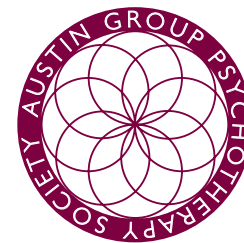


# THE VOICE

AUSTIN GROUP PSYCHOTHERAPY SOCIETY



Spring 2009



Dr. Paul Kaye

## Interview with Dr. Paul Kaye

By Josie Whitley, Ph.D.

**JW:** Hi Dr. Kaye, we're so looking forward to your being with us at the spring conference. I'm hoping that your experience in Austin is as pleasant for you as I'm confident it will be for us.

I'm particularly intrigued by the personal/professional journey that led you to adopt the developmental model you utilize that synthesizes so many of the group therapy paradigms that are seen both in practice and the literature.

**PK:** Like many graduate students, my training provided opportunities to sample a number of different modalities of psychotherapy including group work. My first group experience involved working with a group of latency age children who all shared the diagnosis of epilepsy. At the end of the first year with this group, one of the members drowned while on summer break. The event's impact on each member's family was greater than their willingness to process the meaning of the loss, and the group precipitously disbanded.

**JW:** That must have been a really difficult experience, especially for a graduate student. It would be challenging even for a very experienced group therapist.

**PK:** It was my first professional encounter with the experience of "limitations" when faced with the intensity of affect that was more than the group's readiness to bear. Later, it helped me in dealing with a patient who was six months pregnant and very much looking forward to the birth of her first child. She began the group session by sharing that her physician had just informed her that her fetus had died. The group members joined in her shock and were speechless. After a moment of silence, she became enraged and began screaming, "Say something!" Her intolerance for the group's moment of lifeless silence paralleled her difficulty containing the affects associated with carrying a lifeless womb. Understandably, it was more than she or the group could contain at that moment. This time, having the opportunity to simply acknowledge how unbearable the experience was for both the individual and the group was enough to keep the group alive and preserve a holding environment that sustained the patient during her process of mourning.

**PK:** My second group psychotherapy experience took place at Sinai Hospital of Detroit during my two years of internship. I worked as a co-therapist with my supervisor with an all-women's group that met on a weekly basis. The challenges there were three-fold. The first challenge revolved around the fact that as yet, I had no formal training in group psychotherapy and my supervisor was of the belief that training in individual psychotherapy was a sufficient condition for doing good group work. Consequently, I was on my own in developing a model of group psychotherapy that made room for the application of both "group" and "individual" meta-psychological principles in the treatment of individuals within a group context. The second challenge involved my need to come to terms with my supervisor's unconscious need to marginalize my role within the group and

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## AGPS ACTIVITIES

### March 28-29, 2009

Spring Conference and Consultation Group. See Registration Form on Page 18 for details.

### June 5, 2009

Friday Afternoon Training--"Fight, Flee, or Engage: Working with Anger and Aggression in Groups," presented by Joseph Acosta, LPC, CGP. Doubletree Club Hotel, 2:00-5:00 PM.

### November 7-8, 2009

AGPS Fall Conference presented by Stewart L. Aledort, M.D., CGP, FAGPA. More details to come. Doubletree Club Hotel, 8:30 AM-4:30 PM

## LETTERS FROM THE PRESIDENTS

**Outgoing President - 2008**

Dear AGPS Members,

I am like a turtle when it comes to change, slow and steady, which is why it really surprised me when I had the idea to do something a bit different with the letter in this issue of *The Voice*. Specifically, we decided to split the "Letter from the President" in this issue to more accurately capture what is happening on the board right now. It's a time of transition to a new board and new leadership.

The last half of 2008 was great for programming with AGPS. It started with a lively workshop led by Jan Morris, Lois Graham, Lisa Mersky, Paula Shea, and Bob Murphy. We played together and enjoyed learning about their group process. To continue the theme of play, we spent time with Lise Motherwell in October and soaked up her perspective of play and creativity in group. DeLinda Fox and Jeanne Bunker led a workshop in November and taught us about narcissism and the importance of self-care. What a quality line up we had!

The board was busy behind the scenes as well in the second half of 2008. Bernard Fleming worked very hard to solidify the programs he started the first year of his board term. The mentor program is thriving and the outreach program is bustling as well. Kate Culligan, our

outgoing Voice editor, did an amazing job streamlining the process for *The Voice* and put together a knockout fall newsletter. Katie Griffin continued her national and local fundraising activities throughout the fall and headed up our by-law committee as we made some important changes. Those are just a few of the projects that we were working on in the last part of 2008.

Life is full of hellos and goodbyes. This goodbye is an important one for me. I am saying goodbye to a wonderful year as President of AGPS. 2008 was a great year to be President. I take with me so many memories, friendships, and new skills as a leader. My heartfelt thanks to each of you who encouraged me, helped me to do my best, and trusted me to do a good-enough job. And for the record, I highly recommend being on the AGPS board! In November, consider putting your hat in the ring. I am looking forward to my role of Past-President in part because I am so confident in Derek Leighton's ability to lead us well in 2009.

Sincerely,

Pam Greenstone, M.A., L.P.C.

**Incoming President - 2009**

Dear AGPS Members,

Change. As the incoming president, I am thinking about the many changes that led me to find community in AGPS. I am a relative newcomer to our profession after 20+ years working in high-tech. What a rejuvenating change!

I attended my first AGPS meeting in 2005, and felt both welcomed and a desire for more. I was beginning to deepen my interest in group therapy and making new connections to those with experience and interest in further study. What a great community to join!

One thing I've enjoyed about our local chapter is that we have an active program with members from all levels of experience. Some of you are on your own path of rejuvenation, whether it's a career change, a first career, or finding ways to keep it exciting.

As I prepare for this new role, it reminds me of the many times I've been in similar situations, accompanied by a mixture of surprise, reluctance, excitement, pride, and delight. At least a few of those are topics for my ongoing group therapy!

I am excited and proud to be serving on our board. I will miss our outgoing board members Kate Culligan, Bernard Fleming, and Katie Griffin. Thank you for your support. I am especially grateful to Katie Griffin for her example, kindness, friendship, and for broaching the idea of my joining the board. I am lucky and delighted to have board

members Patricia Florence, Pam Greenstone, Judy Hardwick, Alyson Stone, and Josie Whitley continue to serve, and to welcome our new board members Tammy Brown, Jane Cobb, and Noe Maza.

Some of the many things the board will be working on for the year include our deepening connections as an AGPA Affiliate Society; streamlining our local scholarship process; improving our sound equipment; website enhancements; and ways to involve members. If you want to be involved, please talk to me or any board member. We'd love to have your help!

I hope you'll join us on March 28th for our Spring Conference presented by Paul Kaye. We have scheduled our own Joseph Acosta, LPC for a June 5th ethics workshop entitled "Fight, Flee, or Engage: Working with Aggression in Groups." We have the return of Stewart Aledort for our Fall Conference, to be held November 7th. And stay tuned – we expect to add a Friday Night Conversation to the calendar, and additional workshops later in the year.

Wow! I'm excited about the possibilities for this year. I am having that universal experience of realizing how quickly time passes, and wanting to savor the delicious moments, and appreciating our collective quest to continue to learn and rejuvenate.

Thank you for being a wonderful community!

