



The Chronicle

The Newsletter of the Canadian Group Psychotherapy Association

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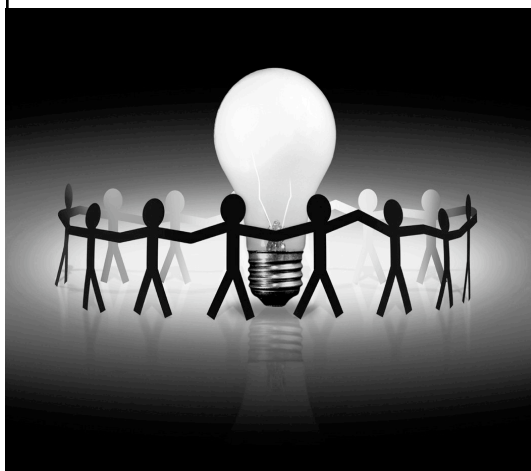
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Letter from the Editor

Hello all,

This marks my last issue as the Chronicle editor; the eighth issue since the fall of 2006.

I want to thank a number of people who provided support and encouragement during my term: members who wrote to let me know that issues were read and appreciated, members who provided submissions for the rest of us to read, and the executive members who gave helpful feedback and support. The Advertising Guidelines are now finalized and we have been able to include an ad for private practice in this issue.

I also want to give a heartfelt thanks to those who participated in the Consultation Corner section. As a reader these are the columns I rush to read first and I also use them in teaching. Submitting a dilemma or response is a courageous thing to do, particularly for our consultants who share their clinical perspective publicly. A big thank you to the contributors for sharing your struggles, and to the consultants for “putting yourself out there” with your thoughtful comments that I know have provided food for thought not only for the consultee but also the rest of us.

My stepping down creates an opportunity to discuss how we will continue to remain connected across our country, across our different disciplines, and across our different approaches to group. For example, my tenure as editor has marked a transition from low-tech to high(er) tech. My predecessor, Colleen Eggertson, provided me with helpful suggestions on the print format. I typically distribute the Chronicle via email to about 250 members and by regular mail to about 50 members, so the current format needed to accommodate both print and email/web. Please give your feedback to our president, Terry Simonik, at tsimonik@rogers.com or at 1-877-221-9011.

It's been a good run and thank you for making this issue a rich one! The students who received scholarships to attend the conference speak eloquently about the impact of the Institute experience, consistent with Terry Simonik's comments and what we know as seasoned therapists about the potential healing power of groups. Madeline Bruce also speaks to this theme in her book review on loneliness. The consultants for the Consultation Corner highlight the need for expert consultation to help clinicians harness the power of group for growth and to avoid harm. Lastly, Dr. Hoffman asks us to reflect on our fee arrangements from clinical and professional perspectives.

I hope to see you all sometime soon at one of our conferences.

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Advertising Guidelines (October 2009)

1. Advertising in the Chronicle will be accepted from CGPA members and non-members for CGPA-sponsored events, workshops and conferences sponsored by other organizations, books, training materials, and job openings.
2. Advertising in the Chronicle will be accepted from Full Members of CGPA regarding their private practice. These advertisements in the Chronicle will be accompanied by the following statement: "This advertisement is not an endorsement on the part of CGPA of this specific member. It is up to the potential client to exercise due diligence in choosing a therapist."
3. Advertisements are to be of professional relevance to group therapists.
4. Advertisements or articles for advertising purposes will be clearly identified as such in the Chronicle.
5. A maximum of 20% of any Chronicle issue will be set aside for advertising space.
6. By submitting an advertisement by the submission deadline the individual or organization agrees to have the advertisement edited by the Chronicle Editor to ensure that it meets CGPA standards and policies, and that the advertisement will be included in the next issue of the Chronicle (in print as well as online format).
7. Advertising must be in camera-ready format (ideally pdf) with the preferred method of submission as an email attachment.
8. Fees for advertising are as follows:
 - a. CGPA sponsored events and workshops/conferences sponsored by other organizations with reciprocal agreements with CGPA: No fee
 - b. Non-CGPA members: \$100/full page, \$40/half, \$25/quarter
 - c. CGPA members: \$75/full, \$30/half, \$15/quarter
9. Fees are to be submitted to the Editor by the submission deadline for the intended issue. Fees are payable by cheque made out to CGPA, with the Editor forwarding the cheque to the Treasurer.

From the Desk of the President

Why Group?? Why Now??

Over the years I've had many conversations about group work with colleagues and friends from across Canada who come from diverse personal and professional backgrounds. They have shared with me their discouragement regarding obstacles they consistently face in their efforts to establish and maintain groups.

The story is often eerily similar. They try to convince colleagues and those in administrative positions about the tremendous value of group approaches. They speak passionately and often about how cost effective group work is in comparison to individual therapy models and they submit detailed proposals suggesting that doing more groups could eradicate the dreaded waiting lists that plague most modern mental health agencies. They also passionately share their belief in the incredible healing value of group. They have witnessed the empowering impact on clients of entering a group and discovering first and foremost that they are not alone. Then with the support and encouragement of their group they have seen these same clients move to a place of insight, change and empowerment.

It is life altering for the individuals involved and for those of us who have the honor of witnessing and participating in this process.

So why then do my colleagues' passionate efforts frequently fail and why is it so hard to establish a culture that supports group work???

I believe there are no simple answers to this dilemma and that many influences that have come to bear to create the conditions of our current professional reality.

We live in a culture that values individualism above all. We are taught to value autonomy, and to focus our attention closely on our own life trajectory rather than our responsibility to community and the value of interdependence. We learn to compete for resources rather than collaborate. There is no doubt that this individualistic mind set undermines efforts to move toward working together in groups and communities. However that is in fact what is called for now more than ever. In my optimistic moments I truly believe that there is considerable evidence of a growing cultural awareness that our incessant focus on the individual has led us to the brink environmentally, psychologically and spiritually and that it is now time for change. I also see many signs that this change is beginning to take hold all around us.

The stirring slogan that helped to win the recent American election reflects this growing shift in North American thinking and culture. To see throngs of Americans of diverse ethnicities and classes chanting “Yes WE can” rather than “Yes I can” and to hear Barack Obama passionately suggest that “we are not a black America or a white America, we are the UNITED States of America” was a heartening message for those who for those of us who believe that change is indeed necessary and possible. This message also reflects a significant shift in focus from the individual to the group. I choose to believe that we are beginning to understand at a whole new level that sustainable change of any kind simply cannot be achieved alone.

But what does this mean for us as weary group therapists or as newly minted clinicians with an interest in group work but an intuition about the challenges that may lay ahead??

I believe it means that we need to gather our considerable resources and join as a group to encourage each other and restore our hope in our collective capacity to facilitate change in our systems. We need to remind ourselves that we are not alone and that sustainable change is impossible without our combined efforts. We need to turn to each other and in so doing align fully with our commitment to the power of the group, our group, as an agent for change. This coming September in Halifax Nova Scotia, individuals from all across Canada and the U.S. will gather as a group to have conversations about group work.

There will be many valuable opportunities to gain knowledge, share your unique perspective and directly experience the power of group interventions.

Our theme this year is “Strength in Numbers - Building Sustainable Groups” - it is meant to be a call to action for all those who believe in groups. This is the time to come together to gather energy and prepare to be part of the change.

We are excited that this will be our organization’s first visit to the Canadian Maritimes. We are grateful that we will have the opportunity to share our love of group work in a setting that has an incredibly rich culture and an immense appreciation of community.

It is clear that the time for group is now and the timing and location for this meeting could not be more aligned.

