

The Chronicle

The Newsletter of the Canadian Group Psychotherapy Association

Volume 22, Number 2

Fall 2008

**See you at the conference
October 22-25, 2008 in Kananaskis, Alberta!**

Julius Guild Lecture:

Sally Armstrong

Keynote Speakers:

Scott Rutan

Kirby Wright

More information at www.cgpa.ca

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Letter from the Editor

I continue to be appreciative of your contributions to the Chronicle – thank you so much! We are all busy with work and personal commitments, yet there are always voices from across the country from members who reach out to reinforce the connections between us. We also know from our group experience that those who speak take risks on behalf of all of us. In the Chronicle, members who contribute to the Consultation Corner or submit articles take a risk in articulating their views for the rest of us to consider and they do this without the benefit of a direct response or reaction. At the conference I encourage you to say hello to members who have contributed to the Chronicle over the years and let them know their work is appreciated.

Starting with the next issue we will be open for business for advertising! Occasionally I have received requests to include advertising in the Chronicle and as of the Spring issue; advertising will be accepted according to the guidelines that are currently under review by the executive. Stay tuned for the details.

The National Executive has accepted the guidelines for submissions to the Chronicle below and I have appreciated their support and guidance.

Editorial Guidelines for General Submissions

1. The suggested length is a maximum of 1200-1500 words.
2. By submitting an article, the author agrees to have the article edited by the Chronicle Editor, and to have the article published by CGPA in the Chronicle (in print as well as online format).
3. Authors will be asked to provide the correct way to present their credentials, as well as a work phone number and email address as a signature line at the end of the article. Requests for privacy regarding contact information will be respected.
4. The preferred method of submission is a Word document as an email attachment.
5. A submission of recently published material will be considered if the submission is accompanied by permission from the publisher for reprinting in the Chronicle and is forwarded to the Chronicle Editor by the author.
6. Submissions that are self-promotional or can be interpreted as marketing will only be accepted in the promotion of CGPA-sponsored activities or with permission provided to the Chronicle Editor from the CGPA executive (e.g., promotion of an organization with whom CGPA has a reciprocal arrangement).

As always, I look forward to hearing from you!

Colleen Wilkie, PhD, RPsych

Chronicle Editor

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Next Issue: April 2009

Deadline for submissions: March 27,

IS THERE A NEED FOR A NATIONAL GROUP THERAPY TRAINING PROGRAM?

A Sneak Peek at the Results...

In 2006 CGPA asked the question about the need for a national group training program. This question has been raised several times over the past 20 years, but in the past, answered by a small group of therapists. This past winter (2008) CGPA asked this question to group therapists across Canada and here is a sneak peek at the results.

The survey was sent across Canada (over 750 email addresses were used) to discover if respondents believed there was a need for a national group therapy training program. The study received ethical approval from the University of Lethbridge (ERHR) and the University of Manitoba (HREB).

And now sneak peek at of some of the results:

- 76% of respondents were female.
- The vast majority of respondents offer CBT, interpersonal and/or psycho-educational groups.
- 80% of respondents believe training in group therapy is essential, with 97% believing that even if you are a skilled individual therapist, these skills do NOT transfer well into a group therapy context.
- The top 3 limitations that would stop the respondents from attending a training program include: (i) location, (ii) time commitment, and (iii) cost.
- Of those who wanted a national training program:
 - 82% believe the training should offer a formal certificate or credential of some kind.
 - Nearly 65% prefer the training to take place in conjunction with the annual conference (2-3 day training format).
 - When training is not offered in person (e.g., once a month training sessions), 74% of respondents indicated a preference for video or teleconference services along with internet studies to be utilized.

- When asked if they think their main employer would allow them to take time off (with pay) to attend training in the national group therapy program, 41% of respondents said yes with 28% of respondents being not sure if they would receive this type of employer support.
- Only 30% of respondents believe their employer would assist in paying for the training but about 40% of respondents believe their employer would allow them to take time off for training (with pay) .
- When respondents were asked how much money they would be willing to pay out of pocket for training, they indicated an amount between \$10 and \$20 an hour.
- The majority of respondents felt it was necessary to offer a practicum component with 42% believing at least 100 hours of direct face time facilitating groups was appropriate (40% were not sure how many hours should be required).

