



Chronicle

L'Association Canadienne de Psychothérapie de Groupe

VOLUME 17, NO. 2

SUMMER 2002

The **Canadian Group Psychotherapy Association (CGPA)** is a vibrant multidisciplinary association of group therapists who work together to foster and provide education and training for mental health professionals in group psychotherapy across Canada. CGPA aims to: (1) encourage research in group psychotherapy, (2) set national standards for quality in training, practice and research, and (3) gather together Canadian group psychotherapists from various disciplines in a spirit of professional development, mutual learning and collegiality. Membership is available both to professionals who practice group psychotherapy and to students in this field.

The **Canadian Group Psychotherapy Foundation (CGPF)** is a charitable, non-profit organization whose goal is to support public education, training and research in group psychotherapy. The Foundation publishes and distributes pamphlets about group psychotherapy, publishes research studies, sponsors the annual public Julius Guild Memorial Lecture at the annual Conference, finances projects to improve group psychotherapy as well as research and policy studies and awards grants, bursaries and scholarships. All members of CGPA are also voting members of CGPF.

**SUBMISSION DEADLINES FOR FUTURE
2002**

PUBLICATIONS

**AUGUST 31, 2002
NOVEMBER 15, 2002**

**PLEASE SUBMIT FEATURE ARTICLES,
ABSTRACTS, PROGRAM DESCRIPTIONS,
BOOK REVIEWS, CONTINUING
EDUCATION OPPORTUNITIES,
MEMBERSHIP NEWS, NATIONAL and
SECTION NEWS**

MEMBER ACTIVITIES

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President's Note for the Chronicle: Some Thoughts on Eclecticism

By Allan Sheps, MSW, RSW, FCGPA, Toronto, Ontario

It was short sleeve weather when the National executive met in Edmonton in early April. We were there to do some business, discuss the state of CGPA and lend some support to the Local Arrangements Committee chaired by Fyfe Bahrey and Andrea Duncan. Along the way we offered two half-day workshops. The turnout of 20 participants was OK but what was surprising was the distances that people travelled to attend. Some even came from midnight sun territory up in Fort McMurray. The two workshops that we offered that day highlighted elements of psychodynamic and interpersonal theory, respectively, namely exploring client defenses in group therapy and the use of the here and now in group psychotherapy.

Some of the participants had never been to a group therapy workshop before. A couple stated that they were being asked to lead groups and that they had not received any formal training or supervision from trained group therapists. Being untrained these group leaders lacked a theory base. They were appropriately reluctant to explore the groups' interpersonal relationships, and stated that regardless of what the groups were called they seemed to become problem-solving sessions.

Increasingly we are seeing articles¹ in the literature highlighting multiple theory bases as part of the practice model. Integrative models are often effective in areas as diverse as the treatment of alcoholism, anger management, bulimia, agoraphobia, post-traumatic stress disorder, cancer, and bereavement. Programs that include both a learning component as well as helping the client understand the social and emotional contexts that support and maintain their personality development seem to be particularly effective. The learning components are met through interventions based on cognitive behavioural therapy or psycho-educational interventions while the social and emotional issues

can be explored using Interpersonal therapy (IPT), Relational Therapy (RT) and insight oriented open-ended group psychotherapy. My own experience in developing programs for men who use abusive behaviour supports the value of an integrative model as well. The integrative approach seems particularly helpful in working with less psychologically minded populations and in time limited situations.

The training programs underway in Calgary, Ottawa, Toronto and Winnipeg all include multiple theory models as part of their curriculum. Our conference offerings always reflect this diversity of theory models and this year's conference in Edmonton, October 16-19, 2002 is no exception. Perhaps by attending workshops in areas that aren't part of your traditional practice focus, you will see opportunities to incorporate other theory elements and evolve your practice model into a more effective treatment model.

¹ (see for example: Freimuth, M., Integrating Group Psychotherapy and 12 Step Work: A Collaborative Approach (**IJGP** 50:3 297-314;) Ulman, K.H., An Interactive Model of Stress Management Groups for Women (**IJGP** 50:3 341-362) Lubin, H. and Johnson D.R., Interactive Psychoeducational Group Therapy in the Treatment of Authority Problems in Combat-Related Posttraumatic Stress Disorder, (**IJGP** 50:3 277-296); Pressman, B and Sheps, A., Treating Wife Abuse: An Integrated Model (**IJGP**, 44 (4) 477-498; Simonton, S, and Sherman, A., An Integrated Model of Group Treatment for Cancer Patients (**IJGP** 50(4) 487- 506); Reiss, H., Integrative Time-Limited Group Therapy for Bulimia Nervosa (**IJGP**, 52 (1) 1-26.

CORRECTIONS

In the last issue of the Chronicle **Roy Mackenzie** was incorrectly identified as the first President of CGPA. **John Salvendy had the honour to be the First President of the Canadian Group Psychotherapy Association.** Roy was the first *Canadian* president of the American Group Psychotherapy Association (AGPA). The Editor apologizes for this error in the article "A Fifty-Year Retrospect on Group Psychotherapy", by Bill Powles.

Ruth Zetner's phone and fax numbers were incorrect in the Winter 2002 issue as well.

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TRAINEE PAPER

The Editors of the CGPA Chronicle are proud to introduce the first Trainee Paper we have published, by Dolina Watson. We encourage other trainees and graduates to submit their papers for publication in future issues.