Here’s hoping that you will join us - looking forward to seeing you in Halifax!

Terry Simonik, RN, MEd, FCGPA
President
CGPA

Foundation News

The Foundation continues to be active in promoting Canadian group therapy as noted below:

- Dr. Eric Jackman, well-known to CGPA members, was honoured on May 27, 2010 for lifetime contributions by The Psychology Foundation of Canada.
- Student scholarships to attend the yearly conference are funded by the Foundation and the Sections. For more information please contact Dr. Cramer-Azima at (541) 843-1619 or fern.cramer-azima@mcgill.ca.
- Upcoming conferences:
 - CGPA's conference will be in Halifax, September 29 – October 10, 2010
 - IAGP's conference will be in Cartagena de Indias, Columbia, July 16-21, 2012

Fern Cramer-Azima, PhD, FCGPA
President, Canadian Group Psychotherapy Foundation

Section News

Manitoba Section

Executive Committee:

President: Joan-Dianne Smith, MSW, RSW
Past President: Linda McFadyen, MSW, RSW
Secretary: Pauline Steinberg, RN
Treasurer: Ruth BZ Thomson, MSW, RSW

Training and Education Committee:

Joan-Dianne Smith, MSW, RSW, (chair)
Lois Edmund, PhD. C. Psych.
Dorothy Strang, RPN, BA
Pam Wener, M.Ed, OTM, OTC

Recent Activities:

May 17, 2010 Glimpses of "The Forgiveness Project" with Dr. Lois Edmund

June 4-5, 2010 Experiential Group Retreat with Linda Goddard, MA, CNS, RSW,
FCGPA, Past President CGPA

Linda McFayden, MSW, RSW
Past-President, Manitoba Section

Fees and Group Psychotherapy

Editor's Note: This article was previously published in the newsletter for the American Psychological Association's Section on Group Psychology and Group Psychotherapy, the Group Psychologist, April 2010, Vol. 20, No. 1, p. 12.

Author's Note: I practice psychotherapy in the United States. My Canadian colleagues are encouraged to consider these concepts, adapting them to fit the Canadian system.

Fees and Group Psychotherapy

By Leon J. Hoffman, Ph.D., ABPP

The following questions are intended to cause group psychotherapists to be curious about all fee-related aspects of their psychotherapy practices. This topic may be particularly fitting during our current economic debacle, though it will apply to any other time as well. Some group psychotherapists at times see group patients individually, either when preparing them for the group or during group treatment. Therefore, some references are made here to fees in individual settings.

In setting fees, as in all areas of professional practice, group psychotherapists must be sure that they are qualified to perform the services they provide and are up to date and are aware of and follow all applicable ethical and legal requirements of the jurisdictions that apply. If unsure, get consultation right away, be it psychological or legal.

That said, consider the following:

What do you charge for the psychotherapy you provide? Is it the optimal fee for you? If not, what would make it "better" or more suitable? Would a higher fee or a lower one be preferable? How did you decide upon your fees? What considerations do you find important?

Are third parties in any way involved? Do you negotiate or discount fees with insurance companies or other third-party payers? If so, in what way do you involve your patients in those decisions?

Do you provide psychotherapy to children, adolescents, adults and the elderly or to any other specific populations? Do you practice in a rural, urban or suburban area? Do you provide your services to inpatients and/or outpatients? Are those services conducted in a private practice, a public setting or some combination? In what ways does your seniority or skill level come into play?

Do you conduct individual, group psychotherapy, couple or family therapy, supervision, consultation or forensic services? How is any testing or report writing factored in? Do you charge for phone time (including phone fees) and for calls between scheduled sessions? How? If you provide psychotherapy by phone, how do those fees compare to in-person charges? Do you charge all group patients or all individual patients the same fee? Why?

If you conduct alternate group therapy (where the leader is sometimes absent), how are fees set? How do you handle fees for those sessions where you are absent because of illness or other causes (whether in group or in individual psychotherapy)? If you use a substitute psychotherapist, are any aspects of the patient's fees altered? If you provide concurrent therapy (whether conjoint or combined), how do you relate your fees to those of the other therapist(s)?

Does the frequency with which you see a patient affect your fee? How does length of session figure in? Do you charge by time or by service? What is your rationale? Do you charge for initial consultations? How much time or how many sessions typically constitute an initial consultation? With what do your fees vary?

Are your fees paid in advance? If so, how far in advance? If not, why not? Do you provide sliding-scale fees, either downward or upward from your customary fee? (Yes, upward!) Do you ever use "free will" offerings or "pay-as-you-can" approaches? Where, if at all, does barter come into your consideration? Do you accept credit card payments?

What uses do you make of contracts (agreements), if at all? Are they written or verbal? If you do not make use of contracts, why not? On what basis do you decide?

Do you regularly evaluate your fee schedule? What causes you to do so?

How "human" do you keep all your fee-related transactions? What roles do electronic devices play in any fee transactions, discussions or considerations? To what extent do you keep all fee-related activities "human" (meaning in person, by telephone or mail only, not otherwise electronic)?

If you provide bills do you generate them for all patients or only for those who require them or ask for them? Do you mail them or personally give them? If you personally give them, when do you do so? Are you consistent? Do you charge for postage? Why or why not? What do you include on your bills?

What special provisions (if any) do you make for confidentiality and privacy? How is the information pertaining to patients' fees stored and secured? Who has access and under what circumstances? Who else has involvement with any aspect of the patients' fees (e.g., billing or collections)? How are refunds, collections, and litigation addressed?

How do you handle fees if a patient's financial circumstances change? Are there fees for a patient's missed sessions or bounced checks? What do you do about delinquent payments or failure to pay?

Are your fee practices based upon clinical or practical reasons or both? Where do your countertransferences come in, especially those of an aim-attached type? Are patients aware of what other patients are charged? Why?

If you provide co-therapy, what fee contingencies do you consider? Do you and any co-therapists receive equal or different fees? How is that decided?

If you conduct research using your patients what provisions, if any, do you make for paying them for time and expenses?

What things would you do differently if you were not feeling the impact of our current financial challenges? Have other national or international events affected your financial deliberations? What might they be? Are you engaged in any fee-related practices that you should reconsider? Finally, what provisions have you made for the satisfaction of outstanding fees in the event of your death?

I hope that the above helps my group psychotherapist colleagues to address the fascinating, challenging, complex, often thorny aspects of our fee-related work.

For answers, discussion, or consultations regarding any aspects of this article, please feel free (pun intended) to contact Leon J. Hoffman, Ph.D., at 111 N. Wabash Ave., Suite 2122, Chicago, Ill. 60602, USA or by phone 312-332-1262 or e-mail at violoncellist@live.com

Book Review: Lonely – Learning to Live with Solitude

In her ground-breaking book *Lonely – Learning to Live with Solitude*, Emily White of St. John's Newfoundland has revealed a stigmatized subject that nobody wants to talk about or take seriously including physicians and psychiatrists. Depression is out in the open now, and generally accepted as a legitimate condition that might require treatment, but real prolonged loneliness is something people hide. When they do admit it, it changes the way people view them, and it's not for the better.

When White began her serious exploration into this unpopular topic, people chided her because they saw the issue as not important or even real because it's temporary by definition and something rather shameful. But being a former lawyer she was after evidence and she found it in the form of scientific research in many countries and by interviewing lonely people. She has also included the UCLA Loneliness Scale at the beginning of her now best-selling book.