Derek Leighton, LMFT, LPC

## LETTER FROM THE EDITOR

As this edition of *The Voice* arrives in mailboxes, many of us will have recently returned from the AGPA annual meeting in Chicago. Titled "Strong Group Foundations: Building Lasting Communities," this weeklong event no doubt offered many unique opportunities for both personal and professional development. Back in Austin, I am reminded how fortunate we are to be a part of such a vibrant affiliate organization that enables us to continue our growth all year. AGPS provides spring and fall conferences featuring nationally recognized presenters, workshops given by skilled AGPS members, and a newsletter rich with the voices of our diverse professional community. I am honored to be taking over the role of editor for *The Voice* from Kate Culligan, in whose hands the newsletter has flourished. I am grateful for her mentorship and assistance as I've familiarized myself with my new position.

We are eagerly anticipating our spring conference March 28t-29. On Saturday, Paul Kaye will present an all day workshop on *Using an Integrated Theory of Group Psychotherapy in the Promotion of Affect Development*. On Sunday, there will be a three hour consultation group led by Dr. Kaye. During a recent board meeting, several members who have participated in similar consultation groups spoke enthusiastically of the benefits they received from this small group experience. I encourage you to check out the back page of the newsletter to read about these benefits and to sign up for the group with Dr. Paul Kaye.

In this edition of *The Voice* we explore the power of group therapy to transform lives, contain painful affect, and provide a holding that promotes growth. Board member Josie Whitley whets our appe-

tite for the spring conference with an engaging and informative interview with Dr. Kaye, who shares the group experiences that shaped both his theories and himself as a group therapist. Dr. Kaye's thoughtful reflections on the role of group in the containment of affect and the importance of developmentally appropriate interventions is an enticing precursor to what is sure to be a stimulating conference.

Joseph Acosta contributes a moving and brave reflection on the powerful impact his participation in group therapy has made on his life. Through his words, he reminds us that the group work we do as clients and therapists is both life-affirming and life-altering. I think you will be as grateful as I am for the gift Joseph offers us with this authentic article.

Candyce Ossefort-Russell writes a compelling article about the rewards of focusing on affect in the consulting room and offers specific ideas for creating an attuned, healing therapy relationship. She inspires us to enter our clients' affective experience in a deep and meaningful way, through which both our clients and ourselves are changed.

I am sad to say that this will be the last edition of *The Voice* in which Pat Louis' column, *Turning Points*, will appear. Pat has enjoyed asking our seasoned colleagues about the turning points in their careers and is now ready to focus on other pursuits. Pat's illuminating column has been a favorite of many. Thank you Pat for your generous contribution to *The Voice*!

In their selection of poetry for the "Still Echoes" column, Candyce Ossefort-Russell and Gaea Logan highlight an evocative poem by AGPS member Seja Rachael and other poems that speak to the

## AGPS BOARD CONTACT LIST

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**Past President**

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**Secretary**

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**Treasurer**

Judy Hardwick, LMSW  
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**Board Members**

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Jane L Cobb, LCSW, BCD  
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Alyson M. Stone, Ph.D.  
(512) 306-0072

Noe Maza MA, LPC  
(512) 477-2223

poignancy inherent in both the ordinary and remarkable moments that make up a life.

I look forward to a wonderful year of excellent workshops, top-notch training, and ongoing friendships.

Sincerely,

Alyson M. Stone, PhD



## Interview

(continued from page 1)

my own difficulties in confronting this. Laying low was a safe but unacceptable adaptation and served to deepen my appreciation for concepts involving parallel process and isomorphic dynamics that occur at subgroup levels within the group-as-a-whole. The third challenge involved learning much about "hearing" the group from a developmental perspective and the importance associated with clinical decision-making as it relates to levels of intervention. I began to ask myself, "Is it best to address the individual(s) within the group; the unfolding interpersonal dynamics between individuals within the group; or the group-as-a-whole?" And once I embraced the notion of a "two-psychology" system operating simultaneously (group and individual dynamics), I began wondering how one goes about integrating this within a developmental perspective.

**JW:** We've come a long way in understanding the differences between group and individual therapy and the opportunities for training are thankfully plentiful! The challenges of working with a co-therapist (especially one who is also functioning as a supervisor) are a continuing work in progress in the best of circumstances and the power differential between a supervisor and supervisee will surely have an effect on the group dynamics.

**PK:** Of relevance to this particular group was the fact that all of the women had a history of mental and physical abuse at the hands of their fathers. And each member had developed a style of repeating this pattern in subsequent relationships with men. At some level, they identified with my experience of feeling marginalized and began acting out their anger in ways that served to devalue the group experience. The group was essentially re-introducing at the therapist level the toxic nature of the members' life experiences. It wasn't until I could sort out with my co-therapist what was going on between us that we began to better understand and work with the basis for the

group dynamics. Working effectively with a co-therapist requires an exceptional willingness to be vulnerable with one another. That my co-therapist was also my supervisor made the situation all the more complicated. Fortunately, his willingness to bring his own more personal feelings into the discussion helped us past the potential hierarchical blocks and develop a functionally collaborative and supportive working relationship.

**PK:** By the second year of internship, my exposure to outpatient, inpatient, and day hospital groups was a labor of love. As yet,

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*"Only after many struggles with counter-transference reactions did it become apparent that the history of my own group experiences beginning in early childhood while growing up in Brooklyn, New York held an additional allurement with respect to my interest in working with groups."*

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I made no conscious connections between my fascination with working with groups and my personal life experiences. Only after many struggles with counter-transference reactions did it become apparent that the history of my own group experiences beginning in early childhood while growing up in Brooklyn, New York held an additional allurement with respect to my interest in working with groups. Over time, I realized that my participation with groups brought me closer to memories of painful feelings of being marginalized; to counter-phobic attempts to prove my worthiness as a member of the group; and my personal need to keep the group available for validation and nurturance. The challenge in negotiating the balance between personal and professional

boundaries in containing my own and the group's affective experiences served to further deepen my fascination and excitement with this form of work.

**JW:** I remember Louis Ormont talking about the ways his experiences in his neighborhood affected his thinking about groups. It sounds like you too had layers of experiences that you were ultimately able to utilize on your way to deepening your understanding of group functioning.

**PK:** Didn't Lou grow up in New York? They say that there is something in the water that makes New York bagels taste so good. For me, there was something about growing up in Brooklyn that added to the lessons about psychic pain and my lifetime fascination with the mastery of life within the group.

**JW:** Who have been your most influential teachers or theoreticians? What was it about them or their perspective that you found particularly appealing?

**PK:** Like many graduate programs, my training program placed little emphasis on the training and development of group psychotherapy skills. And my training supervisors had little training advantage since they too had little exposure to formal training in group psychotherapy. So much of what I learned was from my direct experiences working with patients in groups. I was fortunate to work over a five year period as a staff psychologist at a day hospital program offered at Sinai Hospital where group psychotherapy was an integral part of the treatment philosophy. Groups met five days a week. Armed with a full time video technician who brought his own sense of excitement to work each day and a remote control system of cameras mounted to all four walls of the group room, the staff was provided with an invaluable source of data to learn from. As a clinical staff, we pondered the inherent "truths" noted in the works of Alexander Wolf, Irvin Yalom, and Wilfred Bion. Each provided important theoretical

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# Working With Affect: Love (Mixed With Intuition) Is All You Need

By Candyce Ossefort-Russell, M.A., LPC

## Why Affect?

Never apologize for showing feeling. When you do so, you apologize for the truth.