Reclaiming Dignity

Dolina Watson, R.P.N., Calgary, Alberta

The concept of human dignity has been examined and thought of as essential to the human experience for centuries. The current dictionary definition sites dignity as "the quality or state of being worthy, honoured or esteemed" (Webster's, 1975). Paul Miller's introduction of fifteenth century Pico Della Mirandola's most widely known work, *On the Dignity of Man*, notes Pico's thoughts: "the root of man's excellence and dignity lies in the maker of his own nature. Man may be what wishes to be; he makes himself what he chooses" (Mirandola, 1940, p. xiv). This century the Universal Declaration of

Human Rights (1948) echoes this sentiment in stating "Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world"(Preamble) and "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood"(Article 1). In Canada, the Charter of

Rights and Freedoms (1982) speaks tacitly about dignity in setting out fundamental freedoms for all in a free and democratic society. In the province of Alberta the Alberta Human Rights Review Panel report, *Equal in Rights and Dignity* (1994) clearly reaffirms the belief in "the dignity and the equal and inalienable rights of all persons..." (p.74) as stated in the Alberta Individual's Rights Protection Act and commits "To forward the principle that every person is equal in dignity and rights without regard to race, religious beliefs, colour, gender, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income or family status"(p. 74).

It comes as no surprise then that protecting, supporting and facilitating a reclaiming of a sense of dignity by the members in a therapy group is an aim of all ethical group therapy models (Mullan, 1987) and that ethical guidelines for group therapist's might include respect for the "fundamental rights, dignity and worth of all individuals" (GTTP Ethical

Guidelines, 1994, p.2). Understanding how respect for dignity is manifested within a group therapy setting helps guide therapists actions. "An essential component of the respect for the dignity of individuals includes the rights of individuals to privacy, confidentiality, self-determination and autonomy" (GTTP Ethical Guidelines, 1994, p.2). Mullan (1987) supports this notion and states that patient wholeness is facilitated in part by acknowledgement of their "personhood" and "by granting him autonomy whenever possible"(p. 405).

Given that respect for the dignity of individuals including the rights of individuals to privacy, confidentiality, self-determination and autonomy is an accepted guiding principle of group therapists, how then would a psychodynamic group psychotherapy model operationalize this principle and aid individual member's in their own reclaiming of dignity? It is this writer's view the fostering of a patient's dignity reclamation is inherent in the psychodynamic model through the conscious use of a theoretical framework and specific actions and interventions that facilitate and support the group members experiencing a sense of dignity, the effect of therapeutic factors (Yalom, 1985; Marcovitz & Smith, 1983; MacKenzie, 1987), and an expanded sense of self (Aldous, personal communication, 1996) as evidenced in noted positive outcomes of treatment (McCallum, Piper, & O'Kelly, 1997; Piper, Joyce, 1996).

So how can psychodynamic group psychotherapy help with the reclamation of dignity? And in particular how can it help with the rights of individuals to privacy, confidentiality, self-determination and autonomy? In approaching these questions, I will deal briefly, with how the rights of privacy and confidentiality are protected within a group therapy context before looking at the protection of the rights of self-determination and autonomy.

Two fundamental principles of all models of group therapy (Mahoney, personal communication, 1999) are that the individual members interact somehow to be helpful and that therapy is an organized encounter. It will be assumed that individual members in a psychodynamic psychotherapy group have come together with the therapist towards the aim of being helpful. It is the second fundamental principle, that of being organized, that this writer will attempt to explore further, in regards to how it pertains to reclaiming dignity.

Procedural organization at the clinical site, such as patient preparation and the use of group contracts

begins to address the upholding of some of the rights of the individual members and as such is in keeping with the Universal Declaration of Human Rights (1948) "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the rights to the protection of the law against such interference or attacks"(Article 12, 1948). These procedural organizational features support the rights of privacy and confidentiality directly through the delineation of both therapist and patient responsibilities in this regard. By establishing a therapeutic alliance with the therapist in pre-group meetings the process and norms of group therapy are introduced. Educating patients (that intimate personal disclosures are not to be made known publicly; that they are entering a relationship within which they are entrusted with a need for discretion; in regards to the language particular to therapy work; as to how to sensitively give and openly receive feedback) helps to reduce patient fears (Yalom, 1985; Ratan & Stone, 1984) increase positive outcome of therapy (Yalom, 1985; McCallum, Piper, & O'Kelly, 1996), and uphold patient rights around privacy and confidentiality as important.

The therapist applies procedural organization to their role and holds all information disclosed as private and confidential and tempers verbal and written communications with this in mind (GTTP Ethical Guidelines, 1994). Exceptions around working in a team, imminent harm to self or others, or receipt of a signed release of information are to be explicitly made known to all group members. It is also the responsibility of the therapist to intervene when a breach or threatened breach of group norms (and consequently a breach of patients' rights) occurs, whether it is in the form of inappropriate levels of personal disclosure or inappropriate comments from others (GTTP Ethical Guidelines, 1994; McCallum, Piper, & O'Kelly). In this instance the therapist is acting in accordance with the Universal Declaration of Human Rights (Article 12, 1948) as the 'law' protecting the members from interference or attack upon his honor or reputation by himself or others.