The complete results will be presented at the 29th Annual CGPA Conference in Kananaskis, Alberta. The authors will have the results available in two formats: 1) a poster presentation where people may read the study methods and results at their own leisure and 2) an oral presentation on Friday, October 24th at 9:30 a.m. The latter presentation will summarize the survey results and engage the audience in a discussion of where and how the CGPA membership would like to use the results to form an action plan.

We hope this brief look at the results piques your curiosity and we will look forward to seeing you at the conference, *Discovering the Diversity of Group Applications* next month

Dawn McBride, PhD, RPsych and Pam Wener, MEd, OT Reg (MB)

Co-Chairs, Training and Education Committee

Our President-Elect Terry Simonik, RN, MEd, FCGPA thought this would be of interest to members who treat suicidal clients in their groups:

Dr. Jennifer Brasch, a psychiatrist at McMaster university, is conducting a research project over the internet looking at people's reasons for living after having had or having contemplated a suicide attempt. More information is available at www.thereasons.ca.

Canadian Group Psychotherapy Foundation News

The Canadian Group Psychotherapy Foundation Announces Student Scholarships

The Canadian Group Psychotherapy Foundation is pleased to announce that it will be awarding up to 4 scholarships for full-time students in the mental health field to attend the 2008 Canadian Group Psychotherapy Association National conference. Each scholarship is valued at \$500.00 and can be applied to conference registration and conference related expenses.

The Canadian Group Psychotherapy Association is Canada's foremost group therapy training and education organization. Its conferences offer both didactic and experiential learning opportunities across a broad range of group therapy experiences.

Scholarship Details:

While preference will be given to applicants in their final year of training, other students are invited to apply. Successful applicants will be able to attend either the full conference or the full conference and the experiential training institute. The total value of the scholarship is \$500 and up to 4 will be awarded. Full time students will also receive reduced registration rates. Any funds not used for registration may be used for travel or accommodation at the conference. Application deadline was Monday, September 22, 2008.

Application Procedure:

Please submit the following

A current c.v.

A letter (up to 1 page only) outlining your interest in group therapy and in coming to the conference

A letter of support from either a member of C.G.P.A. or an academic reference.

Please send your application to:

Allan Sheps, MSW, RSW, FCGPA

or email to: asheps@rogers.com

CGPF Awards Cttee Co-chair

66 Centre Street

Thornhill, ON

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Section News

Vancouver Section

The following are highlights of the activity occurring in the Vancouver Section.

Executive

President	Rosemary van Stavel
Secretary	Carol Parr
Treasurer	Maryse Ridley
Past-President	Joan Wilson-Jones

Recent Events

May 10, 2008	AGM Presenter: Dr. Ingrid Sochting Topic: Getting Involved in Group Psychotherapy Research
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September 18, 2008	Presenter: Allan Sheps Topic: What Do Men Need in Group Therapy?
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Rosemary van Stavel, RN, MPE
President

Joan Wilson-Jones, RN, BScN, MEd
Past-President

Calgary Section

The following are highlights of the activity occurring in the Calgary Section.

Executive

President	Sarah la Rocque
President-Elect	Danielle Rousseau
Secretary-Treasurer	Alison Johnson
Member-at-large	Patricia Kelcher
Member-at-large	Daren Daniels
Member-at-large	Sylvia Gorham
Member-at-large	Jeff Gilcrest
Member-at-large	Kirsten Buhr
Past-President	Chris Marcil
Newsletter Editor	Dolina Watson

Recent Events

April 18, 2008 Dr. Kent Mahoney Annual Spring Conference
Presenter: Donna Marie Perry
Topic: Transactional Analysis

Awards:

1. *Collaboration*: Active Treatment Team
2. *Dedication*: Dolina Watson
3. *Group Treatment Pioneers*: Carewest Glenmore Park Mental Health Rehabilitation and Recovery Team
4. *Commitment to Group Therapy*: Linda Dolan
5. *Creativity and Innovation*: Chris Berry

September 25, 2008 AGM and The Ron Aldous Memorial Lecture
Presenter: Judy Steiert
Topic: Sage-ing (aging consciously and with purpose)
Award: *Lifetime Achievement Award in Group Therapy Practice*:
Linda Goddard

Upcoming Events

October 22-25, 2008 Calgary Section hosting CGPA Conference

Dolina Watson, RN
Calgary Section Newsletter Editor

Sarah la Rocque, MSW
Calgary Section President

Calgary Section Activities over the Past Year

When National President Jim Merchant announced that Calgary would host the 29th National Conference in October 2008, Calgary members and non-members alike rolled up their sleeves and rose to the challenge.