— Benjamin Disraeli

An abundance of neuroscience research has been coalescing over the last couple of decades to tell us that we should pay attention to the difference between *talking about* affect in the therapy room vs. actually helping patients to *feel*. Allan Schore, a clinician/researcher who synthesizes neuroscience and psychotherapy research, says that

[t]he ongoing paradigm shift across all sciences is from conscious, explicit, analytical, verbal, and rational left brain to unconscious, integrative, nonverbal, bodily-based emotional processes of the right brain. . . . [I]n general, the paradigm shift is from conscious cognition to unconscious emotion. (Schore, 2008, p. 21)

That's a very heady way of saying that, as therapists, we need to move out of our heads and into our hearts and bodies in order to help our patients learn to recognize and regulate the emotions they feel in their hearts and bodies. We need to attend to the emotions that our patients express directly, and, *even more importantly*, to the unconscious emotions our patients express without words.

Affective neuroscience also reinforces attachment research showing that it is in our attachment to a bigger, stronger, wiser, kind caregiver (Fosha, 2000), who is attuned to our emotional states, that we learn to regulate our own emotions. Our human evolutionary wiring for learning to manage emotions within the context of an attuned relationship continues throughout the lifespan. Thus deficits and wounds that emerge out of the parent/child relationship can be healed within the context of a *safe and car-*

*ing* therapeutic relationship with a therapist who attends to and helps to regulate the recognition and expression of emotional states (Schore, 2008). That is, we therapists need to show up as attachment figures for our patients in an empathic, connected way, directly helping them with their emotions. If we show up in this way, our patients will have a new *lived* experience of being cared about and helped.

Diana Fosha, the founder of Accelerated Experiential Dynamic Psychotherapy (AEDP), describes how we end up developing diffi-

*“Overall, modern research shows that helping our patients learn to effectively express and manage their affect is the number one therapeutic goal...”*

culties in regulating our affect when we experience attachment failures (2008). We all experience intense emotions, experiences of being ourselves, experiences of being with others, and spontaneous bodily feelings, as we grow from infancy onward. And, because of our hard-wired attachment needs, we know we need to be close to our attachment figure to survive. If our attachment figure responds to our emotional experiences with withdrawal, avoidance, criticism, punishment, etc., we are left not only feeling afraid or ashamed of our experiences, but also alone with the big emotions that set the whole cycle in motion. Overwhelmed, we learn to defensively exclude these emotional experiences from our repertoire, and we develop problems as a result of chronic reliance on defenses against relatedness and emotion. Basically, being left alone with un-

regulated emotion is what generates psychopathology. Being left alone with intense emotion is unbearable, so we learn to avoid those emotions and self-experiences at all costs, in order to stay close to our attachment figures. So healing takes place when we can experience warded-off emotions in the presence of a caring other who will not leave us alone no matter what.

Overall, modern research shows that helping our patients learn to effectively express and manage their affect is the number one therapeutic goal, and to reach that goal we need to show up in the consulting room in three key ways: We need to move beyond left-brained, “neutral,” cognitive interpretations and into empathic explorations of bodily-based, nonverbal aspects of our patients' emotions. We need to own our attachment figure status, creating a caring, safe environment in which our patients can trust us to delight in them and to actively help them with their frightening, painful emotions. And we need to develop enough affective competence to stay with our patients' intense emotions in an empathic and joining way, and not leave them alone with their big emotions, no matter what.

## Working With Affect

The roots of resilience and the capacity to withstand emotionally aversive situations without resorting to defensive exclusion are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.

— Diana Fosha,  
*The Transforming Power of Affect*

How does this kind of affect work translate into practice? By integrating the above described gifts of neuroscience, attachment, and emotion theory into my natural way of

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## Working

(continued from page 5)

working with affect, my practice has deepened and become much more identifiably helpful to people. I've intensively trained in and studied AEDP, and I've studied AEDP's foundational literature by authors such as John Bowlby, Les Greenberg, Jude Cassidy, Daniel Siegel, Stephen Porges, Pat Ogden, Susan Johnson, Allan Schore, Louis Cozolino and many others. Rather than outlining a specific theoretical orientation in dry, left-brained way, I honor the more right-brained, experiential way of working that all of these authors and theorists strive to elaborate. So, below I explore how these theories have informed the way I work with affect, all of which are grounded in the literature mentioned above, (though the direct references aren't credited, as what I present is a conglomeration). AEDP is the core that ties them together. Some of these ways of working may seem obvious, but I'm amazed at how articulating even the obvious can make important ways of being in the room more embedded into the process.

### Establish Safety and Undo Aloneness

Though I've always worked in an empathic way, AEDP and the literature of attachment have helped me to define the first step in any therapy—to truly value the patient, and make sure that's known. Diana Fosha once said, "You need to find something, no matter how small, to fall in love with in each patient." I really let myself care about each patient, and I express that caring through affirmation and validation of their defenses as best efforts they've made to survive in the environments they've been cast into, through a readiness to help, through a willingness to bear and share emotion with them, to a delight and pleasure in who they are that is apparent from the first time I meet with them.

### Reverse Foreground and Background.

I've learned that consciously leaning into my intuition is the strongest, most reliable way

into the "unconscious, nonverbal, bodily-based emotional processes of the right brain" (Schore, 2008, p. 21). One of the most basic tools I've learned from focusing on right-brained processes is to reverse the foreground and the background of what I attend to and comment on in session. In the past, my intuitive tracking of facial expression, bodily tone, breathing, tension level, tone of voice, etc. (whether in my patient or myself) would run in the background, giving me unconscious information that informed some of what I was doing, but not in a conscious way. In the foreground were my thoughts, tracking content, tying the present back to childhood, sleuthing through stories for connections and traces of feelings. After learning about right-brain importance, I consciously switched these two ways of being.

Now I let the left-brained mind-work run in the background, trusting that any important connections will be made and will come forward when needed. And instead I consciously focus on what I intuitively notice. AEDP calls this process moment-to-moment tracking. I comment on a slowing of breathing. I name a shift in eye contact. I notice if I feel like crying or if I can't breathe. I return to a subject skipped over. No matter how subtle the shifts may be, I no longer let the unconscious "nonverbal communication of emotional states" go by unexplored. Attending to this communication opens the door to depth of feeling and to sincere connection. Healing becomes palpable, reliable, and awe-inspiring as we make these implicit communications explicit.

### Create Visceral, In-The-Moment Experiences and Name Them.

As all the literature indicates, patients need to have a lived, visceral experience of feeling their emotions in the presence of an empathic other, rather than just talking about emotions, in order to truly learn to regulate their emotions. When they have a new experience of feeling what was previously unshareable, and of not being rejected or

turned away from, they are having the experience in their bodies, of a new way of living, and no one can take that experience away once it's happened. Whenever a patient is talking about a particular emotional issue, I ask for a vivid example of when this has happened to them, bringing the issue alive in the room. Then we can track the breathing changes, the voice-tone changes, the shaky hands, etc. that accompany the story they're telling. Then we can trust any primary process information that emerges (such as memories, spontaneous thoughts, feelings, images, sensations). Then the emotion lives and I can be there with them in it. Then we can name what just happened—that they felt the feelings while I was there with them—and they can memorize what that feels like so they can refer back to it again and again.