These aspects of procedural organization address safety and security needs and supports the individual rights of privacy and confidentiality. Organization at the theoretical level provides the framework from which therapeutic work can begin and supports the individual rights of self-determination and autonomy. It is acknowledged that other multiple factors influence and impact, positively and negatively, on individual self-determination and autonomy and hence the respect for the dignity of an individual. However, for the purposes of this paper only some of

the theoretical elements of the psychodynamic group psychotherapy model that are seen as organizing factors by this writer, will be explored. Before examining the psychodynamic group therapy interventions that most impact self-determination and autonomy, five basic assumptions forming the foundation of this perspective and from which the techniques operate will be noted as per Mahoney (1999) and Rutan (1992). Psychodynamic group psychotherapy is born out of individual analytic theory and as such embraces certain beliefs common to all psychodynamic models. The first of those beliefs or assumptions is the holding of the perspective that all human behavior and thought is understandable. This concept, known as psychological determinism purports that purposeless behavior does not exist and that if we gather enough information we will be able to grasp the meaning of the behavior.

The second assumption deals with a belief in unconscious processes or aspects of your mind that is not in your awareness and is a component of most therapist technique. "Making the unconscious conscious"(Rutan & Stone, 1984, p.53; Mahoney, personal communication, 1999) is the goal of therapy in the psychodynamic group psychotherapy model. In this model of therapy the belief in and use of *transference*, or the unconscious redirection of repressed feelings and desires, often from childhood, onto a new recipient, either the therapist or co-member, is integral and believed to occur readily. "Transference thrives in a group setting"(Rutan, 1992,p.139). The therapist must firstly "stay out of the way"(Mahoney, personal communication, 1999) of transference phenomena occurrence by using specific techniques around role and focus (Rutan, 1992; Rutan & Stone, 1984). Countertransference, a phenomena resulting from the unconscious redirection of repressed feelings and desires into the therapist (who then has the task of sorting them out from their own experience before reinserting the material back into the group) is also valued for its curative qualities. It is believed that helping the group member learn about repressed aspects of their unconscious will then provide the individual greater freedom in life.

Thirdly, it is assumed that human behaviour is not static and that the purpose of all human behaviours is towards the goal of protecting the individual in some way shape or form. Fourthly, a belief in consecutive or epigenetic development places emphasis on early stages of developmental stages but also holds the point of view that through therapy and the thorough exploration of unconscious phenomena, defective development of early stages can be repaired. The fifth

assumption common to psychodynamic theory puts forth the belief that functions of the mind are in constant operation. That at no time are the functions of the mind inactive.

An acceptance of the working of the preceding five assumptions builds a place from which the therapist is able to utilize various windows to the unconscious and allow for the "making the unconscious conscious"(Rutan & Stone, 1984, p.53). Therapist techniques are divided by Rutan (1993) into two categories and are aimed at addressing the resistive nature of individual group members' unconscious phenomena that are activated in efforts to avoid pain. The therapist works from a once removed position and uses "the classic windows into the unconscious – free association, slips of the tongue, analysis of the transference, dreams, character style" (p. 141) with aims of freeing individuals from their past and their pain.

The first category of techniques as presented by Rutan (1992) is that of roles and in this writer's assessment holds the most leverage for the promotion of dignity in the groups members. It is further subdivided into three subcategories, all continuums. These are activity-nonactivity, transparency-opaqueness, and gratification-frustration. Rutan (1992) states of the activity-nonactivity category "Given the conviction that analyzing transference is a major curative factor, analytic therapists adopt a role that facilitates the emergence of transference"(p.141). To facilitate increased transference occurrence therapist will remain internally very active and alert but externally appear to be inactive. They will use a limited number of verbal or nonverbal expressions. This particular technique subcategory promotes self-determination and autonomy in that the therapist waits for the patient to initiate in therapy allowing for a direction determined by oneself for oneself, rather than putting forth a set agenda of the therapist choosing (Mahoney 1999; Rutan, 1992). This technique allows for an increase in the anxiety in the group, which is a precursor for regression, transference occurrence, and change. By supporting the group in fully experiencing their incipient anxiety through strategic noninterference on the part of the therapist group members can learn much about themselves (Rutan & Stone, 1984).

The second role subcategory, transparency-opaqueness also supports self-determination and autonomy when maximal opaqueness is used. This is in keeping with the notion that the "best gift one can offer patients is the opportunity to examine their own projections and inner convictions"(Mahoney, personal communication, 1999). The last subcategory

of the role technique, gratification-frustration acknowledges that frustration in the group therapy setting leads to regression, or emergence of unconscious primitive affective states. Therefore, by the therapist resisting in adopting a gratifying role, which serves to diminish anxiety but also affect and transference phenomena occurrence, the therapist supports increased individual self-determination and autonomy.

The remaining technique category as presented by Rutan (1992) is focus and has within it six subcategories. The past-here and now-future subcategory can be seen as respecting reclamation of dignity by allowing for affronts to dignity to be acknowledged historically, experienced and examined in the present in the form of a transference reaction, with a view to the future for additional reclamation and maintenance.