The annual Dr. Kent Mahoney Spring Conference featured Donna-Marie Perry presenting on Transactional Analysis. Her easy manner and ability to weave intervention strategies with theory were well received by those in attendance. At the conference awards were presented to two Calgary Health Region Teams: Active Treatment Team for *Collaboration*, and Carewest Glenmore Park Mental Health Rehabilitation and Recovery Team for *Group Treatment Pioneers*. Three individuals were also recognized for their outstanding contributions and work in Group Therapy in Calgary: Linda Dolan for *Commitment to Group Therapy*, Chris Berry for *Creativity and Innovation*, and Dolina Watson for *Dedication*. It was not a surprise

when Linda Goddard was also nominated for this award. Given her long standing commitment and many contributions to the practice of group therapy, the Executive Committee unanimously agreed to recognize Linda in a *Lifetime Achievement Award in Group Therapy Practice* to be presented at the AGM on September 25, 2008.

The AGM and The Ron Aldous Memorial Lecture, featuring professional Sage-ing Leader Judy Steiert, are scheduled for Thursday, September 25, 2008.

Through the coordination of Linda Goddard, Calgary Health Region group therapists, many of whom are CGPA members, are participating in the research study "The Therapeutic Factors Inventory-S (TFI-S): Developing a better understanding of therapeutic factors in group psychotherapy!"

In addition to the above noted yearly section activities, one of the goals that the Executive Committee did set out to accomplish was to reach out to Calgary and area group therapists who were non-members and welcome them to participate in the many learning opportunities offered by membership in CGPA. The effort resulted in the nomination of eight new members-at-large and a nomination for the long vacant position of Secretary. The nominations and formal introduction of each individual will occur at the AGM.

Sarah la Rocque, MSW
President, Calgary Section

Manitoba Section

The following are highlights of the activity occurring in the Manitoba Section.

Executive

President	Linda McFadyen (Croll)
Past President	Dorothy Strang
Secretary	Pauline Steinberg
Treasurer	Ruth B.Z. Thomson
Training and Education Chair	Joan-Dianne Smith

Training and Education Events

September 3, 2008 Group supervision for trainees begins.

September 12, 2008 Presenter: Anthony Joyce, PhD
Topic: Overview of the Efficacy of Group Therapy and Current
Research Trends

September 13, 2008 Module 1A of the group psychotherapy program begins.

Section Events

September 16, 2008 Presenter: Ruth B.Z. Thomson, MSW, RSW
Topic: Here & Now Group Therapy with Cognitively Impaired Older
Adults

November 4, 2008 Presenter: Pauline Steinberg, RN
Topic: Group Therapy Interventions with Eating Disorder Clients and
Families

December 5, 2008 Presenter: Tanis Dick, MFA
Topic: Art Therapy Workshop: Experiential Group Art Therapy

December 5, 2008 AGM

Linda McFadyen, MSW, RSW
Manitoba Section President

Big Fall Kick-off in Manitoba Section

In addition to the continuation of our Module III A, Group Supervision, we've been busy organizing a new series for Module I A, the didactic introduction to group therapy.

Our Section chronically struggles with developing a strategy for 'building a culture' appreciative of Group Therapy. With this in mind we decided to see if we could convince Dr. Anthony Joyce, psychotherapy researcher and group therapist from University of Alberta in Edmonton, to join us for a couple of days' events to help us launch this new round of Module I A in our Training Program.

And much to our delight, Tony agreed. As I write this, he is probably trying to recover back at home, after a whirlwind visit. He was in Winnipeg for a total of 30 hours, and did no fewer than THREE 'GIGS'!