The author proceeds from her own childhood which on the face of it might seem to preclude the danger of chronic loneliness. She was sociable, well-mannered, witty, and popular from her earliest years. A second look at her history reveals another layer that bruised her heart and left her vulnerable to painfully lonely periods, probably for the rest of her life. Her father moved the family from the USA to Canada when White was small, and then deserted them and quickly remarried. Her mother was then disconnected from her own roots and connections in the South, and provided White with a model of loneliness that was a frosty warning. Her sisters were many years older than her, and she felt cut off from them for that reason.

A clear distinction is made between sociability and real connection. White goes to law school mainly, it seems, to attach herself and become one with a certain group of people. Instead, she realizes her lack of interest in law, and fantasizes about becoming a writer. She experiences a crisis, and panic at this disconnection, and when she reaches out for help is told repeatedly that she is depressed and gets handed prescriptions.

White's search for the latest research on loneliness led her to Dr. John Cacioppo, a University of Chicago neuroscientist and one of the world's leading loneliness researchers. His research shows that "loneliness, in itself, can lead to dementia, early death, physical illness, and behavioral changes." Studies are showing that close to 10% of North Americans struggle with persistent loneliness, that is, millions of people.

White found herself hiding the truth of her loneliness, because it made her feel so different from everyone else. She began to tell little white lies to give the impression that her life was fuller than it was. It might seem obvious that the way out of this dilemma would be to reach out to someone, but this is not so easy. The person one discloses their loneliness to can feel blamed, like it is their fault.

She tried other tactics, like merging with a crowd at a public swimming pool, and volunteering at a soup kitchen. She makes cross-town visits to various friends in Toronto, which provides short-term relief, but what she craves is the quiet, steady presence of a person that she feels connected to. The connections she makes with others feel "scanty, and glancing."

White creates a blog where she invites lonely people to communicate. Messages come streaming in from people who describe themselves as painfully lonely, often for years or even decades at a time.

White describes her increasing fear as her lonely state progresses. Researcher John Cacioppo points to the danger of the lonely state – "being out there by yourself in a hostile world." He describes how loneliness makes us feel "insufficient and unsafe" and he created a research project that showed that even when lonely people had the same weekly activities as the non-lonely, they felt more stressed and threatened.

Sociologist Robert Weiss of the University of Massachusetts found definite symptoms of the prolonged feeling of loneliness, a primary one being "a pressured restlessness . . . an inability to

feel at ease with what one is doing.” This discomfort translates into distractibility, a shorter attention span, and a searching for something. Human beings belong in groups, and if we think of the cave dwellers, we can picture just how dangerous it was to be out roaming the plains all by oneself. Clans and animals were all competing for resources. One of the first recorded uses of the word “lonely” was in Shakespeare’s play Coriolanus, Act IV, Scene 1: “Though I go alone, like a lonely dragon . . .” The increasing fear and inability to focus of the prolonged lonely state causes further withdrawal from the social scene. Another symptom is hypersensitivity to one’s own behavior in interactions, and also to how one is being perceived in those interactions.

For group therapy purposes, more awareness of this problem as a condition distinct from depression and more complicated than simple social withdrawal, is overdue. Deeper exploration of the quality of relationships, and the quality of interactions both inside and outside the group is called for. Also, more awareness of our own quality of life and that of our colleagues would be beneficial. The place to start lifting the veil of secrecy is with ourselves. Group therapy could prove to be the agent that raises awareness of this hidden problem and point the way to needed solutions. The difficulty would be getting funding for this kind of group activity and research, as it is not considered a disease entity. White discusses the possibility of its inclusion in the DSM, but my fear would be that a drug would be found to “cure” it, and that would be that. It seems clear though, that certain populations could benefit greatly from targeted group therapy. The high rate of suicide among first year university students is but one example of the high price paid for disconnected souls. Prisoners would be another population that could benefit from more awareness of social and emotional needs. I observed a therapy group for prison inmates run by Kathy Cairns, of the University of Calgary, and it was clear to me how much those men valued and appreciated it. For one thing, their grooming was spectacular – from shiny belt buckles and shoes, freshly laundered shirts and jeans, to slicked down hair.

Of the many groups that people can join – night classes, churches, volunteer groups, hobby groups, etc. - the awareness that some people in our midst might be lonely is generally at zero level. Loneliness is not considered a fit topic of conversation in our society. So let’s get brave, and say the word out loud this week, in front of others, each one of us, at least once – “loneliness”.

Madeline Bruce

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Student Sponsorship

The Student Sponsorship program continues to bask in its success. Funding for students to attend the conference comes from the Canadian Group Psychotherapy Foundation as well as Section donations and students are asked to share their reflections about the conference.

For more information please contact Fern Cramer-Azima, PhD, FCGPA at (541) 843-1619 or fern.cramer-azima@mcgill.ca.

Student Reflection: Michel'e Bertrand

I am always searching for opportunities to continue my training in psychotherapy outside of the classroom. Through the Foundation, the CGPA brought one such opportunity well within my reach. Overall my experience at the 2009 Annual National Conference *Points of Connection* was one of holistic learning and engagement with peers and mentors in a professional community to which belonging felt not only desirable, but also quite palpable. This was one of the key distinctions of this conference for me. As new student practitioners we are often in a liminal space between professional responsibility and expectation on the one hand, and professional opportunity and experience on the other. This conference was one of active inclusion, role modeling and mentorship for me, and for that, I will always remember its influence on my growth as a psychotherapist.

Participating in the *Institute Groups* that preceded the conference was a transformative learning experience for me. I was introduced to group process in practice, which provided a timely complement to the theory to which I had been exposed. In this process, we collaboratively deepened our experience of the group by applying, and inviting each other to apply, our intimate, personal and professional selves to the enterprise. In my own experience, the potential to do this in coursework and other training programmes that carry an evaluation component is not the same, or not equally desirable. The opportunity to both participate in a process group, and later discuss its theoretical components, seems to me to be fading for current and future generations of student trainees. In any case, this was experiential learning in a true form and it engaged my heart, mind and spirit. Moreover, the relatedness that developed between the participants at the outset of the conference helped provide a steady current of enthusiasm and openness throughout the days that followed.

Among the workshops I attended, *Using the Therapist's Sense of Self to Deepen the Group Experience, Countertransference and Group Psychotherapy* and *Embodied and Disembodied Selves: Working with Body Schema Using Integrated Action Techniques* helped heighten my self-awareness

and ways in which I can bring my experience to bear fruitfully on my work as a facilitator of groups as well as workshops. *Therapist's Sense of Self* in particular also helped attune me to more ways in which "process elements" can be integrated into "psycho-educational" modes of facilitation and instruction, with various applications in educational and community settings. Specifically, the workshop enabled insights into how my psycho-educational groups and workshop offerings can enrich their capacity to facilitate deeper relationships and sustainable community connections. *Therapist's Sense of Self* also enabled me to continue learning how to use my own responses to sense and bridge ruptures in group dynamics, and to address, shift or interrupt power imbalances that are proving counter-therapeutic. *Countertransference* helped synthesize key theoretical ideas, both classical and current, and to apply this learning as members and facilitators engaged in open, transparent discussions of our own experience and practice. *Embodied and Disembodied Selves* was for me an entry point into ideas of body schema, and body-work processes that foster awareness of and release from patterns and experiences of power in relationships.

Finally, I am left with the indelible memory of the opening panel discussion *In Conversation* with Linda Goddard, Melyn Leszcz, Anne Oakley, and Allan Sheps that was moderated by Karen Redhill-Feinstein. As a newcomer to the profession of psychotherapy in general and group psychotherapy in particular, I got a distinct sense of longstanding fellowship, commitment and continuance from this panel. The panelists' stories and their own remembering gave me both a rich sense of legacy, and an enlivened sense of new possibility for my own practice, and for the field of group psychotherapy overall. I am grateful to the CGPA for their sponsorship, and for the opportunity.