The group as a whole-interpersonal-individualistic subcategory supports the development of autonomy through its primary focus on the individuals within the group. The in-group-out-group subcategory is characterized by more fluidity of its continuum in that both in-group and out-group material is utilized. This is contrary to some models that restrict the inputting of out-group data. The affect-cognition subcategory is also characterized by fluidity along its continuum but notes that "cognition comes after affect" (Rutan, 1992, p.142) and sees insight resulting from integration of both. In the context of respecting dignity this affect-cognition component can support an individual in recognizing what part they may have unknowingly played in their past experiences and enable them to autonomously choose what part they wish to play in their future experience which is also supportive of their self-determination. The process-content subcategory leans heavily on the process end of the spectrum and sees same as a phenomenon of the unconscious energies in the room. The last subcategory of the focus techniques is understanding-corrective emotional experience. Rutan (1992) notes that all psychotherapy models would have elements of a corrective emotional experience comprised as a part of the model. He states "the opportunity to be in

a group where one feels accepted, heard, and valued is in itself corrective" (p.142). But a thorough blending of that experience with insight (gained by integrating archaic affect and cognition) is what is felt, by psychodynamic therapists, is needed to lead to understanding which paves the way for profound and lasting change (Rutan, 1992; Mahoney, personal communication, 1999).

In conclusion, it remains apparent that one of the goals of all therapy is to foster the reclaiming of one's dignity as previously defined. The psychodynamic model is an appropriate and useful model for fostering specific aspects of that reclamation as evidenced in noted positive outcomes studies (Piper & Joyce, 1996; McCallum, Piper, & O'Kelly; MacKenzie, 1987). The rights to privacy and confidentiality aspects are supported through the utilization of procedural organizational elements of therapy and the rights to self-determination and autonomy aspects are supported through the use of theoretical framework elements from which the therapist acts to facilitate opportunities for repair and change. Profound implications for facilitating the reclamation of dignity through group psychotherapy become clearer when viewed through the context of the parallel process. A ripple effect (Brager, 1992), in a concentric nearly parallel pattern that begins with the therapists own dignity reclamation and maintenance and ends in infinity, is imagined. As therapists' challenge their own levels of dignity reclamation so to do the group members, and in turn all others in their circles of influence (Alonso, 1985; Wallace, 1992; Mullan, 1987). Aristotle, as referenced by Mullan (1987), tells us that to act morally one must know what one is doing, deliberately choose to do it, and do it for its own sake. In choosing to work in a field that requires one to act with integrity, we must be thoroughly grounded in a theoretical base, and act consistently and congruently from that theoretical base. We need to remain ever cognizant of the role that a therapist plays in the promotion of individual member's dignity through the operationalization of those theories, and act mindfully and with honourable intention in one's chosen role as group therapist.

Dolina Watson, R.P.N., has thirty years mental health experience. She is a graduate of the Calgary-based Group Therapy Training Program, which Dolina completed in 2000. She currently works at the Day Treatment Program at Foothills Hospital, Calgary. She does a variety of psychoeducational and psychodynamic groups. The team uses a multimodality approach. Dolina's interests in groups began years ago, and her ideas for her paper were taking form back then. Her husband Ross worked on the Human Rights Commission which further fuelled her beliefs. She considered Institute training in 1985 and was accepted, then decided to wait until 1990 when her life was more ready for that focus. She worked gradually at Modules 2 & 3 while also attending the University of Calgary. She now has one course left for her Bachelor of General Studies. She managed to weave her long time interest and passion in

human rights into her paper regarding how it can be honoured in group therapy. There's a steady determination in Dolina and obviously a deep sense of caring for people's rights. Dolina will be presenting at the CGPA annual conference in Edmonton, October 2002.

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WINNIPEG, OCTOBER 2001: Five Star Conference

Sally Erdogan, President, Toronto Section

With the events of Sept. 11th on my mind as I approached the airport to come to Winnipeg, getting on an air plane was the last thing I wanted to do. However, fortunately, the trip was uneventful. Once I landed and arrived at the hotel, I found myself in a environment of comfort and collegiality. In fact, I enjoyed every moment of the time in Winnipeg. When one visits an elegant restaurant, one is comforted by the ambience and the care with which you are treated. The Hotel Fort Garry lived up to this high standard. I found it was a very pleasant and comfortable hotel, with an intriguing history, I was told.

When ordering at a restaurant, one savours all the courses of the meal in anticipation of what's to come. Well, I found that all of the "courses" I had signed up for on 22nd Annual Conference inspired me and broadened my view of group. I enjoyed sharing with my colleagues and presenters very common

problems, such as combining group with individual therapy. After many years of doing groups, I was reminded that group therapy is both a simple task of "being" with the members as well as understanding the most up to date research.

Being a family therapist, I also enjoyed the workshops on diverse approaches in engaging families in the group process, from the use of art to the talk of group with multiple families.

As for the real food, the Fort Garry Hotel served sumptuous appetizers in many of the receptions. For those of us who stayed around after the conference, we discovered, in the opinion of some, one of the best East Indian restaurants in Canada.

All in all, it was a wonderful time, and a chance to share and meet new people who value this thing called group therapy.

Canadian Group Psychotherapy Association Treasurer's Report for the year 2001

Neleena Popatia

For the year 2001, CGPA had budgeted for income of \$57,400, expenses of \$53,770, for a surplus of \$ 3,630. Actual income was \$52,021 (\$5,379 less than projected), the expenses were \$38,497 (\$15,273 less than projected), resulting in a surplus of \$13,524 (\$9,894 more than projected).

CGPA had budgeted for a net conference surplus of \$2,000, after taking into account the possibility of a conference surplus sharing agreement. However, with Manitoba 2001 LAC coming up with a conference surplus of \$8,586, and Council voting down the conference sharing agreement, over \$6,586 of the unexpected surplus was due to conference surplus.