### Focus On The Body.

I am continually amazed at how much emotional information the body carries. Whenever there's a crossroads moment, I ask the patient to check in with her body. Even if she says she doesn't notice anything, if I help her scan her body, she can usually do it. "What do you notice in your neck?" "What's your heart rate like?" "What's that hand doing?" Even if nothing emerges, that's important information. But more often than not, when I notice that someone isn't breathing, and I ask them to focus on their breath, not to change it or push past where it's getting stuck, but just to notice where it's getting stuck and "what comes" if they focus on the stuck place, huge pieces of critical information emerge. Likewise with a tight muscle or a lack of muscle tone. The body knows things and will offer up the information most of the time, if simply asked.

### Leading Vs. Following (Or Going Beyond Mirroring).

I used to think that being attuned was the same thing as following. I could follow patients' stories and feelings all over the map in a very empathic way and believe I was attun-

See "Working," page 14



# AGPS GROUP LISTINGS

SPRING 2009

AGPS Groups Listing is an ongoing feature of *The Voice*. You must be a paid member to list your group in *The Voice*. For additions, changes or deletions to this list, please make the change by signing in to your account via our website ([www.austingroups.org](http://www.austingroups.org)) or contact us for help at [agps@austingroups.org](mailto:agps@austingroups.org).

AGPS does not endorse or recommend the practitioners on this list. You are responsible for interviewing and selecting the practitioner you want for your treatment.

By requesting resources and referrals you understand and agree that Austin Group Psychotherapy Society and its affiliates are not responsible for the services, or lack thereof, as well as licensing of any of the providers listed. Minors should consult with a legal guardian or other adult when considering treatment and providers.

## Female Groups

Kathleen Adams, PhD	327-8311	Wed	6:15 - 7:30 PM	Women's group: 20's, navigating friendships, school/career, and identity issues
Patty Andrews, LCSW	589-8271	Wed	6:00 - 7:30 PM	Lesbian & Bisexual Women's Interpersonal (now forming)
Tammy Brown, LCSW,CGP	327-5001	Mon	11:00 AM - 12:30 PM	Women's process group, 35-55, major depression and bipolar
Tammy Brown, LCSW,CGP	512-327-5001	Tue	5:30 - 7:00 PM	Women's process group, 20's and 30's
Tammy Brown, LCSW,CGP	327-5001	Thu	5:15 - 6:45 PM	Women's process group
Jeanne Bunker, LCSW, CGP	328-3947	Tue	6:45 - 8:15 PM	Women's Psychotherapy Group
Carbonneau w/ Cross	469-0392	Mon	5:30 - 7:00 PM	Adult Women's Process Group
Janet Carbonneau, M.Ed., LPC,CGP	469-0392	Wed	5:30 - 6:45 PM	Adolescent Eating Disorder Group for Girls 14 to 19
Helen Childs, PhD	377-2500	Tue	11:45 AM - 1:00 PM	Women's Process Group
Helen Childs, PhD	377-2500	Wed	11:45 AM - 1:00 PM	Pregnancy and Mental Illness Women's Support Group
Jane L Cobb, LCSW,BCD	323-0021	Wed	7:00 - 8:30 PM	Psychodynamic
Jane L Cobb, LCSW,BCD	323-0021	Thu	11:00 AM - 12:30 PM	Overcoming Bulimia
Susan Ducloux, LPC, NCC	732-2226	Mon	4:30 - 6:00 PM	College Women's Eating Issues Group
Susan Ducloux, LPC, NCC	732-2226	Wed	1:00 - 2:30 PM	Group for Women Going Through Divorce or Ending a Long-term Relationship
Ruth Fagan-Wilen, LCSW, LMFT, PhD	(210) 219-0055	Mon	6:00 - 7:45 PM	Women's Self-Esteem Groups
Florence w/ Pressley	320-4582 / 402-5344	Tue	5:00 - 6:30 PM	Psychodynamic Women's Group
Fox w/ Greenstone	771-9313/374-1099	Thu	11:30 AM - 1:00 PM	Eating Disorders Psychotherapy Group
Naomi A Freireich, LCSW	306-0180	Tue	5:30 - 6:45 PM	adult women's group
Naomi A Freireich, LCSW	306-0180	Thu	5:30 - 6:45 PM	adolescent girl's group
Naomi A Freireich, LCSW	306-0180	Sat	11:30 AM - 12:30 PM	girl's group ages 7-10
Pam Greenstone, LPC	689-7279	Tue	6:30 - 7:45 PM	ongoing psychodynamic group
Katie Griffin, LPC, CGP	656-4067	Mon	5:00 - 6:30 PM	Adult Psychotherapy
Katie Griffin, LPC, CGP	656-4067	Tue	11:30 AM - 1:00 PM	Adult Psychotherapy
Kelly Inselmann, LCSW	586-2121	Mon	4:30 - 6:00 PM	Yoga and Talk: group therapy for girls (middle school)
Kelly Inselmann, LCSW	586-2121	Mon	6:15 - 8:00 PM	Yoga and Talk: group therapy for girls (high school)
Gina Keegan, MA, LMT	462-1456	Mon	6:00 - 7:30 PM	Anger Management for Women
Gina Keegan, MA, LMT	462-1456	Mon	7:45 - 9:15 PM	Anger Management for Men and Women
Beverley M Larkam, LCSW, LMFT, CGP	476-4182	Mon	7:00 - 8:30 PM	psychodynamic
Gaea Logan, MA, LPC	327-6311	Wed	10:30 AM - 12:00 PM	psychodynamic
Sue Marriott, LCSW, CGP	419-7018	Tue	5:45 - 7:00 PM	psychodynamic
Lisa Mersky, LCSW, BCD, CGP	474-6148	Mon	8:00 - 9:30 AM	psychodynamic
Stacy Nakell, LCSW	586-6862	Tue	7:00 - 8:30 PM	Psychodynamic Group- Women in their 20s and 30s
Joanne Olsen, LCSW	474-8555	Tue	6:15 - 7:45 PM	High School Adolescent Girls' Group
Joanne Olsen, LCSW	474-8555	Thu	6:15 - 7:45 PM	Middle School Adolescent Girls' Group
Candyce Ossefort-Russell, MA, LPC	789-6244	Tue	11:15 AM - 12:45 PM	Ongoing psychodynamic/interpersonal for ages 55 and up
Erin Pearl, LPC	377-2500	Wed	4:30 - 5:45 PM	Self-Esteem Group for Adolescent Girls
Pressley w/ Florence	402-5344 / 320-4582	Tue	5:00 - 6:30 PM	Psychodynamic Women's Group
Seja Rachael, MA, LPC	441-8334 x1	Thu	7:00 - 8:30 PM	Ages 38-58 relational/ insight oriented
Alyson Stone, PhD	306-0072	Wed	11:00 AM - 12:30 PM	Women's Self-Care

## Male Groups

Jay M Erwin-Grotsky, LCSW-CGP	732-7272	Mon	6:30 - 8:00 PM	Gay Men's Modern Analytic Process Group
Jay M Erwin-Grotsky, LCSW-CGP	732-7272	Wed	6:30 - 8:00 PM	Gay Men's Modern Analytic Process Group

