C: Some words in Hebrew sound like words in English, but they don't mean the same.

A: Precisely.

C: We have that word in English, too. What does it mean in Hebrew?

A: No, no. Precisely is an English word.

C: I didn't come here to learn English; I came to learn Hebrew, so make with the Hebrew.

A: Fine lets start with Mee.

C: Okay, have it your way.

A: Now, Mee is who.

C: You is Abbott.

A: No, no, no. Mee is who.

C: You is Abbott.

A: You don't understand.

C: I don't understand? Did you just say me is who?

A: Yes I did; Mee is who.

(*Abbott and Costello Do Hebrew)

And, thus, the tradition of Kibel and Stone doing Abbott and Costello at IAGP Board dinner meetings was established. You can well imagine how difficult it was not to giggle, and the fun we had! As I write this, I see my good friend Howie on 1st, on 2nd, and definitely on home base.

Walter Stone, MD, CGP, DFLAGPA

I remember my analyst telling me that if we have one or two friends in a lifetime, we are very fortunate. Most people we know are acquaintances. Walt and I were fortunate. Howie Kibel was that friend.

At 7:00 a.m. on the west coast on Saturday mornings, I still find myself waiting for the phone to ring to officially wake me up. It is 10:00 a.m. on the east coast, and Howie wants to say hello, report the latest senior aches and medical conditions, and catch up on the latest happenings before he's ready to leave his house and get on with his day. I usually answer the phone, groggily say hello, and ask what's up. The usual response: "Walt will tell you," and I hand the phone over to Walt so the two friends can talk. I go back to sleep knowing I probably will not know the latest gossip.

Esther Stone, MSW, CGP, DLFAGPA

President

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decades. I could readily point to a number of new initiatives that align with our core values. We have a strong Scholarship Program, giving financial aid each year to around 200 agency clinicians and new professionals so that they can afford to attend the Annual Meeting. As an outcome of its post-9/11 work, AGPA has a strong Community Outreach Program and stands ready to respond to disasters and trauma. We have considerable information about trauma available to clinicians and the public on our website. We are also working hard to be as inclusive an organization as possible. The Board issued a position statement as

recently as December 2015 supporting inclusion as a core value, and the whole 2016 Institute faculty had diversity training prior to this year's Annual Meeting.

At the Annual Meeting, we host a number of clinicians from mental health agencies, and this year we invited them to a breakfast focus group to provide guidance towards meeting the training needs of agency group programs. We are aware that group programs in agencies have particular requirements or characteristics different from private practice, and we want to provide tailored training and consultation. In addition, the Board will soon consider a recommendation to develop a curriculum manual specifically for agency group therapy practice.

Last, but certainly not least, I'd like to recognize

and offer appreciation to all the recently appointed or re-appointed Committee, Task Force, and SIG Chairs. So much of what keeps AGPA functioning and vibrant is due to the hard work of the people who fill these positions. Thank you for all that you contribute! A full listing of Chairs is found on the AGPA website at www.agpa.org.

These are just some of the ways that AGPA demonstrates its vitality and capacity to grow, adapting to the ever-changing health care environment. I want to continue to advocate for group therapy in the wider health care world and to maintain AGPA as a welcoming home for its members. If you have comments or concerns, please email me at EleanorF@Counselman.com. ●

Diversity

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I would like to briefly make the case here for us to move toward becoming a larger, more inclusive, diverse national organization with multiple membership categories. I think we should be an organization that represents the larger universe of people practicing group psychotherapy. Furthermore, I think we should walk the walk, not just talk the talk. If we practice recognition and respect for differences, we should represent that ideal in our membership.

When I addressed this issue during the Fellows Breakfast, I knew it would be a hard sell. After all, the AGPA Fellows have all achieved an elite status within our organization. To arrive at that point, we all have had to be at this work for a while, and we have had to pay our dues. I mean that in multiple senses of the word. Not only have we had to make investments and sacrifices in the form of time, money, and energy required to obtain the special training, personal psychotherapy, and supervision needed to excel at our craft, we also have had to literally pay our dues—many of us as organizational lifers. Most of us have been practicing for many years, developing and sharpening our skills, and we have all made big investments in this field, in this organization, and in our Annual Meetings. Furthermore, we have had to pay our travel fares, hotels bills, registration fees, and meals to be able to attend the Annual Meetings, usually for years.