Dr. Joyce's formal talk was Friday, September 12 at our Health Sciences theatre. He presented on the topic: 'What is the Evidence Base for Group Therapy?' to an enthusiastic interdisciplinary audience of about sixty people. This brought together a wide range of therapists and administrators, some of whom reported being re-connected to the essence of what group can offer. With the support of Dr. Keith Hildahl, CEO for the Manitoba Adolescent Treatment Centre and Medical Director for the Winnipeg Regional Health Authority, Child and Adolescent Mental Health, who introduced Tony and Dr. Bob McIlwraith, Head of Clinical Psychology Department for the Winnipeg Regional Health Authority, who acknowledged him, we felt we got group therapy positioned back on the local radar. This was very helpful to us in nudging the group agenda along to various treatment planners, as well as connecting clinicians with the idea of stretching ourselves to keep track better of the work we believe is so valuable.

Later that evening Tony was hosted at an informal dessert evening and 'Fire-side Chat' interview, in which we all got to hear of his background, career development, special moments along his path, and his advice for beginners.

Finally, the next morning he presented to our new Module I A group of eight trainees, on the new conceptualization of therapeutic factors and the Core Battery. The new Module was launched with a bang.

And although it took some local effort to get organized so early in the season, the pay off is well worth it, and we've had a wonderful boost to the upcoming season.

Joan-Dianne Smith, MSW, RSW, FCGPA
Chair, Education and Training Manitoba Section

Is Group Therapy Hazardous To Your Health? How do we Change This?

Too-rigid or lenient attitudes towards smoking and other dangerous substances can cause us to unknowingly and negatively influence attitudes towards smoking cessation, and to inflict damage on group members. The question is: How do we change this?

Sometimes, without being aware of it, well-meaning therapists can adversely affect the well-being of one or more of our group members. By *thought, word or deed*, leaders can undermine the healthy development of our groups, all with the best intentions in the world.

This concept is something that we as group leaders are trying to be very cognizant of at Centennial Centre Ponoka Alberta, since we became officially a smoke-free facility in January 2008.

Group Services are alive and well in Ponoka's Adult Inpatient Services, and we that run groups have spent a lot of time developing the stop-smoking groups of which we both promote and facilitate at our hospital. Several studies show that quitting smoking during substance use treatment can increase rates of abstinence from alcohol and other drugs (Bobo et al., 1987).

In the beginning stages, the task was to compose a base-line format of what we wanted to say, and how we were going to say it.

Here, are some potentially harmful attitudes towards smoking that we daily broach in a group, along with the ways we try to modify them.

Examples of Putting Theory into Action

1) Precontemplation Stage

Prior Therapist Statement: "I'm disappointed. I thought you'd do a lot better at quitting."

Some therapists set impossibly high standards for clients in hope that it will spur them on to greater achievements. The client may respond by "What's the use?" Rather than risk failure, they will quit trying.

As per Prochaska and DiClemente's *Stages of Change*, which was primarily developed through research with smokers, for those who are in precontemplation the best therapeutic approach is to raise doubt. This means to increase the perception of risks and/or problems with current behavior (Miller et al., 1991).

New and Improved: "Tell me about your smoking in a typical week."

Rebellious precontemplators have a heavy investment in the problem behavior and in making their own decisions (Miller et al., 1991). The concurrent disordered population is often court or social services mandated, and they are resistive to change. The real task is trying to shift some of that energy into contemplating change rather than resistance or rebellion (Miller et al., 1991.)

2) Contemplation Stage

Prior Therapist Statement: "If you do not go to group therapy, you can not have your privileges today."

Staff members are often tempted to use a reward or a bribe to try to coerce clients to change. Punishment is not a motivator for change, and while the client may attend group in order to keep his privileges, it is not addressing the problem behavior in an effective harm-reduction way. The goal if in contemplation is to "Tip the Balance" – evoke reasons to change, risks of not changing; strengthen self-efficacy for change of current behavior (Miller et al., 1991).

New and Improved: "You sound like a busy man today. Despite that fact, you agreed to come and talk to me about something your unit staff and doctor consider important. Could you tell me a bit more about that?"

"Accentuate the positive" takes a different twist when working with contemplators (Miller et al., 1991). Often individuals considering changing a problem behavior will concentrate on all the negative aspects of the behavior. The goal is to help the client to work through the ambivalence, to anticipate the barriers, to decrease desirability of the problem behavior, and to gain some increased sense of self-efficacy to cope with this specific problem (Miller et al., 1991). Developing a costs and benefits list is a helpful therapeutic tool to tip the scales in favor of change.