Best wishes for the upcoming 31st Annual National Conference!

Michel'e Bertrand, M.Ed (c), Counselling Psychology
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Student Reflection: R. Blau

My experience at the CGPA conference has been a life altering experience. I know that sounds a bit dramatic but it is the truth. I arrived at the conference ready to share my opinion regarding therapy delivered in a group format to be a fall-out of Health Care deficits in Canada and HMO restrictions in the U.S. I felt that offering a person group therapy was second best to individual therapy. "Efficient" and "cost effective" were catch phrases for me around group. I leave the conference with a passion to contribute all I can in a group format and with the belief that the group is a much more powerful place than individual therapy. How did this happen in only four days? The Institute. I participated in a day and a half of group psychotherapy led by Judith Schonholtz-Read. During this time I had the privilege of being a participant as well as an observer. I had the opportunity to feel the power of being in a supportive group environment. I felt the tension, anxiety and healing that happens in group psychotherapy. Following each three hour session we dissected the process and

stages of what happened in our group. I was shocked by the unique yet predictable pattern our group followed and excited by the revelations of the underlying processes that were occurring. The opportunity to experience both passively and actively has allowed my faith in groups to grow. I am now determined to do as much of my work as possible in groups and I have faith in the power of the group.

R. Blau
University of Toronto

Student Reflection: Maddi Levinson

As an MSW student, I completed my first practicum in a group-based program for the treatment of depression, where I developed a keen interest in group psychotherapy. My interest and enthusiasm have recently been fuelled by attending the Canadian Group Psychotherapy Association's Annual Conference. For this, I would like to thank the CGPA for generously providing me with a student scholarship to attend the conference and institute. Taking part in such a dynamic event was an invaluable experience and an expansive learning opportunity.

The institute provided a forum to experience group psychotherapy from a client's perspective. This was a brand new experience and proved to be quite revelatory. I have never been asked to disclose so much personal information so it was quite counter-intuitive having been trained to be cautious of self-disclosure with clients. My experience of disclosure in the institute led to greater personal and professional development than I ever anticipated. I think it is a tribute to the ability of the facilitator and the generosity of the group members to create a safe space that allowed for this experience to happen.

I was skeptical that the subsequent workshops could inform me further of my role as a therapist but they did. Having the opportunity to participate in groups with such experienced and talented group workers was a gift. I learned so much- about myself and group work- by observing and interacting with others. I was moved by other workers' use of themselves to enhance the group process. I am deeply grateful to have had the privilege of learning from so many talented professionals throughout the conference.

It is my opinion that the intergenerational exchange of knowledge and skills was one of the greatest benefits of the conference. Moreover, I was deeply touched by their expressing appreciation of my contributions to the groups, and the "fresh ideas" that I brought to the workshops. I felt a connection to many conference goers based on a mutual appreciation and dedication to group psychotherapy.

In closing, I would like to reiterate my sincere appreciation to the CGPA for affording me this opportunity. I would also like to thank the conference organizers, workshop facilitators, and all of

the conference participants who contributed to this unique experience. The conference far exceeded my expectations, not only for learning about group psychotherapy but also in the opportunity for deep personal and professional development.

Sincerely,

Maddi Levinson

MSW Student, Wurzweiler School of Social Work, Yeshiva University

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Student Reflection: Ashleigh Mutcher

Being invited to participate at the 30th annual CGPA conference as a student was an unforgettable experience. The atmosphere was set on the very first day where a meeting took place between the senior mentors (a welcoming, warm and inviting crew) and the new conference members, the students. Each student was assigned to a senior mentor, who functioned as a familiar face in the crowd and a person to debrief with following sessions and discuss any issues that arose. This relationship formed a link between the two groups, the professionals and the students, and made for soft boundaries between people of all designations. There was a feeling of community, connectedness and acceptance, unique to this group. Right from the start it was emphasized that without students there is no future for group psychotherapy and with that in mind we all proceeded forward, feeling supported, encouraged and included. The learning environment was incredibly applied in nature and the concepts, which were taught, could be easily incorporated into professional practice and therapy.

An overarching theme, which arose throughout the conference, was the power of relationships. This related not only to the therapeutic relationship that develops between practitioner and client but also between therapists who must form their own support networks. I could feel the authenticity in this group as we spent time together in workshops, that they were truly living authentically, developing relationships in their personal lives while simultaneously lecturing about the importance of relationships in healing. The consistencies between the way the people involved with CGPA live their lives in alignment with their personal values was obvious which made for very rich, deep, honest interactions.

Participating in the institute group prior to the start of the conference was also a very unique opportunity for personal growth. It was my very first group therapy experience of any kind, and I felt very grateful to be a member of the group. It became obvious very quickly that every comment made within the group had an impact on each and every group member. Whether or not I chose to contribute to the particular topic which was being discussed, I was still processing what was being said and internalizing the concepts, ideas and emotions. This insight was very powerful for me in understanding the vicarious healing potential of groups. Just simply being a member of the group and being in the room could be a step in the right direction for someone, especially those who

might be reluctant to seek help. Additionally, this type of therapeutic environment allows people to learn from each other within the group, experience a feeling of connectedness and work through basic emotions in an authentic manner as they arise. Certain people may be much more comfortable in a group than they are in individual therapy, as they are able to relate to peers and do not feel as though the spotlight is always on them. Understanding that everyone processes information at different speeds, allows the facilitator to pace the group to ensure that everyone is feeling heard and moving at a pace that suits their individual style within the group. The healing potential that arises when people feel safe to share is incredible. Overall the experience of the institute group was very positive. I appreciated being able to observe a senior mentor facilitating the group and also enjoyed being a participant in the group.

My favourite session during the conference was related to the power of communal singing. The research in this area astounded me, finding out that people's levels of oxytocin increase after singing, thus increasing mood and feelings of connectedness. By the end of the session we had become a very closely bonded group and were all feeling incredibly happy about the activity and slightly disappointed that the experience had to end. The impacts of this research extend very widely to work with memory difficulties, attachment issues, people feeling isolated, and everyone, on a very fundamental human level. When we began to sing together as a group, I started to notice many interesting things happening within the room. We all began to move together, swaying, clapping, linking arms, etc. We also shared many smiles, eye contact, warm facial expressions and I experienced feelings of bonding to the group. People shared compliments specific to each other's singing and related to individual group song choices. A sense of acceptance and validation was experienced within the smaller groups when the song you suggested was chosen and then again within the bigger group when members at large complimented the song choice and appeared to have enjoyed singing the song. Toward the end of the session, a few of the group members became emotional, crying as we sang our final song and then indicating later that this was related to the ending of the group because it had been such a positive and supportive environment to participate in. By the end there was a strong sense of being a group member, and a part of something bigger than yourself. On a fundamental level this is lacking for many people within society and this workshop highlighted the importance of group singing and its potential to heal people through elevating mood and creating feelings of connectedness between group members.

I would highly recommend this conference to students who are entering into the counselling field, no matter how they intend to specialize. Being a part of a professional development opportunity as rich with information and people as CGPA is a very rare opportunity. I feel very privileged to have been involved and grateful to have been given a scholarship to attend. I would like to extend a thank you to CGPA for choosing me as a participant and look forward to further opportunities to participate in group therapy experiences in the future.

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Student Reflection: Tanya Poon

It is with great pleasure that I share my reflection of my experience. The reason for this will hopefully become clear in the following paragraphs.