It is important to ask ourselves, however, how representative is AGPA of all those who actually conduct group psychotherapy each day in this country? This is an important question because I think that most groups are being conducted in agencies, community mental health and counseling centers, substance abuse treatment programs, and inpatient and partial hospital settings. Such groups are often led by staff with large caseloads, typically including more difficult-to-treat, less educated, poorer, less psychologically minded, less motivated patients. Many staff themselves have had limited education and training and are often required to function with limited supervision. Of the thousands of groups conducted each day, only a small percentage of them are being conducted in private practice settings by well-trained professionals who have easy access to supervision and consultation.

Yet, AGPA's membership is made up largely of people conducting group psychotherapy exclusively in private practice settings (and, to a lesser extent, in college counseling centers). Thus, we are a rather narrow sector of the universe of people running groups. Furthermore, despite the unavailability of hard statistics, we know that the vast majority of our members are white, middle class, highly educated professionals—perhaps perceived as an exclusive, racist club.

The Case for Increased Diversity

Although we are talking about diversity more, and even two of our three plenary speakers addressed the topic at the 2016 Annual Meeting, truly embracing diversity might not be AGPA's strong suit.

I would argue that AGPA needs to broaden its mission and membership base. Diversity needs to be an organizational priority. We should do this for several reasons: (1) to become more socially relevant, inclusive, and recognizable; (2) to have a seat at the table in all national discussions of mental health services in order to have more influence, to impact how group therapy is perceived by other professionals, consumers, insurance companies, the government, foundations and funding sources; (3) to more effectively advocate for maintaining higher standards of patient care and professional education, preparation, training, and supervision—standards that can be applied to all forms of group psychotherapy, not just that conducted in private practice; (4) to be perceived as leaders in the field capable of speaking for others, especially when it comes to discussions of national policy; (5) to support and conduct meaningful research that has implications for clinical practice at all levels and in all settings; and (6) to ensure our own long-term survival. The more diverse we are, the more likely we will survive, prosper, and remain creative in what we do.

How to Promote Diversity in AGPA

What can we do to move AGPA toward increased diversity? It is in our own interests, as well as those who are providing and receiving care, for us to broaden our membership base; to augment and intensify our recruitment efforts directed at under-represented segments of those clinicians providing group psychotherapy; to become more welcoming and more inclusive. We should cultivate more linkages and relationships with community-based mental health and substance abuse treatment centers, partial hospital, and inpatient services.

It is important and gratifying to note that improving our relationships with community agencies is now a significant item in our current Strategic Plan. Furthermore, our Community Outreach Task Force has just conducted a focus group with such agencies to learn about their needs rather than assume we know what they are facing. Through the efforts of the Science to Service Task Force, we will begin to embrace increased responsibility for developing education and training opportunities for people working in community settings. Shortly, the Science to Service Task Force will be coming out with RFPs soliciting the development of such curricula.

On a practical level, we need to find ways to make our organization more visible, relevant, easier, and more attractive to join. Critical here are finding ways to reduce the costs of joining and attending AGPA's Annual Meeting. In this regard, we need to continue to support the growing Scholarship Program to help defray the costs of participation. We should keep offering group discounts to agencies willing to send their staff to AGPA programs. We also need to assess how successful these efforts are in recruiting new members. For example, how many of those who come to the Annual Meeting on scholarships subsequently become members? We might also consider developing a category of agency memberships in AGPA.

On a broader level, we must continue to promote diversity, awareness, and respect for differences and cultural competence among our members. Devoting future Annual Meeting plenary addresses to this topic remains important. To its credit, the Institute just held a program for Institute faculty and Committee Members that addressed these very issues. This should be a required seminar for all who conduct Institute groups. We need to develop and sponsor many more such programs, not just for Institute leaders and Institute Committee members. This training should be required for all who serve in leadership roles. Ideally, all AGPA members should undergo such training. In 2008 we held a joint Board Leadership Training session on Cultural Diversity. It is time for another such event. Part of our work, too, must be to promote the visibility and influence of the Diversity SIG within the AGPA community. How many of us in AGPA even know about the existence of a Racial & Ethnic Diversity SIG, co-chaired by Helen Chong, MSW, CGP, Karen Cone-Uemura, PhD, CGP, and LaTasha Smith, MSW?