3) Preparation Stage

Prior Therapist Statement: "Why can't you behave in the way I want you to behave?"

An unaccepting attitude may make the client feel scapegoated and singled out for blame, criticism and unfavorable comparison to other group members who may be experiencing success. This can be rich with past family dynamics for the client. Viewing the client as essentially able and acceptance of the client's definition of the problem are essential in the formation of the therapeutic alliance (O'Connell, (2005).

Determination or help with preparation for change can be a useful stage of change if the client is passing contemplation stage. The goal is to help the client to develop the best course of action (Miller et al., 1991).

New and Improved: "Is there anything that you have observed about your smoking over the years that may be reason for concern? Tell me something about your smoking."

In preparation stage, clients are ready to change in the near future. They are on the verge of taking action. Many have tried and failed to change in the past. Go over the valuable lessons they have learned from past attempts. Developing a plan and writing down how they are going to accomplish their goal, are helpful tools. While respecting clients' choices, gently warn against inappropriate or ineffective plans, i.e., continuing on with substance-abusing friendships and old haunts.

4) Action Stage

Prior Therapist Statement: "Smoking is bad for you, so I have thrown the cigarettes down the toilet for you."

A strong reaction and negative confrontation are likely to ensue, during which the staff forbid the use of cigarettes, and refuse to discuss the matter. When the client feels ready to take action, it is best to discuss and help the client to be the one who decides what is the best course of action for quitting (Miller et al., 1991).

New and Improved: "So if you thought that smoking might be harming your health, that would concern you. What else worries you?"

In action stage, people most overtly modify their behavior. They stop smoking, pour the last beer down the drain, or they enter a treatment program. They make the move and implement the plan they have been preparing. It is the most obvious busy period, and the one that requires the greatest commitment of time and energy. Therapy is still important for the client to get external confirmation of the plan, receive support, and discuss other issues that go along with substance abuse (Miller et al., 1991). The evidence shows that clients in substance use treatment who are ready to quit smoking should be provided with intensive smoking cessation treatment (Selby et al., 2004).

5) Maintenance Stage

Prior Therapist Statement: "I don't know why you are so unenthusiastic... I would say that it is going great for you!"

In therapeutic relationships the therapist may be blissfully ignorant to the client's dissatisfaction with the progress being made. In the concurrent population the client may also be battling negative symptoms and comorbidities. The risk of major depression can be seven times higher in those with a history of major depression who attempt to quit smoking (Glassman et al., 2001).

Once in maintenance, the goal is to help the client identify and use strategies to prevent relapse (Miller et al., 1991).

New and Improved: "Let's take a good look at what's going on here. I can see that you are concerned, and I'd like to help you get clear on what you're facing, and then what, if anything, you want to do about it."

Sustaining behavior can be difficult. The patient struggles to consolidate the changes made, and prevent relapse. It is important to stay in therapy, although with less frequent sessions, for 6 months or as long as a lifetime (Miller et al., 1991). Going over action plans and revising as needed is helpful. Offer positive reassurance and support.

6) Relapse Prevention Stage

Prior Therapist Statement: “You may not like to hear it, but I’m telling you for your own good.”

In therapy, one party may direct a stream of criticism at the other – all “for your own good.” The critic genuinely believes the criticism to be constructive and helpful, but negative criticism erodes a client’s self- confidence and causes tension and worry. When dealing with the guilt and stress of relapse, it is best to renew the process of contemplation, determination and action, without becoming stuck or demoralized (Miller et al., 1991).

New and Improved: “Let’s spend some time together, and try to get a clearer picture of what has been happening in your life, then we can look at some options. What do you think?”

Use the relapse as a learning experience tool. Helping clients to see the relapse as a specific, unique event rather than a total failure will reduce the amount of guilt and shame they commonly feel. Helping the client to draw up a plan for dealing with the aftermath and consequences is a productive therapeutic tool. Since it often takes 4 to 11 attempts to stop smoking completely, educating clients about smoking cessation as a process rather than an event helps build hope in those who have tried, but not yet succeeded in quitting, and those who may experience a sense of failure (Selby et al., 2004).