The conference did not turn out to be what I had at all expected. Rereading my letter of interest from my scholarship application, I realized that I assumed I would be attending a series of lectures with such focuses as the application of group psychotherapy to different populations, how to deal with boundary issues with clients, and what transference and countertransference were all about. While I did indeed learn about these topics, I certainly did more than attend didactic lectures! Instead, the majority of the conference was spent connecting with others through experiential learning opportunities. The workshops I attended often allowed me to act as a group member where sincere feelings of joy, pain, sorrow, compassion, and sympathy were elicited at different times.

From the conference, the most important piece I learned was (the beginnings of) how to be human again and that it's okay. Something that Dr. Kasra Khorasani said was particularly provoking to me. The essence was basically: one enters his or her education as a human, finishes education as a therapist, and over the years, learns to be human again. This conference truly demonstrated to me the importance of knowing yourself and the therapeutic power and effect of being in the presence of authentic, real human beings.

The part I most appreciated about my opportunity to attend this conference was the chance to connect with such influential and knowledgeable therapists from all over the world on such an authentic, relaxed and human level. My initial expectations of being surrounded by intimidating experienced professionals quickly melted away. While true, I was surrounded by experienced therapists, I was not intimidated. People were so friendly and welcoming, but more importantly, honest and open, which allowed me to connect with so many people and forget about the student-therapist dynamic which was never present at any moment throughout the conference. Never in my wildest dreams would I have imagined that during this conference (or anywhere else for that matter!), I would share sadness and tears by day, and dancing and singing, and even the spectacle of a cello recital by Dr. Leon Hoffman by night with a group of experienced psychotherapists. It was unreal because of how real people were – something that I'm not used to seeing.

The reason why I ramble on about authenticity is because I realize how fundamental it is to successful groups. It is what allows us to set aside our intellectual reasoning and instead, to tap into our emotional responses. I feel that from the many experiential learning opportunities at the conference, I truly learned to understand that groups are minimally about content and all about the process of learning about oneself through sorting out the thoughts and feelings that emerge through the course of a group as relationships form, and dynamics change. This lesson could not have been learned if I were not in the presence of such accepting and genuine individuals.

I finish the conference with the feeling of overwhelming delight. Admittedly, as I reflect on the personal growth I have experienced as a result of engaging in groups, I feel a sense of hope and joy as I realize the potential benefit that clients could also receive from participation in groups. During the conference, I learned so much about group therapy and being a therapist, but most importantly who I am as a human being, and how that's okay and how to use this in the therapy process. Groups are all about process, not the content, and therefore they are about our basic need as human beings to be able to connect with other human beings on an emotional level. From these types of valuable experiences, I have learned more about being an effective therapist, no matter the clinical context or client population, than I have learned in the past two years of my master's degree. I hope to take these lessons with me into my practice.

I feel that my words have not expressed the extent to which I feel I have benefited from this conference. But I will end by saying that I am extremely, sincerely grateful for having had this opportunity that has been generously provided to me by the foundation. I would like to thank all the members of the CGPF as well as all the conference members who made the experience so comfortable, valuable, and memorable.

Tanya Poon, MSc (OT)
University of Toronto
Tanya.poon@utoronto.ca

Student Reflection: Faye Shedletzky

I am so appreciative to have received a student scholarship to attend the Canadian Group Psychotherapy Association 2009 conference in Toronto. From the start, I felt warmly welcomed and supported. Allan Sheps facilitated a student orientation meeting the first morning where we were paired up with experienced CGPA members who had kindly offered to act as mentors throughout the conference. It was really lovely to have someone to touch base with periodically (thanks Diane!) and the final student group meeting provided great closure. Truly, I've never been welcomed to a conference in such an intimate and kind way. It really speaks to the integrity with which the CGPA conference planners developed the conference, integrating principles of group therapy into the design throughout.

During the conference opening, Jim Merchant set the tone by reassuring everyone that whatever role they chose to take during the conference was acceptable by all. Definitely a welcoming message for a new and somewhat nervous attendee! I found my anxiety dissolving from the start as I felt seen as an equal participant in my first workshop on developing co-leadership skills.

The workshops were diverse and exciting. I really appreciated the importance placed on relationship and on experiential opportunities, so different from many other kinds of conferences! This attention to process was particularly evident in work on 'Use of the Therapist's Sense of Self'

by Dawn McBride. A highlight for me was the inclusion of film; particularly the visually beautiful and emotionally bold documentary 'Drawing from Life' on a psychosocial group for people with recurrent suicide attempts, led by Yvonne Bergman.

I found the conference to be a rich and rewarding learning experience. It was wonderful to hear about the exciting and diverse work that is being done in group therapy. I now have even more ideas about potential groups that I would be interested in participating in. Attending this conference has confirmed my interest in including group psychotherapy in my future work and has really fueled my excitement about this area of practice. This was my first CGPA conference and it will not be my last! I would highly recommend the CGPA conference to others, especially to students. My thanks to the Canadian Group Psychotherapy Foundation for their generosity in providing this wonderful opportunity.

Faye Shedletzky

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Student Reflection: Samantha Wagman

I would like to start by thanking the CGPA for providing me with a scholarship to attend the Group Psychotherapy Conference in 2009. I was fortunate enough to attend both the Institute and the Conference. This was my first experience attending a CGPA event and it exceeded any expectations.

For a 'groupie' beginner the institute experience was an invaluable introduction and allowed me to dive right in. Having never been a member of a group, I was able to experience first-hand the benefits of group work. The facilitator was a skilled and excellent teacher. The members of the group were open and honest which allowed me to take cues from them and I acted accordingly. I felt a part of a thriving psychotherapy group and I saw first-hand the advantages of the approach; I learned about myself as an individual but also as a therapist. The institute enriched both my personal and professional life and I only hope I can do more in the years to come.

The conference was overflowing with accomplished therapists who at the beginning of the conference were admired strangers but quickly became educators, colleagues and friends. The speakers were eloquent in providing a vast amount of relevant information. The workshops that were offered were vast and varied, leaving no topic uncovered. I expected the traditional workshops that focused on issues such as countertransference and self-care. However, I was pleasantly surprised to find workshops on unconventional topics including dance therapy, song therapy and art/play therapy. These workshops provided an important learning opportunity but

also an incredible amount of fun at the conference. This exposure sparked an entirely new interest for me, one that I plan on pursuing as my professional career develops.

Most importantly, the CGPA Conference of 2009 left me with an intense feeling of belonging to something significant. From the very beginning of the conference, when I got partnered with a mentor, I felt a part of the CGPA community. The whole conference welcomed the scholarship recipients with open arms and answers to endless questions. I appreciated that meetings were scheduled with our mentors throughout the conference to 'check in' with the recipients to ensure our needs and expectations were being met. Advice was given, theories were shared as were ideas for future endeavors; the whole experience was exhilarating. I found the mentor partnering crucial to my positive experience as I still continue to learn from it. My mentor and I are still in touch and I can only hope that in the future we can work together in co-facilitating a group.

I particularly felt the highest sense of excitement during the Gala event. The event proved to be more than what past gala-attendees described. The food and music were invigorating but more so was the fact that I could spend time outside of the workshops with the therapists that I had met throughout the institution and conference. It was a time to enjoy the company of other conference goers in an atmosphere that encouraged carefree communication including but not limited to the conference. It was at the Gala where my sense of belonging truly peaked and I knew then that I was 'hooked' to CGPA and group work.

So it is with this feeling that I will end my letter of sincere appreciation to CGPA. As I continue to move forward in my social work education I clearly see the necessity of keeping group work a thriving form of therapy. I plan on incorporating it to my practicum at York University and wherever my future practice will take me. Thank you.