The rest of the variance in the surplus was a result of budgeted expenses not incurred. For example, the

newsletter was published three times instead of four in the year. Public relations, training and education, and membership processing came in under budget. Lastly, the budgeted accounting fees were not incurred as a review engagement is scheduled for 2002.

The bank balance as at December 31, 2001, was \$54,903. While some of this money needs to be invested to ensure financial viability of the organization, the balance could be used to further CGPA goals.

Below are the following 2001 annual statements:

1. Balance Sheet.
2. Statement of Income and Expenses

BUSY YEAR in Toronto

Sally Erdogan, President, Toronto Section

Amidst the busy schedules of our members, there have been several interesting offerings by the Toronto Section since the last issue of the CHRONICLE.

Karen Feinstein, the newest member to our Executive, gave, in the "Tea and Training" on Feb. 10, 2002, a very comprehensive overview of "Attachment Theory and Group Therapy." Besides reviewing the theory from a wide range of authors, she gave case examples of individuals and showed how their attachment difficulties were helped in the group process. Research by Daniel Stern and others lent empirical weight to psychodynamic theories that view psychological development as relational in basis. Karen's main intellectual pursuits have been in clinical and theoretical psychology. She trained as an Experimental Psychologist in South Africa, in the area of cognitive development, then trained in the clinical sphere and became certified as a Clinical Psychologist in South Africa. She studied within the framework of Object Relations and Self Psychology and also had significant exposure to family therapy. She then trained in Analytic Group Psychotherapy in England, and in Group Psychotherapy in Canada. She is particularly interested in the field of individual personality development, and how this can be used in group psychotherapy practice. The workshop was well attended and I am certain all left understanding a great deal more about attachment theory.

Dr. Melyn Leszcz gave a half-day workshop on April 12, 2002 on his recent research on support groups for the medically ill. Dr. Leszcz is an Associate Professor and Head of the Group Psychotherapy Program, Department of Psychiatry, University of Toronto. The main approach with this group, particularly the breast cancer patient, is to provide a supportive and expressive group process. These groups employ social support, emotional expression, cognitive and behavioural coping skills, and engagement with the existential challenges that medical illness may present. This too was well attended.

Last year in a "Tea and Training," Dr. Donna Markham, from the Southdown Institute in Ontario, presented on "Spirituality and Group Therapy". This was so successful that our Section decided to ask her to return for a longer presentation. So sometime soon we will have Donna back to offer others a workshop.

After lengthy discussion, our Section has also been wondering if we are meeting the learning needs of our members. We have done some brainstorming around how to ensure this might happen. One of the ways we thought we might do this is to have a "focus group" to solicit the interests of our group therapy community. We would like to combine this with our Annual General Meeting, sometime in the early summer.

AM I HUMAN YET?

Calgary Section Spring Conference

by Annette Hinks, Calgary

It was a sunny, crisp morning and I was a little late in arriving for the Calgary Section's 2002 Spring Conference; I noticed the river flowing with its quiet strength. "Wow, this is a beautiful spot!" I thought, as I turned left into the parking lot, almost hitting another woman driving an SUV, minding her own business. As I slammed the brakes and apologized through my windshield. I could see she was not impressed. It was probably good that I couldn't hear

what she was saying. I had barely arrived in the conference room and was reaching for some hot water to calm myself when Marcia Nerbas approached me to do the conference write-up for our newsletter. I was about to tell her, "No, I'm still on holidays; I just came here to be with the people I care about and soak up whatever I can." But I caught myself and said, "Yes." She gave me this very thick pad of notepaper and I thought this must mean I have

to write down all that is being said so I braced myself and wrote everything I could, missing some very important statements in the process. For example, Dr. Kubler-Ross' analogy read: "Come to the edge." I was becoming increasingly frustrated about not getting the information written down quickly enough, or was it that the speakers were talking too quickly?

Luckily, Evie Wallace stopped everything and gave us an exercise on the good things and bad things about group because that is when I realized I wasn't allowing myself to experience the present. I was stuck in performance where I falter, not using all of myself and I was missing out on the present.

Slowly, the meaning of the present began to sink in. Corinne Maloney's presentation of Kent Mahoney and Evie Wallace as a team, a powerful dynamic duo, with a half century of work experience between the two of them and extensive personal growth because of this life experience, was powerful as the seed of 'history' was being planted. Then Kent Mahoney presented Corinne Maloney, 'a child of the prairies', who was in the first class of trainees at the Holy Cross Hospital, wanting more for herself. There was no looking back and before long she was a faculty member of the Group Therapy Institute. We are a part of history, yet we create history.

Then Evie spoke about the condition of group psychotherapy today; the climate is gloomy under the influence of the larger systems. She wondered how we got by in the past; chaos was in the world then as well. She put up the Treasure Map for 'lost in the woods'; I thought, this is really neat and after I had copied the first line it was removed. In effect, Evie hit us over the head with the stark reality of where group therapy is in the present. She also inferred that to understand the present we need to revisit the past, look at our history, the importance of history.

Then Kent Mahoney relived his experience in the history that produced group therapy. Originally a teacher he became involved in psychoeducational groups for parents and child management procedures. Eventually wanting more, he travelled to the States to study groups. He found there was a wide range of approaches based on different theories:

- Psychodynamic, psychoanalytical
- Group as a whole/systems
- Transactional analysis/Gestalt/decision
- Interpersonal/interactive
- Cognitive/behavioural
- Object relations
- Group analysis

- Psychodrama
- Existential/humanistic
- Self-psychology

The bottom line was, how human am I? How am I with empathy, respect, trust, acceptance, congruence, transparency, in the here and now?