Conclusions

Motivational Interviewing is a directive, client centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. It is found to be an effective approach with the concurrent disordered population. Spirit and style, are central to the approach and technique. Aggression violates the essential spirit of Motivational Interviewing. Failure to at least advise and offer opportunities to link with effective treatment may potentially be viewed as neglect (Els et al., 2008). This may well be a paradigm shift towards more appropriate priority setting in public mental health and for assisting primary care providers in effectively managing this chronic disease (Els et al., 2008). To enter the private world of another person is an honor, and the honoring of the spirit of the person is the premise of the psychotherapeutic modality followed: Motivational Interviewing. The groups that are run for smoking cessation are acclaimed by some and rejected by others, but we continue to soldier on, and have faith and belief in the cause. We try to recognize when we as helpers are actually the barriers, and strive to eliminate

buffers, excuses, and distractions.

And that, after all, is what the six *Stages of the Change* process (for all persons, staff and clients alike) is all about.

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International Association for Group Psychotherapy and Group Processes (IAGP)

Editor's Note: The Canadian Group Psychotherapy Association is a member of the International Association for Group Psychotherapy and Group Processes (IAGP). We are pleased to forward this information to CGPA members.

17th IAGP Congress
"GROUPS IN A TIME OF CONFLICT"
Rome, August 24-29th 2009

Dear IAGP members,

COIRAG, the organizing committee for the Congress, is pleased to report that we are making good progress towards developing an outstanding Congress in Rome. We are counting on having both high quality scientific and leisure activities and an opportunity for international dialogue and friendships.

The keynote speakers are: Lord John Alderdice, Great Britain; Anna Ornstein, United States; Giovanni Foresti & Giuseppe Fiorentini, Italy; Pedro Demo, Brazil.

We will soon be posting the details of their presentations on the website: www.iagpcongress.org

Reminder: the deadline for submissions is **October 15th 2008**

Each participant may submit two proposals. We invite you to submit and ask that you send your proposals in today, and not wait until the very last moment for submission. Detailed information about the Congress, registration, submissions of proposals, and the list of suggested topics can be found on the website www.iagpcongress.org

The Local Organizing Committee

Consultation Corner

Editor's Note:

The Consultation Corner offers an opportunity for us to vicariously receive consultation on the group therapy work that we do. The CGPA members who have graciously provided the clinical dilemma and the consultation allow us to "observe" the consultation process.

Compared to supervision, in consultation the responsibility for providing sufficient and accurate information rests with the clinician, and the decision of how best to make use of the consultation rests with the clinician.

Of course, with the process conducted in writing, there are some limitations. The requests for clarification and getting a "feel" for the clinician and the work that occur in a verbal exchange are not available in this format.

Below is the group therapy dilemma provided anonymously by a CGPA member. Following are the responses of two consultants.

Group Therapy Dilemma

I'm a Caucasian woman and I'd like some advice on how to incorporate diversity themes more explicitly into my groups. Most of the groups I co-lead are with another Caucasian woman and most of the clients are also Caucasian women. The theoretical model is psychodynamic. Two recent examples from different groups are a) a young Asian woman who is quiet, cautious, and does not want to offend, and b) a mature Native man who is sought out for reassurance and advice from other members at the end of the session. In each case I have commented on the interpersonal pattern and how it is reinforced by the other members in the group. However, this intervention hasn't been enough to shift the client's (and group's) behaviour and I wonder if we are all avoiding talking about cultural differences. I worry by bringing up cultural differences that I may seem to be focusing on stereotypes as a way to understand someone's behaviour. But, by not finding a way to talk about cultural influences, I feel that I may be recreating the world outside the group in that it is not talked about openly, particularly by people from the majority culture. Somehow, talking about gender and age differences seems easier than talking about culture! I'd appreciate hearing some general principles as well as specific examples of how I could initiate (and follow through) on discussions of diversity.

Consultant Response: Bill Powles (William E. Powles), MD, DFCGPA

Bill Powles (William E. Powles, M.D.) is a retired teacher-practitioner of psychiatry and the psychotherapies. He has conducted and taught a range of group methods, from the 2-group (couples) to large groups (ward parliaments), with a psychodynamic and group-dynamic orientation.

The Dilemma: This very honest therapist feels stymied and worried about not getting group interaction and discussion of inter-cultural issues going in two groups, containing (a) an unassertive young Asian woman and (b) a Native Canadian who has fallen into the role of "wise man". The groups are highly homogeneous, in being female and Caucasian, including the co-therapists. Both groups seem structurally stuck around a "**deviant**" or "**isolate**", a person who differs sharply from the majority of the members (and in this instance from the therapists too) in some important dimension.