Twenty years ago, I agreed to meet some friends for lunch while attending an AGPA Annual Meeting. Three of my four friends were black. When they asked how we would find each other during the lunchtime crush, I told them not to worry, that I would spot them. Amidst a sea of white faces, they stood out like a sore thumb—the onion in the fruit salad, a foreign presence that seemed out of place. Had they been wearing neon red, white and blue suits with bells on, they would not have been less of a beacon! Although I did not inquire about how they felt at that moment, my guess is they felt self-conscious and as if they did not belong there. Unfortunately, the situation hasn't changed much since then. We are making progress, but it is painfully slow.

One last thought: Changing our attitudes and responses to diversity in AGPA will require grass roots support and your participation, as well as strong endorsement from our organizational leadership. We need to mount a full court press to successfully deal with this important issue. ●

Reference

Committee on History (1971). A Brief History of the American Group Psychotherapy Association 1943-1968. *International Journal of Group Psychotherapy*, 21,4.

Dear Consultant:

I am eager to start a group in my practice, having led groups in several agencies. During the past year, I have had several clients express interest in being in a group, and at one point I had four prospective members. When I set a start date, two of the four changed their minds. I have seen this pattern repeat several times, usually leaving two or three who seem committed and ready to start. That does not seem enough to start a group. I'd like four or more to start the group. It feels a little like herding cats. Maybe I should start with two or three members, and hope for more. Can you advise?

*Signed,
Frustrated*

Dear Frustrated:

Recruitment and start date remain one of the more perplexing and complex challenges for the group leader. While the variations that exist for process and support group formation are similar, many of the comments that follow pertain more to process than support groups.

I'm very curious why on repeated occasions clients changed their minds? Their explanations and your subsequent exploration with each of them will most likely provide insight into what's getting in the way of their commitment. Clients change their mind when ambivalence is high, reassurance is low, and fears are prominent. These states are not always shared by the client, and in fact, they may be unaware of them.

What type of group assessment did you complete? A group assessment (even with clients you already know) highlights the unique challenges and resistances that exist for each client. These include specific obstacles, such as conflict avoidance, ambivalence, safety, history of having needs met or not, interpersonal challenges, personality factors, openness to feedback/critique and difficulty with vulnerability and trust. This exploration allows the group leader to both name and encourage ways of working with these resistances.

Clients are looking to have their needs met in group, and many fear these needs either won't be met or the experience won't be satisfying. It is the role of the group psychotherapist to educate, normalize, and encourage clients to move through the initial stages of group, which includes curiosity, introspection and willingness to reflect on their goals, interpersonal styles, and vulnerability. All of these factors highly impact group success.

Regarding size, I have found five is an optimal number to start; any fewer creates anxiety particularly about the viability that the group will stay afloat. Since the beginning stages of group emphasize commonalities, joining, and connections, the group leader must be on the lookout for what factors deter moving the group forward. Regular contact with each member who is waiting for the group to start provides reassurance; it lets them know that they are, indeed, on your mind and that you are aware that waiting can evoke anxiety. Ask clients to tell you what frequency of updates would feel helpful to them. Generally twice a month by email is standard and also when a significant update occurs.

If any original prospects are still on your wait list, they may benefit from an empathic repair related to the several missed opportunities to start group. You might share something like this: "I'm so passionate about group I sometimes get overly eager to start and probably wasn't fully aware that some people were not ready." Exploring what the clients thought of several failed attempts would also be useful, as they may be projecting something negative about you or the other members. By addressing this, you demonstrate your openness to feedback and critique.

Once the group starts, let members know that you are continuing the interview process to increase the size of the group and you will keep them abreast of developments.

*Jamie Moran, MSW, LCSW, CGP
San Francisco, California*

Dear Frustrated:

On initial reading of your dilemma, I found myself wondering about the prospective group members. However, after some minutes, the realization bubbled up that I was more interested in you.

Working in inpatient and outpatient settings, leading or co-leading open-ended groups of sizes ranging from small to median, and even a few large family groups, can be an exciting and professionally rewarding time. It's no wonder that experience makes you enthusiastic to start a private practice.