Sincerely,

Samantha Wagman, M.A.

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Memories from the 2009 Annual CGPA Conference

Editor's Note: Many thanks to Allan Sheps, MSW, RSW, FCGPA for sending this for inclusion in the Chronicle.

30th Anniversary Song

Chorus

Those were the days my friend
We thought they'd never end
We'd form and storm forever and a day
We'd form the norms we choose
Attach and never lose
For we were young
And called C G P A

1. In nineteen seven eight a group was dreaming
While sipping in a New York lobby bar
Imagined a Canad'ian group, was forming
One that would have scope, and stretch out far

Great excitement all across the country
But Toronto took some time to see
Step by step the vision started happ'ning
Thus C G P A did, come to be

Chorus

2. Held our first big meeting in the Rockies
Institutes the order of the day
Noted the developmental stages
It really was just like the books did say

Westerners knew how to party hearty
That barn dance is remembered to this day
Set a strong foundation for our future
For friendship, lots of work, and then some play

Chorus

3. Toronto's always had terrific teachers
Its training program first to be in place
Regularly holding awesome workshops

For conferences it surely sets the pace

Group culture in Alberta is fantastic-
Research fueled by all that mountain air
With psycho-dynamics in the Rockies
Getting high while learning can't compare

Chorus

4. Then in ninety-seven, Manitoba
Fought the storms and flood and lived to see
The birth of a new section and a conference
And the rest from there is history

Manitoba's hosted three in total
Including several hits you will agree
Sweat Lodge, and the famous Mitch's bus tour
And dancing through the night -- at least til three

Chorus

5. BC s always been well represented
Lower mainland --- up and down the coast
Day house and the inmates from the prisons
Of special applications -- we can boast....

They are but a new and small contingent
And they are all committed to the cause
They lead groups and fly in educators
Prince George really does deserve applause

Chorus

6. Lately things have been a bit more quiet
Still there's a dedicated core
Now with distance ed things will get moving
And like the phoenix, groups will rise once more

Different chorus:

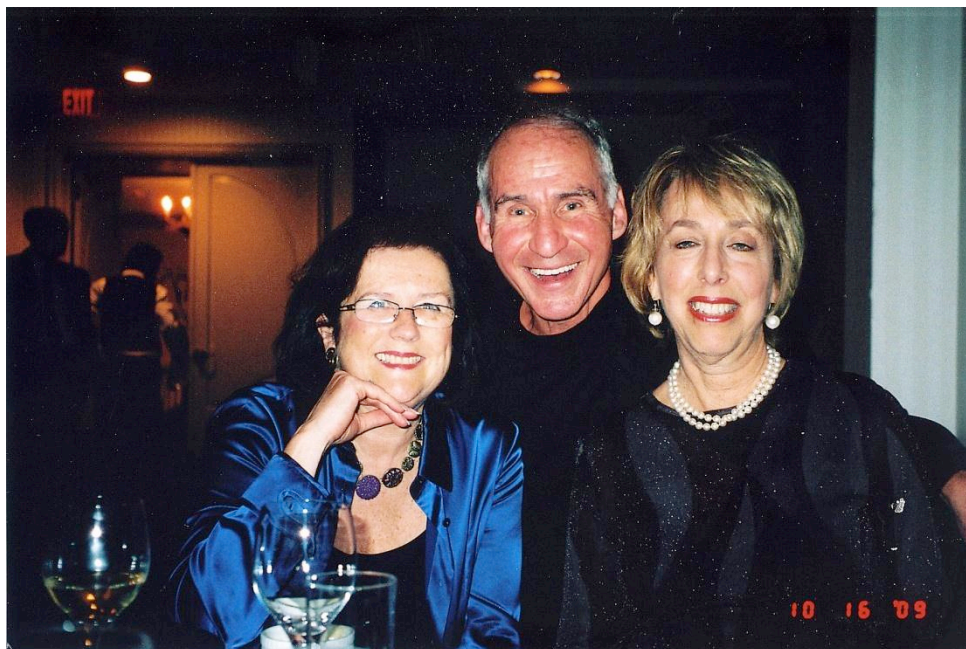
These *are our days my friend*
We know they'll never end
We'll form and storm forever and a day
We'll form the norms we choose
Attach and never lose for we're *still young*
And called C.G.P A.

Conference Pictures

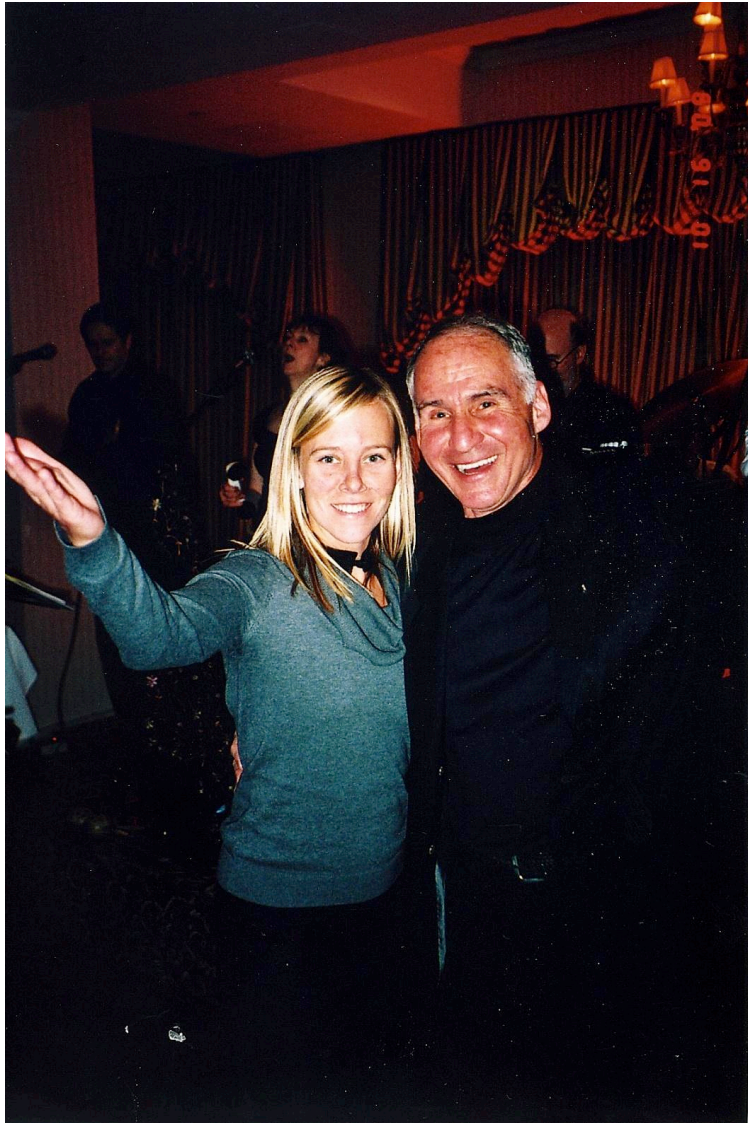
Editor's Note: Many thanks to Leon Hoffman for sending these pictures for inclusion in the Chronicle.