Conceptualization of the Dilemma: It is risky to admit to a group a lone member who deviates conspicuously from the group's norms; better to admit two or more such. However, we are saddled with this problem, so let's get to work and make a virtue of it!

As this therapist says, we want to loosen up a log-jam, so the group does not continue in a fixed maladaptive structure, but goes back to interacting and working. First then, what do these deviants/isolates seem to be **expressing for their groups?**

The young Asian woman seems to be saying (for both members and therapist(s)) "I really want to talk, but I'm held back by a fear of looking stupid and hurting someone". The Native man seems to be saying "Our therapist is helpless, but to say so would be insulting; we need expert guidance, and maybe I can help us help ourselves".

What to Do? Several courses of action suggest themselves. The therapist(s) could formulate or interpret to the groups the "**focal conflicts**" (above) leading to the "**resistance**" – in their own terms of course – and see where that leads. They could also add new members similar to the deviants/isolates.

But we are here to ponder inter-cultural matters, so the therapist(s) could also model friendly curiosity by asking the deviants some open questions about how they were trained to behave in groups, "where you come from". Was the Asian lady trained to keep mum and demurely self-effacing? Is the Native man a high status person at home, accustomed to the role of "wise man"? We might get some surprises! But we must keep an open mind, and be sure to ask other group

members how they see things too, as they also have contributed to the whole pattern.

Modelling friendly curiosity by asking open questions, if necessary confessing one's ignorance of the other person's cultural patterns, would be the best way, in my opinion to open up some discussion of inter-cultural issues.

Bill Powles (William E. Powles, MD), DFGCGPA
(819) 684-4170
wep@videotron.ca

Consultant Response: Neleena Popatia, RN, MSN, FCGPA

Neleena Popatia is a psychiatric mental health nurse and a fellow of the Canadian Group Psychotherapy Association. Currently, she is a director of a community mental health team in Vancouver, BC.

Dear group therapist,

Thank you for submitting this dilemma, which I believe many of us face when working with diverse cultural populations. In reading your description, it seems to me that you have already identified the salient issues at hand, and that the challenge for you now is putting what you know into practice.

You know that is important to talk about culture in group, just as you would talk about gender or age. If group members are not initiating this topic, then you as a therapist will need to introduce it in a manner that is curious, sensitive, and non-judgmental. You are in a privileged position of providing your group with an opportunity to explore the experience, the meaning, and the impact of cultural backgrounds as they shape our ways of thinking, feeling, behaving, and relating. For example, what is the experience/meaning/impact of being Caucasian or Asian or First Nations, be it in the current social environment, or in this group? And what is the experience/meaning/impact of being in a relationship (or group) with others who have cultural influences that are different or similar than our own?

You also know that you don't want to stereotype, i.e. the Caucasian therapist, the quiet Asian woman, the First Nations wise man. Stereotyping is natural and quite often subconscious. In group, you want your clients to become more conscious of their stereotypes through exploring, examining,

understanding, and challenging their own and each others' stereotypes. However, as you have already experienced, this will not happen through commenting on interpersonal patterns and behaviours only. I am afraid that the elephant in the room will need to be tackled; going around him will only result in all of you leaving the room with him remaining there. As uncomfortable as it may be, cultural issues will need to be explicitly discussed.

In reading your dilemma I notice that you describe yourself, your co-therapist, and most of the group clients as Caucasian women. Caucasian women have a variety of cultural backgrounds. Sometimes we assume that visual appearances are enough to define our cultural backgrounds. Visual appearances define our race more than our culture. Caucasian women (just as Asian women or First Nations men) come from a variety of different cultural backgrounds, and it would be important to acknowledge and understand their specific backgrounds, similarities, differences, and experiences as well.

Lastly, and probably the most important knowledge that you already have is that for you it is easier to talk about age and gender than it is to talk about culture. Your challenge now is to understand why is that so? And as you go through the process of exploring and understanding this about yourself, I suspect that it will become easier for you, and your clients, to talk about culture in group, and in other relationships.