In agency settings, you don't need to worry about finding clients as there is a steady supply. How did the clients who expressed an interest in group know about your interest in starting a private group practice? Did you mention it in their individual sessions? Do you display your Certified Group Psychotherapist certificate? Is there a flyer in your waiting room on the subject of group, such as AGPA's Group Works! brochure? While you may be talking about group overtly to clients you believe are clinically ready for group work, you may also be emitting less direct messages that convey your enthusiasm for group work. Even more subtle signs may be being transmitted by your body language and facial expression, which tell clients you are so happy they are talking about this subject. In sensing your enthusiasm for group therapy, I wonder if some want to please you, and, perhaps, do not feel free enough to talk about their anxieties. Unspoken anxieties can build over time, and might intensify when a start date is announced.

The type of group run in agencies may differ substantially from the group work you would like to do now. In private practice, you face the joys and difficulties of helping clients decide that your type of group therapy is for them. Are you clear about the type of group work you want to conduct? Is this clearly communicated to your prospective clients? Once you have a vision for your group, you will begin to see which clients from your individual practice and which ones being referred by other clinicians are a good fit. Refer to your preferred texts for a refresher on how to prepare clients for group, as evidence-based research shows that clients who are well prepared for group are more likely to cohere in group and not terminate prematurely.

There is no shortage of people who could benefit from group, merely gaps in reaching and educating prospective group members. Look for opportunities to talk about group and enjoy building your practice.

*Katie Griffin, LPC, CGP, FAGPA
Austin, Texas*

Members are invited to contact Michael Hegener, MA, LCP, CGP, FAGPA, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Michael can be reached by fax at 512-524-1852 or e-mail at hegener.michael@gmail.com.



American Group Psychotherapy Association, Inc.

25 East 21st Street, 6th floor

New York, NY 10010

See Group Assets insert

Affiliate Society News

The **Austin Group Psychotherapy Society (AGPS)** held its first annual Mardi Gras Casino Night Scholarship Fundraiser, which was a huge success. Admission included snacks, a silent auction, mock gambling with professional dealers, and a DJ and live music for dancing. As a result, AGPS was able to award 16 scholarships for 2016, each including a one-year membership and attendance at all the educational events. Jordan Price, LCSW, MSW, CGP, led the two-day Spring Institute for students and new professionals on *What Are We Doing in There? A Modern Analytic Approach*. Greg MacColl, LCSW, CGP, FAGPA, presented *Three Key Ways Groups Connect: Here & Now, Bridging & Emotional Communication* for the Spring Conference. *Manifestations of Preverbal Trauma in Group: Self States of Chronic Shock, Terror, & Relentless Despair* will be led by Kathleen Adams, PhD for the Spring Workshop on May 20. Visit www.austingroups.org for registration information.

The **Eastern Group Psychotherapy Society (EGPS)** hosts its annual Spring Event on May 20. Co-chaired by Tzachi Slonim, PhD, CGP, and Hilary Levine, PhD, CGP, *Addressing Fear, Hatred, and Enmity in Group: A Collaboration between a Palestinian Arab Group Analyst and a New York Zionist Modern Analyst* features Nimer Said, MA, and Elliot Zeisel, PhD, MSW, CGP, DFAGPA, in a three-part presentation. The presenters will first be interviewed by the event Co-Chairs about how differences in their political, cultural, and professional identities play out in their work together. They will then co-lead a demonstration group, which will be followed by a large group discussion of how group leaders work across polarizing differences in groups. Register at egps.org/spring-event.php. For the 27th consecutive year, EGPS is offering a one-year, psychodynamically oriented group training program. This training includes weekly group experience, consultation, and seminars. The Training Program meets the educational and partial supervisory requirements for the Certified Group Psychotherapist credential from the International Board for Certification of Group Psychotherapists. There is a second year Supervision Program for students who have completed the One-Year Training Program or its equivalent. EGPS offers rolling admissions and some financial assistance to eligible applicants, but early application is advised, and can be completed at egps.org. Contact Arlene Neuman, MSW, CGP, at 212-206-1874, 917-754-9277, or aneuman807@mac.com; or Libby O'Connor, LCSW, at 212-675-9122 or libbycsw@gmail.com