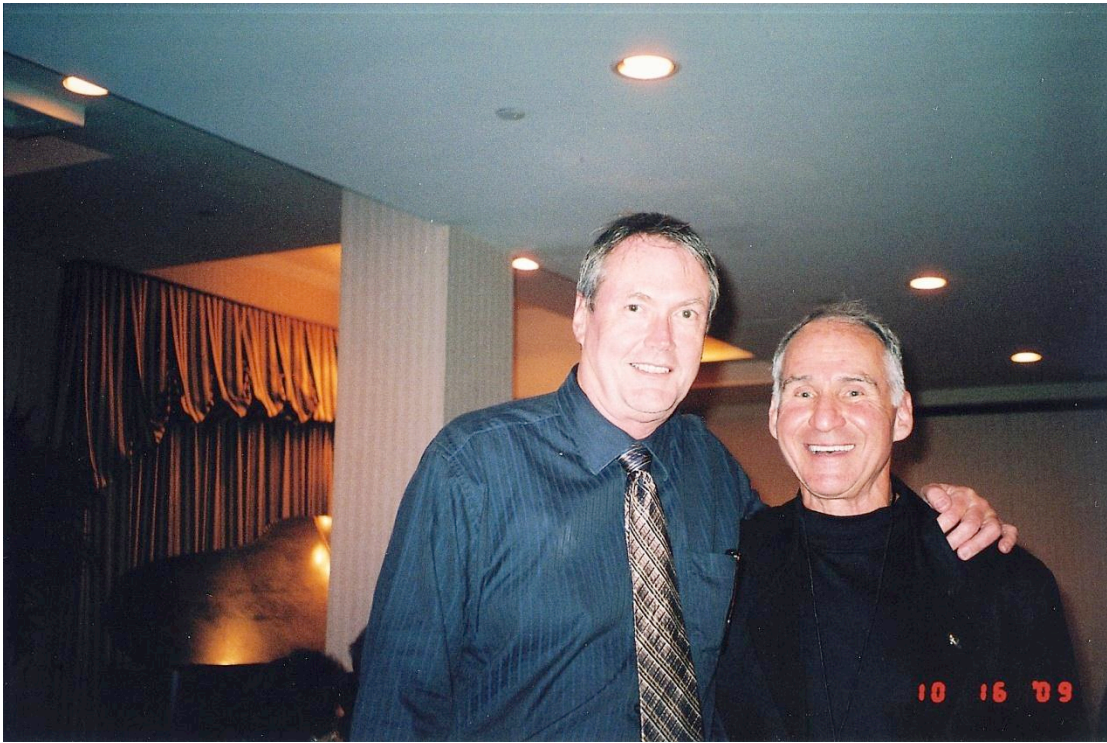
Leon Hoffman and Fern Cramer-Azima



Anne Oakley, Leon Hoffman, and Judith Schoenholtz-Reid



Ashleigh Mutcher and Leon Hoffman



Jim Merchant and Leon Hoffman



John Salvendy and Susan Farrow

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

HOW DO WE GET OUT OF THIS MESS???

Two trainers offer a training program for helping professionals. Training spans several years, two days per month. The first day of the training involves a personal growth group experience, using the modality the students are learning as the therapeutic agent. The following day the learning is focused on teaching the theory and intervention associated with this modality. The two trainers facilitate all of the sessions, have or are providing individual counselling to most of the students, and have a supervisor-supervisee relationship with each other. One trainer is male (supervisor), the other is female (supervisee).

The two trainers approach you for consultation because the group is on the verge of collapsing. A conflict between a male group member and the supervisor occurred in the group. The conflict ended with the supervisee (who was also providing individual counselling to the member) aligning with the supervisor. Over the next few sessions, the member described feeling abandoned by his therapist, the supervisee. The male group members have also developed into a strong sub-group against the two trainers. The trainers have tried to repair the rupture by clarifying how the sequence of events unfolded, but to no avail. The women want to move ahead in the group process

whereas the men question the competency of the trainers, particularly their ability to keep the group safe.

The trainers want to know what to do next and disclose that they feel out of their depth as something like this has never happened before in the training they've offered.

As a consultant, you sense the trainers may have depended on debriefing the 'content' of the experience (e.g., who said/did what & when; what do you want to be different; what do you need her to say to you? etc.) as the trainers admitted they are not sure how to handle the intensity of anger/hurt in the room because it seems to build too fast. As a consultant, you sense they may not know how to move to a process debriefing and/or they may be intimidated by their group members.

Consultant Response: Steve Schklar, BA

Steve Schklar practices psychodynamic group and individual psychotherapy in Toronto. He conducts groups at the Artists Health Centre (Toronto Western Hospital) and in his private practice. In both settings he often provides combined therapy, seeing clients both in group and individual therapy. He has conducted mixed gender and men's groups since 1991. Steve's theoretical orientation is Relational and Interpersonal to which he incorporates his knowledge of Attachment and Self-Psychology. Steve is a member of CGPA, AGPA, a Past President of the Ontario Society of Psychotherapists, and a member of Canadian Association of Psychodynamic Therapy.

Overview of relevant issues: The consultant is presented with two co-leaders who are overwhelmed with the intensity of the feelings of abandonment and lack of safety the group (and perhaps the leaders) is experiencing. The group is splitting via sub-grouping and may be on the verge of collapsing. The splits center on gender and therapist/client/student multiple relationships. They attempted to resolve the splitting by examining the "content" of the conflict while seemingly omitting the processing of the *experience* of members and facilitators that provides meaning to the dilemma(s). The group leaders fear they have lost control and have become somewhat overwhelmed and paralyzed. They ask for direction, i.e., "what to do next" (content).

Conceptualization of issues presented: Group learning, be it personal growth or theoretical knowledge, as per this course design, requires attention to both components. The loss of this dual focus is the locus of the dilemma. It appears that processing the "here and now growth experience" component of the training mandate has been derailed. Debriefing had become focused on "content" which does little to contain and work with the experiences of the group leaders or group members. The design of this training group exposes issues that present where there are complexities of boundaries and multiple relationships. There is an implicit breach of the contract

for learning that the therapists have unwittingly committed. Here we have relationships between peers, supervisor/supervisee, individual therapist/group therapist, etc. Safety (trust in self and in the facilitators) is compromised and anxiety is inevitable. Resistances to these feelings often take the form of anger, hurt and challenge to the leaders (the supposed providers of the safety). The lack of processing group experience also results in sub-grouping and splitting.

Response to the trainers: Being consistent with what I see is fundamental to their dilemma, I would frame what I sense would assist the trainers to proceed by helping them to process their own experience (likely their own sense of lack of safety feeling angry and hurt, even a possibility between themselves).

I would engage them in an exploration of their experience working in this complex environment. I would help them to process these experiences by focusing on the personal challenges they are experiencing. In addition I would be paying attention to how the two of them “process” their experience and their relationship. I would want to “see/experience for myself” how well they are able to do this so that later I can help them more easily to move into a process style of “debriefing” which might benefit their group. Questions I would likely wonder aloud about might contain: “What’s it like working together in this complex situation? What did the conflict with your co-facilitator’s client seem to bring up in you? What are your individual feelings about dealing with conflicts, i.e., between yourselves or yourself and a group member who might also be your individual client/patient?” I would refrain from providing answers to content questions/processes and focus more on the process and its meaning. The consultant must try and be non-judgmental and “hold” the trainers until they regain their equilibrium.

As their anxiety recedes, and their individual sense of safety increases in consultation, I would then want to comment on our process together (consultant and trainer) and use the experience as a way of collaborating on “what to do next in the group”. Empowering them to be more in tune with how to work with “what is live/present” in the group, i.e., anger/hurt/fear or lack of safety. We might also explore the parallel process that became evident in the consultation. This process will hopefully reconnect the trainers to the manner by which experience within the group can be processed with the end being a relaxation of tension and personal growth.