**Male Groups (cont.)**

Bernard Fleming, LPC, LMFT	329-9890	Thu	4:30 - 5:30 PM	Middle School Boys Group
Bernard Fleming, LPC, LMFT	329-9890	Thu	6:00 - 7:00 PM	Adolescent Males
Randy Frazier, PhD	342-8950	Mon	6:15 - 7:30 PM	Interpersonal process-oriented group
Michael Hegener, LPC, CGP	472-2880	Thu	6:45 - 8:15 PM	men's ongoing psychodynamic
Richard Holt, PhD	236-0448	Tue	7:00 - 8:30 PM	gay men
Jeff Hudson, MEd, LPC, CGP, FAGPA	472-7476	Tue	6:30 - 8:00 PM	gay and bisexual men
Jeff Hudson, MEd, LPC, CGP, FAGPA	472-7476	Thu	4:30 - 6:00 PM	gay and bisexual men
Beverly M Larkam, LCSW, LMFT, CGP	476-4182	Mon	5:15 - 6:45 PM	psychodynamic
Derek Leighton, LMFT, LPC, NCC	658-2960	Wed	7:00 - 8:15 PM	Sexual Health / Porn Addiction & Sexual Compulsion
Derek Leighton, LMFT, LPC, NCC	658-2960	Thu	6:00 - 7:15 PM	Gay / Bisexual Men
Gerry Lowe, LCSW	327-5400	Mon	4:30 - 6:00 PM	men's psychotherapy group
Bob Murphy, LPC, LMFT, CGP	707-0102	Thu	6:00 - 7:30 PM	ongoing psychodynamic group for adults
Jordan Price, LCSW	512-450-4814	Wed	7:30 - 8:45 PM	Men's Process Group
Travis Sebera, LPC, supervisor	327-7500	Mon	5:00 - 6:15 PM	ongoing focusing on anger and mens issues using modern analytic short term formula
Benjamin Warner, PhD, LPC	377-2500	Wed	4:30 - 5:45 PM	How to Succeed in School – Group for Adolescent Boys
Benjamin Warner, PhD, LPC	377-2500	Wed	5:15 - 6:30 PM	Men's Process Group
Mark White, LCSW, LMFT	329-6070	Tue	4:30 - 5:45 PM	Pre-Adolescent Boys' Counseling Group: 4th, 5th, and 6th Grades
Mark White, LCSW, LMFT	329-6070	Tue	6:00 - 7:15 PM	Adolescent Males Counseling Group: Young Adult Group
Mark White, LCSW, LMFT	329-6070	Wed	4:30 - 5:45 PM	Adolescent Males Counseling Group: Middle School Group

**Mixed Gender**

Acosta w/ Kelly	576-9523	Tue	11:00 AM - 12:30 PM	Interpersonal therapy group for clinicians
Joseph Acosta, LPC	576-9523	Wed	7:00 - 8:30 PM	Interpersonal therapy group
Joseph Acosta, LPC	576-9523	Thu	7:00 - 8:30 PM	Interpersonal therapy group
Kathleen Adams, PhD	327-8311	Mon	4:45 - 6:15 PM	beginner group; learning about feelings, individual therapy not a prerequisite
Kathleen Adams, PhD	327-8311	Tue	5:30 - 7:00 PM	hi-function individuals dealing with very primitive affects; all members in long-term ind. therapy
Rich Armington, LCSW, CGP	306-0166	Thu	5:15 - 7:15 PM	SCT; includes 1/2 hour of body centering/awareness w/ Heloise Gold
Bill Bruzy, LCDC	477-9595	Wed	5:30 - 6:45 PM	Addictions recovery
Bunker w/ Erwin-Grotsky	328-3947 / 732-7272	Mon	12:00 - 1:30 PM	Modern Analytic Process Group
Bunker w/ Erwin-Grotsky	328-3947/732-7272	Tue	11:00 AM - 12:30 PM	Modern Analytic Process Group
Paul Compton, MD, CGP	658-2805	Tue	5:30 - 6:45 PM	Psychoanalytic
Barbara E Davis, LCSW, CGP	345-9353	Mon	5:30 - 7:00 PM	body-oriented psychotherapy
Sherry Dickey, PhD	452-3035	Tue	5:30 - 7:00 PM	NA
Sherry Dickey, PhD	452-3035	Thu	5:30 - 7:00 PM	Psychodynamic
Bernard Fleming, LPC, LMFT	329-9890	Mon	6:00 - 7:30 PM	Psychodynamic/Object Relations
Carl Gacono, PhD	472-4348	Mon	6:00 - 7:30 PM	Psychodynamic
Lois Graham, PhD	346-0079	Mon	12:15 - 1:45 PM	Modern Analytic
Lois Graham, PhD	346-0079	Tue	5:15 - 6:45 PM	Modern Analytic
Katie Griffin, LPC, CGP	656-4067	Thu	5:00 - 6:30 PM	Adult Psychotherapy
Michael Hegener, LPC, CGP	472-2880	Tue	6:45 - 8:15 PM	psychodynamic
Richard Holt, PhD	236-0448	Wed	6:00 - 7:30 PM	psychodynamic group
Richard Holt, PhD	236-0448	Thu	6:00 - 7:30 PM	psychodynamic group
Charlotte Howard, Ph.D	469-6008	Mon	4:45 - 6:15 PM	Young Adult Psychotherapy Group
Charlotte Howard, Ph.D	469-6008	Mon	6:30 - 8:00 PM	Adult Psychotherapy Group
Charlotte Howard, Ph.D	469-6008	Tue	5:30 - 7:00 PM	Young Adult Psychotherapy Group
Charlotte Howard, Ph.D	469-6008	Tue	7:15 - 8:45 PM	Anxiety Reduction Group
Hudson w/ Pully	472-7476 / 477-9945	Mon	4:30 - 6:00 PM	object relations/interpersonal
Hudson w/ Pully	472-7476 / 477-9945	Wed	5:15 - 6:45 PM	object relations/interpersonal
Hudson w/ Pully	472-7476 / 477-9945	Thu	6:30 - 8:00 PM	object relations/interpersonal