As Kent spoke about his history with groups I couldn't help but remember one encounter group experience I had in the early 70's where one woman got up from her chair stating, "I just feel like rolling on the floor," and she did, in the middle of the circle. I was 28 years old and suddenly realized that this was beyond me. I left psychiatry after that for at least five years.

Little did I know that the cultural/sexual revolution of the time was also influencing the development of therapy groups and the forces of time and experience would allow the effective ones to thrive. To me this time was definitely one of chaos and out of it came one very effective form of group therapy that I have had the privilege to be part of: Interpersonal/interactive.

I also reflected on the fact that Kent struggled through that time, trusting that he would find what he was looking for and he did. This process would take a great deal of inner strength, I would say. Not only was he faced with the chaos of the times but he also had to begin dismantling his old self, finding his human side, allowing all of himself during the training period. We all know about this gruelling and frightening experience of personal therapy. As Kent said, "You come out of this with a tremendous sense of potential." He had really risked moving into the unknown and we have all benefitted.

Evie and Corinne's presentation about their history of learning in group therapy also spoke to their commitment to self and wanting to make a difference in the world of therapy. The three presenters are living proof of the importance of supervision and personal growth, difficult as it is.

Their success in group therapy was deeply anchored in supervision and personal growth. Those of us who have been exposed to supervision under Kent or Joshi, I feel, have been very privileged.

Kent closed the morning session by drawing from 'On Becoming Human' by John Vanier. Our society shuns weakness, glories in strength. By embracing weakness we learn new ways of living and discover greater compassion, trust and understanding.

- Develop personal connections with the people you work with.
- Value the part of belonging
- Appreciate your work community
- Learn to live there
- No community escapes jumping the track
- The community should not lose its soul for one member
- If the soul is lost it can be regained.

One statement really struck home for me: “The community should not lose its soul for one member.” This applies to my small work community. Over this past year we have been forced to close our long-term psychotherapy groups because of the ‘changing times’. It has felt like my work community had lost its soul, but then I thought of those of us who worked in those groups; we were part of the soul, and we cannot be destroyed. We each have a soul, a self that is a compassionate observer that we can count on if we are open to listening, to paying attention to the signs around us that lead the way.

I think it is about paying attention to the signs of history and the signs of the here and now. The signs of history as Kent, Evie and Corinne earlier demonstrated, are showing us that one can find the way through chaotic times. They found a way of doing effective group psychotherapy and that will not be lost if we continue along a similar path. In my work community, I feel that if we hang in there, nurturing ourselves and each other as we know how, trusting in what we have, we will notice the opportunity and take advantage of it.

We were shown the path; we have to trust in ourselves, our history and the here and now.

Thank you Kent, Evie and Corinne.

WHEN “ENTRANCE THROUGH THE BACK DOOR” IS IMPORTANT

The afternoon presenters were from the Calgary Eating Disorder Program that has been in existence

Annette Hinks, B.Sc.N., is a Nurse Therapist and case manager at the Rockyview Hospital, Mental Health Day Program, Calgary. Annette has worked for many years in mental health, including over ten years with high-risk patients in the Day Program. Annette will be retiring in June 2003 and reflects on her Group Therapy experience as a highlight in her career.

for just over a year. Carol Benson, Marc Limogier, Eva Helpard and Janet Chafe did an excellent job in presenting their program, which uses the Stages of Change Model by Prochaska and Di Clemente.

Their multidisciplinary team has developed a very structured approach in their treatment of this complex issue, breaking the issue down into all the different facets that influence the problem. I like how they stress respecting where the client is at, at any given time, reserving the right to take charge only when absolutely necessary. They value respect and collaboration with the client.

They use psychoeducational and experiential groups to tackle the different facets of therapy, increasing the clients’ awareness safely, as well as allowing them to influence each other because of the group experience. This approach must influence the clients toward more readiness for the next step on their path toward change.

Carol presented the Body Image Group where, how clients see themselves is slowly challenged. I like how each step of the way the clients are invited to share their feelings about the experience, their wonderings.

Marc presented the Family Relations Group in which clients eventually feel safe enough to bring their family to the group in varying ways and realize they are not alone.

They also stated that this approach slowly opens the door for therapy, be it individual, group or family.

It was refreshing to hear about this well thought out program and more importantly, to know that we have somewhere to refer our adolescent clients with eating disorders.

I am thankful I agreed to do this write up on the Calgary CGPA Spring Conference. It forced me to do some serious reflection and arrive at some good understanding. I hope this occurs for others as well. All in all it was a very memorable day.

Dr. Sandra Smith has been doing therapy for almost 30 years in Calgary. She has pioneered work among children and adolescents in the City, and has contributed to her professional organizations, through volunteering with the Local and National C.G.P.A.

As a student, Sandra attended the University of Calgary between 1964 and 1968, to earn a B.Sc.Honors in Psychology. She was accepted into and completed her graduate work towards a Master's degree at Brigham Young University, Utah. She then returned to Calgary and between 1970 and 1974, she studied for her PhD in Human Learning under Dr. David Schonfield.

Thus she completed her schooling as a scientist but her real interest was in the application of it all, in Clinical work. She gradually added more therapy to her responsibilities as Intake worker for Alberta Mental Health. A very conscientious individual, Sandy sought out what she describes as "tons of supervision" to move herself from scientist to Clinician.