Future applications: My interest is most always on process in the psychodynamic groups I lead. However a process focus is an important component for any group. Paying attention to process informs us as to what meaning is taking place, how the group is functioning (developmentally), are we “on task or not”. Commenting aloud on process is also important. The more group members are aware of the process they are involved in and are a part of, the less the fear and anxiety and more fully engaged they can be. When we actually provide our supervisees with an experience for personal growth in consultation they have the opportunity to internalize what they need to take back into their work (the how and the what).

Steve Schklar: voice: 416-603-2177, email: steve.schklar@psychotherapytoronto.com

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

The consultant is a retired professor of psychiatry and practitioner-teacher of group psychotherapy (psychodynamically and group-dynamically oriented). He is interested, but not trained, in family therapy, and has had considerable experience conducting many other types of groups, including the two-group (or couple therapy).

The Dilemma

A very complex problem has two trainer-therapists tearing their hair and wondering if their group is about to collapse. They operate a monthly two-day training programme consisting of a day for a “personal growth” group (not otherwise defined, but seems to be a psychotherapy group) of which they are “co-facilitators” (or therapists, essentially) and a day for clinical-didactic training. They do not define the theory and the modality in which they operate and which they teach. These seem to be based on the premise that humans are essentially rational beings, and that rational “de-briefing” (apparently this means systematic reviewing of events in the group) is the therapist’s chief therapeutic instrument. This theory and modality appears to ignore or deny the ego-syntonic and powerful non-rational dynamics that move people in groups and in the long-term patient-therapist and group-dynamic relationships.

The group dilemma has a complex background: the co-therapists are in a man-woman and supervisor-supervisee relationship, and they direct the whole training operation; the theory or modality in which they operate is not defined or explicated, as are several other variables, so the consultant’s job may be one, principally, of getting things clear.

The focus of the request for consultation is on recent happenings in the “personal growth group” (apparently tantamount to a group psychotherapy group), in which a member supports the male co-therapist and feels abandoned by the female co-therapist (who already is her individual therapist), when a male group subgroup attacks the senior male co-therapist; further, the male trainees/patients express (for the whole group, including the therapists ?) concerns for the group’s safety and doubts about the therapists’ competence – or so I discern, when the whole situation is so complicated and much is left to the consultant’s imagination. “WHAT DO WE DO NOW???” is the expressed question to the consultant.

The trainers are a man and a woman; the man is supervisor, the woman supervisee. Each has brought into the “personal growth” group “health care professionals” (not otherwise defined), many of whom they also treat (my concept) in “individual counselling”. The men in the group are challenging the male therapist and questioning the leaders’ competence. The group’s women are sanguinely hoping for the best and for the group’s untroubled progress. All seem occupied with the issue of safety (again, not further defined).

Conceptualizing the Dilemma

I must say that a family picture came swiftly to mind. Here is the “blended family” of modern times: an older single (divorced?) father has married a younger mother (also single parent), bringing the children from both families together. He is the dominant parent. This blended family is struggling to become integrated. The “children” have strong loyalties to their particular parent. All are frightened for the future. The “girls” unite in rather passively hoping for the best; the “boys”, more assertively, unite in attacking the parents openly. All wonder about the parents’ ability to cope and make the family a safe and functioning one, the poor parents included! The parents have done their best, by reviewing what is happening with the whole family; but they see that this has not worked, so WHAT DO THEY DO NOW?

Now, What to Do?

Hire a good, experienced, competent family therapist, I imagine! Let him/her take over all the people in the training programme, in family therapy. From this, have the “family” take responsibility for making necessary moves such as will integrate the “blended family” and help it be united and safe. But that’s just a fantasy!

More realistically, since this dilemma sounds like an impasse typical in therapy groups, let us go from there. The group is in negative transference, the men members attacking the man therapist, and expressing something important (but what?) for the whole group. Behind the negative transference seems to lurk a fear of the therapists being incompetent, and the patients getting hurt. Sounds rather as if they fear another family breakdown such as several members have probably experienced, so breaking up the group is no solution. The recommended course would be to help the group ventilate (including anger and fear) as fully as possible, then, and only then, interpret what seems to be behind the anger and fear (the transferred situation or focal conflict). Also, the therapists need to recognize the beginning of group unification in the solidarity of the male and female subgroupings, and the shared transference or focal conflict.

Exploration might well include sexual fantasies about the co-therapists. There seems to be a morass of transference-countertransference possibilities too, within a complex institutional setting; so, attention to the countertransferences, and possible positive and negative feelings between the therapists, would be in order.

The group negative transference in the small group also has correlates in the whole training programme, so we have to look at questions beyond What to Do Now, I think. Things need to be looked at in the whole training programme: definitions, boundary issues (between training and treatment), inter-professional issues – and so on; but that is beyond the purview of the present consultation.

Join us in Calgary for **Psychotherapy Day**

with **Glen Gabbard:**

A FOCUS ON THE “IMPOSSIBLE” PATIENT

Saturday October 16, 2010

Dr. Gabbard is Professor and Director of Psychiatry at Baylor College of Medicine in Houston Texas. He is also a training and supervising analyst. Dr. Gabbard has published over 300 scientific papers and book chapters and has authored or edited 23 books, including Psychodynamic Psychiatry in Clinical Practice. He lectures extensively internationally.

This four-part workshop deals with:

- The “Impossible Patient”
- Managing Therapeutic Boundaries and Erotic Transferences
- The Antisocial Patient
- Mentalizing and Interpretation in the Psychotherapy of Borderline Personality Disorder

The focus of Dr. Gabbard’s presentation will be to describe a clinically useful way to approach the psychodynamic construct of resistance; to discuss optimal strategies to manage therapeutic boundaries and erotic transference; to describe differentiate between treatable antisocial patients and psychopathy; and to address how to balance interpretive and mentalizing interventions in the psychotherapy of borderline personality disorder. Dr. Gabbard will use illustrative DVD clips followed by discussion with workshop participants.

The workshop brochure and online registration is at www.cme.ucalgary.ca – click on Continuing Medical Education Calendar of Events (by the month).

Editor's Note: As per the Advertising Guidelines, this advertisement is not an endorsement on the part of CGPA of this specific member. It is up to the potential client to exercise due diligence in choosing a therapist.

GROUP THERAPY FOR PSYCHOTHERAPISTS

*Leader: Steve Schklar, BA, Member CGPA, AGPA
Clinical Member Ontario Society for Psychotherapy, and
Canadian Association of Psychodynamic Therapy*

Group Therapy for Therapists is an ongoing psychodynamic/interpersonal process group. Therapists who recognize that professionals struggle with the human condition and experience problems in living just as our clients do will benefit from this opportunity.

This is a group in which we can talk about the unique stresses and difficulties of our work and how they affect us personally. The better we understand ourselves the more we increase our capacity to work interpersonally in all relationships.

The opportunity to come together and work in this way is potent and has been too rare. This realization has been a major impetus for me in my decision to make this group experience available.

In this group, you will:

- ✓ Pay attention to the group itself, and how we experience each other as individuals and the group as a whole.
- ✓ Pay attention to counter-transference issues as they arise in your work and in the “here and now” of the process group experience. This is not case conferencing.
- ✓ Explore your own issues arising from your therapeutic work and your life. This is not a supervision group but we will each learn much about doing better work.

An established leader of therapy groups for over 15 years, I’m a member of both the American and Canadian Group Psychotherapy Associations and participate annually in national and international group therapy conferences and training.

Group Therapy for Psychotherapists meets weekly on Tuesdays from 12:00 to 1:30. It is an ongoing group, with membership changing over time (just like life).

The fee is \$50.00 per session, payable monthly. The group is limited to seven members.

For more information or to schedule an initial consultation please phone 416-603-2177, or email me at sschklar@rogers.com. The fee for the consultation is \$50.00.