The **Group Psychotherapy Association of Los Angeles (GPALA)** hosted a successful workshop in March led by Andrew Susskind, MSW, LSCW, SEP, CGP on *7 Keys to Purposeful Recovery: The Intersection between Positive Psychology and Second-Stage Recovery*. Participants engaged in experiential exercises that they could use in their work with clients to clarify values, assess attachment styles, and set positive goals. In June, GPALA's Legacy Advisory Board is presenting *A Group For All Seasons*, a panel of seasoned group therapists sharing their wisdom and experience from running groups. Marvin Kaphan, LCSW, CGP, FAGPA, will present on beginning and maintaining groups; Irwin Schultz, MD, PhD, FAGPA, will explore terminations in both psychotherapy and life, and how one venue informs the other; Elaine Leader, PhD, BCD, CGP, LFAGPA, and Miguel Ramirez, MSW will touch on co-therapy issues for group therapists, and include a DVD of an adolescent group; Elinor Dunn Grayer, MSW, PhD, BCG, CGP, will describe how to work with complex and diverse members in group; and Tanya Moradians, MSW, PhD, CGP, LFAGPA, will provide pointers on the basics of inpatient group therapy. Visit GPALA.org to register.

Sarah Kallick, PsyD, CGP, and James O'Keefe, JD, LCPC, CGP, NBCCH, both Certified Mindfulness-Based Psychotherapists, facilitated an institute for the

Illinois Group Psychotherapy Society (IGPS) on *Mindfulness-Based Group Psychotherapy* that focused on recent findings in interpersonal neurobiology, as well as provided experiences demonstrating this effective technique tailored to individual needs. The Institute, *Screams, Scars, Secrets, Shame: Treating Addiction and Underlying Trauma*, was led by Marcia Nickow, PsyD, CADC, CGP, and demonstrated how group therapy provides a healing community to counter the unspeakability of psychological trauma leading to addiction.

The **Louisiana Group Psychotherapy Society (LGPS)** welcomed Molyn Leszcz, MD, FRCPC, DFAGPA for its Annual Spring Meeting in New Orleans. Dr. Leszcz presented *Maximizing & Sustaining Your Effectiveness in Group Psychotherapy*, which provided opportunities to explore the therapist use of self and transparency, principles and uses of therapeutic metacommunication within the therapeutic relationship, the importance of evidence and practiced based evidence as a tool to facilitate and increase effectiveness of group psychotherapy, and the use of the here-and-now in the interpersonal group therapy setting. Dr. Leszcz's warm and approachable style modeled these principles in the demonstration and large group experiences.

The **Northeastern Society for Group Psychotherapy** will hold its 35th Annual Conference June 10-12 at Simmons College, Boston, Massachusetts. *What Moves Us: Turning into the Body, Our Groups and Ourselves* will feature Bessel van der Kolk, MD, Suzanne Cohen, EdD, CGP, FAGPA, Peter Taylor, PhD, SEP, CGP, FAGPA, and Roger Saint-Laurent, PsyD, SEP, CGP. The program features full day experience groups, workshops, guest lectures, and demonstration groups. Visit www.nsgp.com to register and for more information.

The **Michigan Group Psychotherapy Society (MGPS)** hosted Steven Van Wagoner, PhD, CGP, FAGPA, at its annual Spring Institute *Understanding the Role of Shame in Envious and Competitive Enactments in Groups* was a follow-up to Dr. Van Wagoner's presentation the previous year at MGPS, which was so well regarded that he was asked to come back to lead the attendees in deeper experiential learning. The well-attended program included a group of graduate students from the University of Detroit Department of Psychology. The mixture of young and old, student and seasoned practitioner added to the range of envious and competitive feelings across the life span and was facilitated in such a way that allowed for shame and isolation to give way to cohesion, acceptance and intimacy.

The **Puget Sound Group Psychotherapy Network (PSGPN)** has elected Danielle DeBray, MA, LMHC, as President-Elect. DeBray is currently serving as Board Secretary and brings 25 years of experience as a licensed mental health therapist. In addition to working in agencies as a mental health counselor, she has also worked as a CDMHP/DMHP for several counties. Additionally, she has run groups and workshops throughout the state with different populations, from Certified Financial Planners to crisis debrief interventions for firefighters. Membership Chair Sam Louie, MA, LMHC, S-PSB, hosted a social event for members at the Northwest African-American Museum, which included a tour of the museum. Ellen Wright, PhD, facilitated a weekend training/process group experience with a focus on *Modern Analytic Theory*. PSGPN's annual Board Retreat will be facilitated by Henry Grass, MD.

Please note: Affiliate Societies may submit news and updates on their activities to Vanessa Spooner, PsyD, Editor of the Affiliate Society News column, by e-mail to: vanessaspoonerpsyd@icloud.com.

Visit 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*.