With best regards,
Neleena Popatia, RN, MSN, FCFPA



PRESS RELEASE

**29th Annual Canadian Group Psychotherapy
Association (CGPA) Conference**
"Discovering the Diversity of Group Applications"
Delta Lodge at Kananaskis, Alberta
Wednesday, October 22 to Saturday, October 25, 2008

The CGPA Conference is an exciting gathering held each year in a different Canadian city with a focus on the practice of group psychotherapy.

One of the highlights of the conference is a public lecture on Wednesday, October 22nd. Sponsored by the Canadian Group Psychotherapy Foundation, the lecture is complimentary to anyone who wishes to attend. For free tickets please contact Doreen at 416-465-8756 or Email at Doreen.cgpa@sympatico.ca.

DR. JULIUS GUILD MEMORIAL LECTURE

Wednesday, October 22nd, 2008 - Reception at 7:00 p.m. - Public Lecture at 7:45 p.m.

Sally Armstrong

WHO CARES? MAKING A DIFFERENCE FROM KANDAHAR TO CALGARY

When the bombs stop falling in places like Afghanistan, the buildings are reconstructed but the shattered minds are left to heal themselves. It doesn't much matter whether you're in Kandahar or Calgary, if nobody cares about emotional trauma, the kettle of despair will continue to boil over with costly consequences for families as well as nations.

Human rights activist, documentary filmmaker and award-winning author Sally Armstrong was editor-in-chief of Homemaker's magazine from 1988 to 1999. She is presently a contributing editor at Maclean's magazine. She has covered stories about women and girls in zones of conflict all over the world, earning her many prestigious awards.

Sally Armstrong's book, "Veiled Threat", about women of Afghanistan, was published in 2002, and "The Nine Lives of Charlotte Taylor" was published in 2007. Her new book, "Bitter Roots, Tender Shoots: The Uncertain Fate of Afghanistan's Women" will be available November 4th.

Sally Armstrong has an Honorary Doctor of Laws degree from Royal Roads University, an Honorary Doctor of Letters from McGill University, and an Honorary Doctor of Letters from St. Thomas University. In 2007 she was made Doctor of the University at the University of Ottawa and received an Honorary Doctor of Laws from Guelph University. In 1998 she was made a Member of the Order of Canada.

For information or to register for the complimentary lecture
Please contact **Doreen at 416-465-8756** or Email at Doreen.cgpa@sympatico.ca
For information on **CGPA and the Conference**, please check the web site at
www.cgpa.ca

About the CGPA Conference:

The conference, held this year at the Delta Lodge at Kananaskis from October 22 to 25, brings together health and mental health care professionals including psychiatrists, family physicians, clinical leaders, program developers, policy makers, funders, clinicians (social workers, psychologists, nurses, occupational therapists) from Canada and the U. S. It provides a welcoming environment conducive to learning and connecting. We are committed to providing many stimulating opportunities for both education and personal growth.

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual strengths. We may differ along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. However we have many points of connection and we envision the exploration of these differences in a safe, positive, and nurturing environment. We believe this inquiry may lead to understanding each other and moving well beyond simple tolerance to embracing and celebrating the rich dimensions of diversity.

CGPA prides itself on its diverse, multi-disciplinary membership and recognizes the contributions of different professional groups and therapeutic modalities.

Keynote Speakers:

J. Scott Rutan

Scott Rutan is Past President and Distinguished Fellow of the American Group Psychotherapy Association. He is a Founder of the Center for Group Psychotherapy, Massachusetts General Hospital, and the Co-Founder of Boston Institute for Psychotherapy. He is one of our field's leading practitioners, an International Lecturer, and a much published author including (Rutan, Stone, Shay) *Psychodynamic Group Psychotherapy* (4th Edition). Guilford, 2007 Editorial Board, *International Journal of Group Psychotherapy* and *GROUP*.

Kirby Wright

President, Knowledge Resources Inc.

Kirby Wright's work includes developing knowledge management (KM) strategies, helping organizations support communities of practice and knowledge networks, enhancing personal knowledge management practices and enhancing knowledge sharing and evidence-based decision making and practice. In the area of innovation, he has worked with organizations to help them better understand their innovative capacity. Engagements in workplace learning include developing e-learning strategies, supporting learning through work practices & enhancing learning for practicing professionals.

**For information on CGPA and the Conference,
please check the web site at
www.cgpa.ca**