**Mixed Gender (cont.)**

Kelly w/ Acosta	458-4646	Tue	11:00 AM - 12:30 PM	Interpersonal group for clinicians
Nancy Kelly, PhD LCSW	458-4646	Wed	5:30 - 7:00 PM	Interpersonal group
J. Worth Kilcrease, LPC, FT	658-2674	Tue	6:30 - 8:00 PM	HOPE Perinatal Loss Group - Grief
J. Worth Kilcrease, LPC, FT	658-2674	Thu	6:30 - 8:00 PM	PAL (Pregnancy After Loss) Group - Anxiety
Katy Koonce, LMSW	329-6699	Thu	4:30 - 6:00 PM	Psychodynamic
Fabianna Laby, PsyD	638-3555	Tue	12:00 - 1:30 PM	Support for parents of children with special needs
Doreen Landrum, PhD	377-2500	Mon	5:15 - 6:30 PM	ACOA/D (Adult Children of Alcoholics/Dysfunction)
Beverley M Larkam, LCSW, LMFT, CGP	476-4182	Mon	9:00 - 10:00 AM	AAMFT, AASECT
Gaea Logan, MA, LPC	327-6311	Mon	11:45 AM - 1:15 PM	psychodynamic/interpersonal
Gaea Logan, MA, LPC	327-6311	Tue	12:30 - 2:00 PM	psychodynamic
Gaea Logan, MA, LPC	327-6311	Tue	3:45 - 5:15 PM	psychodynamic
Pat Louis, LCSW	231-8737	Mon	7:15 - 8:30 PM	Psycho-educational Classes: Healing Codependency
Thomas Lowry, PhD, ABPP, LFBAGPA	346-2332	Mon	5:00 - 6:30 PM	intensive psychodynamic group for mid-adults
Alaire Lowry, PhD, CGP, ABPP, LFBAGPA	346-2332	Tue	11:00 AM - 1:00 PM	psychodynamic psychotherapy for adults
Lowry w/ Lowry	346-2332	Tue	5:15 - 6:45 PM	young adult psychotherapy group (19-30)
Thomas Lowry, PhD, ABPP, LFBAGPA	346-2332	Wed	11:00 AM - 1:00 PM	intensive psychodynamic group for mid-adults
Joy Luther, LCSW	343-9609	Wed	5:45 - 7:30 PM	Short term psychoeducational group: DISCOVERING THE AUTHENTIC SELF: The SCT® approach to change
Beth Malitz, LCSW	476-5649	Wed	4:15 - 5:45 PM	object relations
Beth Malitz, LCSW	476-5649	Wed	6:00 - 7:30 PM	object relations
Sue Marriott, LCSW, CGP	419-7018	Tue	11:30 AM - 1:00 PM	psychodynamic
Noe Maza, MA, LPC	477-2223	Thu	6:30 - 8:00 PM	Relational Process Group
Lisa Mersky, LCSW, BCD, CGP	474-6148	Wed	5:45 - 7:15 PM	psychodynamic
Jan Morris, PhD	346-2332	Tue	5:00 - 6:30 PM	Modern Analytic
Jan Morris, PhD	346-2332	Wed	5:00 - 6:30 PM	Modern Analytic
Bob Murphy, LPC, LMFT, CGP	707-0102	Tue	6:00 - 7:30 PM	ongoing psychodynamic group for young adults (21-33)
Stacy Nakell, LCSW	586-6862	Sat	3:00 - 4:30 PM	Psychodynamic process group--currently interviewing potential members
Candyce Ossefort-Russell, MA, LPC	789-6244	Tue	6:00 - 7:30 PM	Advanced Psychodynamic/Interpersonal
Erin Pearl, LPC	377-2500	Mon	5:30 - 6:45 PM	Anxiety Group
Erin Pearl, LPC	377-2500	Wed	5:15 - 6:30 PM	Cancer Support Group
Jordan Price, LCSW	512-450-4814	Mon	7:30 - 8:45 PM	General Process
Pully w/ Hudson	477-9945/472-7476	Mon	4:30 - 6:00 PM	object relations/interpersonal
Andrea Pully, MEd LPC	477-9945	Mon	6:30 - 8:00 PM	ongoing process group
Pully w/ Hudson	477-9945/472-7476	Wed	5:15 - 6:45 PM	object relations/interpersonal
Pully w/ Hudson	477-9945/472-7476	Thu	6:30 - 8:00 PM	object relations/interpersonal
Seja Rachael, MA, LPC	441-8334 x1	Thu	7:15 - 8:45 PM	NA
Victor Rivera, MA, LPC	732-2120	Wed	6:30 - 8:00 PM	psychodynamic group for adults
Amiel Romain, MEd, LPC	560-0846 / 762-1024	Wed	6:00 - 7:30 PM	psychodynamic/interpersonal
Rochelle Satterfield, PhD	499-8419	Mon	7:00 - 8:30 PM	psychodynamic
Rochelle Satterfield, PhD	499-8419	Wed	7:00 - 8:30 PM	psychodynamic
Travis Sebera, LPC, supervisor	327-7500/306-1488	Wed	6:00 - 7:30 PM	psychodynamic
Travis Sebera, LPC, supervisor	327-7500/306-1488	Thu	11:30 AM - 1:00 PM	psychodynamic--relationships, social phobias
Travis Sebera, LPC, supervisor	327-7500/306-1488	Thu	6:00 - 7:30 PM	general issues/psychodynamic
Robert Seidel, MSSW, LCSW, BCD	473-8293	Thu	6:00 - 7:30 PM	Psychodynamic/Interpersonal
Sydnor Sikes, PhD, ABPP	469-0582	Mon	4:45 - 6:15 PM	SCT
Jev Sikes, PhD	469-0888	Mon	4:45 - 6:15 PM	object relations for 20's
Jev Sikes, PhD	469-0888	Tue	8:00 - 9:30 AM	object relations
Sydnor Sikes, PhD, ABPP	469-0582	Tue	4:45 - 6:30 PM	SCT
Jev Sikes, PhD	469-0888	Wed	8:00 - 9:15 AM	object relations
Jev Sikes, PhD	469-0888	Wed	4:45 - 6:15 PM	adult object relations
Jev Sikes, PhD	469-0888	Wed	6:30 - 8:00 PM	adult object relations
Jev Sikes, PhD	469-0888	Thu	8:00 - 9:30 AM	adult object relations

**Mixed Gender (cont.)**

Sydnor Sikes, PhD, ABPP	469-0582	Thu	4:45 - 6:15 PM	SCT
Matthew Snapp, PhD, LMFT, CGP	327-5208	Mon	6:00 - 7:30 PM	NA
Matthew Snapp, PhD, LMFT, CGP	327-5208	Thu	11:30 AM - 1:00 PM	NA
Audry Steele, LPC	619-5714	Tue	11:45 AM - 1:15 PM	psychodynamic/interpersonal
Alyson Stone, PhD	306-0072	Tue	4:30 - 6:00 PM	Object Relations/Interpersonal
Patricia Tollison, PhD	478-1064	Mon	12:00 - 1:30 PM	Psychodynamic
Benjamin Warner, PhD, LPC	377-2500	Mon	5:15 - 6:30 PM	Coping with Anxiety
Benjamin Warner, PhD, LPC	377-2500	Tue	5:15 - 6:30 PM	Coping with Bipolar Disorder
Benjamin Warner, PhD, LPC	377-2500	Thu	5:15 - 6:30 PM	Support Group for Families of Bipolar Individuals
Josie Whitley, PhD	469-0765	Mon	5:15 - 6:45 PM	long-term, psychodynamically oriented group
Josie Whitley, PhD	469-0765	Tue	6:00 - 7:30 PM	long-term psychodynamically oriented group