She developed a Specialty in the area of Children's Mental Health, working largely with middle childhood and adolescence. But her practice has for a number of years included Preschoolers, at Providence Centre.

Sandy's first exposure to Group Therapy was while still a student, when she joined a group at the Student Health Center, and her first experiences included Sensitivity Groups. Early on, she and Bill Angus did a group for the Brain Injured. While working on the Children's Team of Alberta Mental Health, she was mentored in Adolescent Group Therapy by Dr. Andy Wade, a consulting psychiatrist from Leeds, England. Later, in her Children's Group, Sandy worked under the supervision of Lynne Walker and Dr. Kent Mahoney.

Currently, she runs a unique practice in group with Children of elementary age and with Adolescents. Her colleagues tell me that Sandy can always be counted on, she is dependable and reliable. She works hard on and has developed positive Co-therapy Relationships during her practice. She is a teacher, and has taken on a number of students over the years. She enjoys sharing her knowledge and expertise. Co-workers, students and colleagues have become friends to Sandy.

I hear she is gutsy! She enters situations where able-bodied individuals might have trepidation, I hear. Her groups are experiential, not activity based. She follows a non-directive, "group as a whole" approach, something few therapists would attempt with younger children. Because of the inevitable noise and damage to the group room, she has had to defend therapy for the kids. Sandy has become a strong advocate for kids and kids' groups.

Sandra is not only a hard-working, dedicated clinician. She is an astute colleague. I noticed this while working with Sandra on committees. When there was discussion of more complex issues, whether interpersonal or political, Sandra's remarks were insightful and right on the money. Always, there was a sense that Sandra can see right through difficulties to their core, adjust, laugh, and carry on.

We were fortunate to have Sandy working with us when we did Local Arrangements for the 20th Annual CGPA Conference in Banff in 1999. And then we talked her into being the Secretary-Treasurer for Calgary Section in 2000-2001. She was gracious and her input was valued.

It is our hope, Sandy, that you will accept today's Tribute and this award. You can carry it home with you as a reminder of the esteem that you have earned among the group therapy community. Best Wishes!

Calgary 2002 Spring Conference
Therapist Appreciation - Judy McEachern
Marcia Nerbas, RPN, Calgary

I will be recognizing Judy McEachern. Who's Judy? Some of you here today may ask this question. I hope that you will get to know a bit of her as I speak and also enlighten you on the merits of having Judy working for our organization. Judy has dedicated herself to promoting group therapy in Calgary. Her quiet aura at times silences the recognition that she deserves, or it could be the people working with her have a louder aura.

I can speak from my experience of working with Judy as a Co-chairperson for the Registration Committee at the 1995 CGPA Conference in Calgary. She is a workhorse, as the saying goes. She keeps plodding along. When Judy has a task to do and we share a position with her, we too become the workhorse that she is. She is spirited and encouraging, yes, and maybe pushes us to limits that we normally resist. I have witnessed Judy taking risks that none of us would touch. On occasion I have said, "You what!?" These risks that Judy takes are with good intentions. I soon realized that Judy

risks because she believes in other group therapists, in patient care and in group therapy. I greatly admire her for this and I know that others, including some of you here today, admire her as well.

So, if you ever need an advocate, or you need someone to give that little extra, Judy will come through. Judy's sense of humour, her willingness to make an event happen and her belief in group therapy and our community make her a valuable asset to our team. There are many other times when Judy steps up to help, whether it is gathering information for the Calgary Section Newsletter, working for the CGPA Chronicle, our national newsletter, helping with other conferences such as the one in Banff in 1999, folding and mailing newsletters out to our population and encouraging us to volunteer to help her with her causes. We need these quiet workhorses and value their time and commitment to our organization. It is with great pleasure that I present this recognition of Therapist Appreciation to Judy McEachern on behalf of the Calgary Section of CGPA.

The Meaning of Success

"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty, to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is the meaning of success."

--Ralph Waldo Emerson

ADVERTISING AVAILABLE IN THE CGPA CHRONICLE
Rates are \$100.00 Full page; \$50.00 Half page; \$25.00 Quarter page

See Ad Below

**INTRODUCING...THE ACTION MANUAL:
Techniques For Enlivening Group Process and
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By Liz White, M.Ed., T.E.P.

Drawing from psychodrama, sociometry and group psychotherapy, Liz has gathered over 200 pages of theory and practice in the use of action methods. Concepts of change and effective leadership techniques combine in lively exercises to deepen the work and develop safety and inclusion. After the Foundations of Action Methods, chapters follow group phases of Warming Up, Exploring, Working Through, Surplus Reality and Integration and Closure. The Techniques are useful in training and staff development, personal growth groups and in individual work to break impasses and bring new life to the sessions.

Liz has had over 25 years of experience as a psychodramatist, therapist, trainer and consultant, was a cofounder of the Toronto Centre for Psychodrama and Sociometry and is currently the founding trainer of the Saskatchewan School of Psychodrama.

For more information, including a sample exercise from the book and an order form visit Liz's website at www.lizwhiteinaction.com, call her at (416) 481-3738, or email her at actioninfo@rogers.com.

**CANADIAN GROUP PSYCHOTHERAPY ASSOCIATION
2001-2002 COUNCIL LIST**

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There is presently no Service Provider for CGPA. Anyone interested, please contact Allan Sheps, President.