**Study/Training**

Joseph Acosta, LPC	576-9523	Fri	9:30 - 11:00 AM	Consultation group
Kathleen Adams, PhD	327-8311	Wed	11:15 AM - 12:45 PM	Lessons from Pandora's Box:Adventures in Psychotherapy Study Group
Armington w/ Armington	306-0166	Mon	12:00 - 1:30 PM	Intermediate level SCT training group
Cassano w/ Armington	327-4170	Wed	9:00 - 10:00 AM	SCT(tm) supervision group (alt weds.)
Freireich w/ Marriott	306-0180 / 419-7018	Mon	1:00 - 2:30 PM	psychoanalytic study/consultation group (alt. Mon.)
Sandra Grimes, LCSW	565-1838	Tue	3:30 - 5:00 PM	Clinical Supervision for LMSWs seeking LCSW license
Hudson w/ Pully	472-7476/477-9945	Wed	9:00 - 10:30 AM	object relations/interpersonal
Nancy Kelly, PhD LCSW	458-4646	Fri	9:45 - 11:15 AM	Study grp. for early-career therapists (Alt. Fridays)
Fabianna Laby, PsyD	638-3555	Tue	10:30 AM - 12:00 PM	Practice Development
Gaea Logan, MA, LPC	327-6311	Wed	8:00 - 9:30 AM	wisdom and psychoanalytic psychotherapy (15 CEUs/3 Ethics)
Gaea Logan, MA, LPC	327-6311	Fri	11:00 AM - 12:30 PM	wisdom and psychoanalytic psychotherapy (15 CEUs/3 Ethics)
Thomas Lowry, PhD, ABPP, LFAGPA	346-2332	Mon	TBA	AAMFT supervision
Lisa Means, MA, LPC	472-5848	Fri	9:45 - 11:15 AM	Consultation and Study Group
Jan Morris, PhD	346-2332	Fri	12:00 - 1:30 PM	Modern Analytic Study/Training (Alt. Fri.)
Candyce Ossefort-Russell, MA, LPC	789-6244	Wed	8:30 - 10:00 AM	Therapists Study Group With AEDP Focus
Candyce Ossefort-Russell, MA, LPC	789-6244	Fri	8:00 - 10:00 AM	Writing Group for Therapists
Amy Person, M.S., LPC	494-9977	Mon	12:45 - 2:00 PM	Private Practice/Consultation Group
Pully w/ Hudson	477-9945/472-7476	Wed	9:00 - 10:30 AM	object relations/interpersonal
Travis Sebera, LPC, supervisor	327-7500	Wed	12:00 - 1:15 PM	Supervision group focusing on countertransference issues using modern analytic approach
Sydnor Sikes, PhD, ABPP	327-3408;469-0582	Wed	2:00 - 3:30 PM	SCT Foundation Training Group (NEW-begins March 24)
Sydnor Sikes, PhD, ABPP	469-0582 / 343-9609	Thu	12:30 - 2:00 PM	SCT training group
Gianna Viola, LCSW	585-4518	Tue	12:00 - 2:00 PM	LCSW Supervision Group
Beverly Voss, LCSW	338-9797	Fri	TBA	InterPlay Pilot Project (6 wks)

**Trangender**

Katy Koonce, LMSW	329-6699	Mon	4:45 - 6:15 PM	psychodynamic group for gender variant, long term
Katy Koonce, LMSW	329-6699	Wed	7:00 - 8:00 PM	Support group female born, identify differently, 1st and 3rd
Wed, by donation				
Katy Koonce, LMSW	329-6699	Wed	7:00 - 8:00 PM	Support group for trans women, MTF or MT, 2nd and 4th Wednesdays, donation

# Small Approximations to a Relational Life

By Joseph Acosta, LPC, CGP

"Silly, silly bird," Paco says as I walk down the hall to greet him. "That's for sure, ha ha ha," he continues. When I arrive at his cage, Paco steps out onto the top of his cage. I say "Owl" and Paco goes "hoo, hoo, hoo-hoo." "Road-runner," I say, and he responds, "beep, beep."

Paco is an African Gray parrot. They are known for their talking ability and their precise imitation of sounds. For the past several years, I have been training Paco to say words and to present specific behaviors on cue, like a wave or a turn. Little by little, I have built on small approximations to shape the behaviors I want to reinforce in Paco. This positive reinforcement training is a dynamic, relational process that Paco and I use to interact with each other. I am attending to his communications as much as he is attending to mine. When he demonstrates behaviors that indicate he has had enough, I stop. When he wants to play, I can play too. One of my most favorite interactions with Paco is playing "I see you, boo" with him. I hide in the hallway, stick my head out, and say "boo." Paco starts moving his head, side to side like he is hiding too, and says "boo."

Over the past several years, my relationships with both Paco and my other parrot have deepened due to my own emotional and relational development in group therapy. Thanks to my work in group, I have learned to be very aware of my parrots' communications to me while simultaneously listening to my internal experiences as I work with them. This article is about my development in group therapy, and the small approximations that I have taken in my own emotional and relational growth.

I remember my first step: showing up for my first weekly group meeting. I was scared! How would this be? I wondered. What have I gotten myself into? I showed up, introduced myself, and didn't say much more than facts about my life. I remember how much energy it took just to show up in the therapy room my first couple of years in group. It also seemed difficult to get into the group

conversation.

Looking back, I can see that it took me about two years to get adjusted to the psychological climate of group therapy. I wasn't used to thinking about unconscious process and getting curious about my own psychological resistances. I didn't know the differences between subject- and object-oriented feelings. Furthermore, the group leader was talking in ways I had never heard. Did he really say talk about aggression, competition and sex? Did he say tell others in group when you are feeling attracted to them? You've got to be kidding!

*Did he really say talk about  
aggression, competition and sex?*

*Did he say tell others in group when  
you are feeling attracted to them?*

*You've got to be kidding!*

I have the idea that the unconscious needs time to adjust to analytic exploration. Particularly for any of us who are prone to self-attack, noticing our resistances and working with them instead of judging them can be challenging at the beginning. For me, this was certainly true. I come from a family environment which valued silence and secrecy. I learned to keep myself walled off and my internal process to myself. So during those first months and years in my therapy group, I kept many questions to myself. What are these people doing talking about such intimate personal issues with nine other people in the room? I wondered. What have I done joining this group?

Little by little, I started talking more. "Put your thoughts and feelings into words," the group agreement goes. Sounds so simple. I knew that I had a lot of sensations in my body, yet I didn't have words to describe them. So that's where I started, by describing what would happen physically inside.

Over time the anxiety of beginning an analytic group journey began to diminish. I developed a growing understanding of other group members. I also started to notice more of my emotions and became aware of the depth of the anger and rage I can feel. I grew up in a home where physical punishment was the norm: punishment by belting. I can still remember some of these beatings in vivid detail, one in particular. When a group member told me I was lucky to be alive, he was remembering a time I described this episode of being beaten to the group. When it was happening, I wondered if I would make it out alive. When this group member told me I was lucky to be alive, I knew that someone gets what it was like for me to live in those circumstances. I felt understood and his words still ring in my mind. His understanding has helped me move beyond some of the fury I have felt about the physical punishment I lived with growing up.

As I became more comfortable with my own angry and aggressive feelings, I noticed so much more internally. I started to be more aware of the intense fear I can feel. Personally, this has been the most surprising part of my analytic group work – observing the fear I can feel. As life happens, the fear arises and dissipates. I have learned to notice it and be with it. Sometimes I know why I feel afraid and other times I don't. Today, the fear doesn't lead me into action as it once did. I am very glad that I can be with my fear, study it, and watch it evolve. In the groups I lead, many fears come up these days due to the uncertainties about the global economy. I notice how much more I welcome my group members talking about their fears as I have come to know and embrace my own.