**2003 American Group Psychotherapy Association
Annual Meeting and Conference
February 18 to 23 at the New Orleans Marriott**

“Creating Safe Space: An Opportunity for Groups in a Changing World.”

American Group Psychotherapy Association
25 East 21st Street, 6th Floor, New York, NY 10010
Phone: 212-477-2677 Toll Free: 877-668-2472
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Web-page: www.agpa.org (See for free online symposia on group issues.)

**SECTIONS AND TRAINING
PROGRAMS**

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Calgary Based Group Therapy Training Program

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Edmonton Section of CGPA

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From the Editor, Colleen Eggertson

This issue has been a long time coming, so I hope you find it interesting. Dolina Watson has led the way with her submission, by request, of her Trainee Paper. We would dearly love to publish papers by as many trainees as would care to submit them. Please give it serious thought, even if your paper was written several years ago. It will be new to other members of CGPA and most topics remain fresh. This is why The Chronicle often publishes reprints of articles published in other newsletters or journals.

For the next issue we have a paper by Dr. Leon Hoffman on an unusual experience he had when he was asked to intervene as a psychologist in mid-flight on an airline. One thing that has been lacking lately is submissions from other Sections besides Toronto and Calgary. Please keep the rest of us informed about your activities. Thank you to all the contributors to this issue for generously giving of your time and energy.

**Request for Tenders: Membership Directory Maintenance
and Fees Invoicing 2001-2002**

The Canadian Group Psychotherapy Association requires a service provider to manage its membership directory, which would include bookkeeping of membership fee payments. The CGPA currently numbers approximately 300 members from across the country, the majority affiliated with local sections in major Canadian centres [Vancouver, Calgary, Red Deer, Edmonton, Winnipeg (Manitoba), Toronto, and Ottawa. The membership directory is currently formatted as a database in Microsoft Excel; knowledge of this software package or MS Access would therefore be required. The tasks include:

- Regular updating of membership data in the directory.
- Annual invoicing of membership fees (each December), involving preparation and distribution of invoices.
- When notified by the Membership Chair, incorporating new members into the directory and mailing new member packages (letter of welcome, Council list, newsletter, information on annual conference, etc.)
- When notified by the CGPA Treasurer, recording membership fee payment and updating membership status in the directory and providing a disk copy of the data base upon request.

- Preparing and distributing membership cards and certificates as applicable.
- Responding to membership inquiries as requested by the CGPA National or local Section Executives.

• Making address labels for the Chronicle.
The service provider is expected to have all needed hardware and software to perform the required tasks. The CGPA will cover the costs of stationary, postage, and phone charges. The term of the contract will be one year, with semi-annual evaluation to be undertaken. In the future, the plan is to contract for services on an annual basis.

Tenders can be submitted to the address below. The estimated price of performing the required tasks will only be one factor in determining the successful tender applicant. Submissions should be made before the deadline of Sept. 30, 2002.

Allan Sheps, President,
Canadian Group Psychotherapy Association
66 Centre Street,
Thornhill, Ontario L4J 1E9
Phone: (905) 889-4551 Fax: (905) 889-4141
Email: sheps@interlog.com

CHANGE OF ADDRESS

Please help us keep in touch with you by sending in a Change of Address if any of the information about you changes. If your **work** phone number, fax or email address changes, please also send it in!

Name: _____

Work: _____

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Send to:

Colleen Eggertson, Editor, The Chronicle, 615 Queen Charlotte Drive S.E., Calgary, Alberta T2J 4T4

Tel: (403) 225-1086 E-mail: eggertson.gray@shaw.ca

23rd Annual CGPA Conference
MEETING THE LEARNING NEEDS OF NEW AND SEASONED
GROUP THERAPISTS

October 16 – 19, 2002
Sheraton Grande Hotel, Edmonton, Alberta, Canada

Contact: Call Andrea Duncan toll-free at **1-866-942-2444**

Hotel: The Sheraton Grande Hotel, Ph: 1-800-263-9030 Fax: 1-780-441-3098
Room Cost: Conference rate is **\$95.00** for single or double room. This special rate is only guaranteed prior to thirty days before the conference. **Book early for the special rate, before September 16th.**

The Local Arrangements team is eager to meet all of you, and offer a great conference and social events. Do try to stay at the host hotel as this will enhance the experience.

ERROR IN PROGRAM: about the workshop to be held at the Evening Treatment program on Thursday, October 17th (**Intensive Group Treatment for Personality Disorders – Live Viewing**). **Only 8 spaces are available and if you would like to be one of the observers please write this in on the registration form.**

The conference begins for those registered in Institutes on Wednesday evening, October 16th, 2002. Institutes are experiential process groups and qualify for 9 hours of National Training Credits. For most people the conference starts Thursday, October 17th with a continental breakfast followed by a large group discussion. Thursday through Saturday there are full-day and half-day workshops, papers, meetings over meals and more.

PUBLIC EVENT - JULIUS GUILD LECTURE – Thurs. Oct. 17th, 7:30-9:00 p.m.
THE INNERCITY YOUTH DEVELOPMENT ASSOCIATION
Dr. Joe Cloutier and Company

CONFERENCE DINNER AND DANCE, Fri. Oct. 18th, 7:00 p.m.
Featuring “DANGEROUS GUYS”

CLOSING RECEPTION – Sat. Oct. 19, 5:30-6:30 p.m