In my own therapy group, I became aware



See "Small," page 17

## Interview

(continued from page 4)

models with emphasis on individual, interpersonal or group-as-a-whole dynamics. In the 1970's, what was most troubling was the absence of an "integrated" model inclusive of all three points of focus. I found Saul Schiedlinger's emphasis on the "inseparability of individual and group psychological elements in their intra-psychic, interpersonal, and group-as-a-whole contexts" to be a voice for a much needed theoretical jump away from either/or ways of thinking about theoretical models of group psychotherapy with its emphasis on theoretical primacy to a more inclusive way of thinking about the inter-relational ties between these models. As the French philosopher Jacques Derrida began to turn his theory of "deconstruction" on psychoanalytic literature as text and brought to our attention the idea that no model of thought owns an unassailable foundation, my interest turned even more in the direction of using an integrated model in both understanding and making meaningful interventions within the group. Around this time, I was invited to join the teaching faculty at the American Group Psychotherapy Association. During my early years of membership, I had the opportunity to meet Yvonne Agazarian who at the time, was in the process of building an integrated model of group psychotherapy. From the 1980's to present, I have benefited most from the works of Drs. Yvonne Agazarian and Theodore Saretsky. For me, Dr. Agazarian's contribution has come in the form of helping the field move from a dichotomous to a more integrated perspective in addressing differences across theoretical models and promoting our understanding about the clinical application of concepts such as containment, subgrouping, and developmentally based considerations. Dr. Saretsky's work in the area of stage theory has also been immeasurably helpful in understanding group process from a developmental perspective.

**JW:** There has been very active interest in Dr. Agazarian's model here in Austin for the

last 15-18 years. A significant number of our colleagues have done extensive training and on-going study in her approach.

**PK:** Those of us who have been fortunate enough to have met and worked with Dr. Agazarian have been exposed to a unique learning experience. Her enthusiasm for her work is contagious.

**PK:** My interest in developmental considerations came from a realization that quite often my interventions had very little if any helpful impact on the individual's and/or the group's developmental progress. It occurred

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*"I likened it to asking  
a two-year old boy to calmly accept  
the separation from his primary  
caretaker before he had mastered the  
concept of object constancy"*

---

to me that the group simply wasn't "ready" to hear or make use of what I had to say. I likened it to asking a two-year-old boy to calmly accept the separation from his primary caretaker before he had mastered the concept of object constancy. If our little boy simply lacks the cognitive and affective skills necessary to manage the separation, then he simply won't be able to calmly manage his fear of permanent loss. This of course led to my interest in wanting to know more about the timing of meaningful interventions. Timing from a developmental perspective means understanding more about the group's readiness to metabolize at any given moment what members bring into the group. As I began to experiment with this, I discovered that there is a whole body of literature involving group stage theory summarized by B.W. Tuckman (Psychological Bulletin, 63, 384-399, 1965). This allowed a more systematic study of the group's containing capacities for consciously work-

ing with a wide range of affects, memories, impulses, and fantasies. It also served to facilitate my appreciation for the therapist's role in more actively helping the group manage what is brought into the group in the form of words, body expression, and action. When this is carefully controlled and titrated, it serves to promote a group-wide sense of safety and comfort that ultimately facilitates the expression of similarities and the integration (tolerance) of differences. Within each of the developmental stages across the life cycle of the group, new developmental tasks (i.e. the management of anxiety tied to membership, of aggression in the service of individuation and the expression of warm and tender feelings in the service of fostering intimacy) will surface with corresponding threats to the members' perceived sense of safety. And with each turn, the therapist's skill in helping the group find its "optimal strain" will be necessary. The inherent danger in being asked to metabolize more than the group is ready for lies in the potential for triggering defensive flight, compromises in energy available for support and creativity, and in the worst case scenario, the introduction of iatrogenic processes which may prove harmful to the survival of the group and/or individual members. Morris Nitsan's seminal work on the "anti-group" provides many examples of the potential for healing and damage that lies within the boundaries of every group. In my view, just as a good-enough primary caretaker knows when her child is being over-stimulated and/or being asked to manage more than they are developmentally ready to handle, a well trained group therapist has invested considerable time learning to recognize these signs and will actively make interventions aimed at preserving a sense of safety within the group's boundaries.

**JW:** It's going to be very useful to hear you expand on the issue of interventions influenced by an understanding of the developmental level of the group when you are here

See "Interview," page 17

# What are the Turning Points in your Career?

By Pat Louis, L.C.S.W.

*Here are four more responses from AGPS members, who have at least 20 years of experience in their practices. These are the final essays collected by me. I appreciate each person who responded to my question and submitted an essay. Each has been interesting and wonderful to read. Thank you very much. Someone else is welcome to continue this column for future issues.*

## Tom Lowry, Ph.D.

Pat, you asked about turning points in my professional life. There have been many — almost a constant stream — but the most notable happened with changes in my personal and family life.

I had completed a master's degree when my wife, Alaire, and I married, and a sense of responsibility for family drove my decision to work toward a doctorate in clinical psychology. Her commitment to my education and her emotional support inspired me to higher achievement in my graduate work. Working with families of disabled children in practice and internship led me to focus on interpersonal dynamics and adopt a systems-theory approach to my work.

A second big change was my decision to leave my faculty position at Texas State University (then SWT) and join the clinical staff of the UT Counseling Psychological Services Center. This move affirmed my desire to concentrate on clinical work and supervise future psychologists and marriage counselors. It also allowed me to teach courses in Group Dynamics and Human Sexuality. During this time I became highly involved in a number of regional and national organizations. Another turning point occurred with the increasing demands of a growing family and my decision to leave the University of Texas to go into full-time private practice. There I had the privilege of working with various seasoned professionals. These were exciting times, as a small group of us organized the Austin Group Psychotherapy

Society and the Capital Area Psychological Association. I also found time to be active in Boy Scout leadership and training.

More recently I made a decision to reduce my practice time, choosing to work with individual and group clients and couples I really like or whom I find interesting and challenging. This allows me more free time to mentor, read, write, and spend time on avocational interests and with my lovely wife.

Dr. Lowry received his Ph.D. in Clinical Psychology from The University of Texas Southwestern Medical School in Dallas. He holds a diplomate in Group Psychology from the American Association of Professional Psychologists. He was a founder of the Austin Group Psychotherapy Society and the Capital Area Psychological Association and is a fellow of the American Group Psychotherapy Association. Dr. Lowry served two terms as president of the American Academy of Group Psychology.

Dr. Lowry specializes in work on interpersonal issues and problems and leads psychotherapy groups; he does marriage and family therapy and conducts individual psychotherapy from a systems perspective.

He is a native Texan. His wife, Dr. Alaire Lowry, also is a psychologist. (See the spring 2008 issue of *The Voice*). They have two grown sons, a lovely daughter-in-law and a wonderful granddaughter. His hobbies include HO model trains, camping, skiing, computers, astronomy and photography.

## Joy Luther, L.C.S.W.

I've been a therapist for just over 32 years. I literally stumbled into it, when I found the Social Work building by mistake one day. I envisioned social workers as the Florence Nightingales of society helping the oppressed. It seemed like a good career for me, given my lifelong penchant, some have said "barometer;" for the pain in a group and my nice, helpful Irish nature. For the first

twenty years of my career, I did just that, take on my clients' pain and serve it back to them with some of the bark removed. It was good work, but it left me a bit humorless and not fully sure if I was giving care, or rescuing them at my own expense. This all began to change when I was introduced to Systems-Centered Training and Change methods (SCT).

My first introduction to SCT was an informal one. My therapist had done some training with Yvonne Agazarian, Ed.D., the author of SCT methods and theory, and I noticed that she was talking more in the sessions! This change produced two responses in me: on the one hand I was surprised and irritated by the interruptions into my reverie, and on the other hand, I welcomed the questions she posed as a more collaborative kind of exchange and as a means of observing myself without judgment.

Some time after this, I attended an SCT training weekend with Yvonne. What I recall about that first weekend was the energy of the participants. People were excited to learn this new and, to me, "bizarre" language: functional subgrouping, permeability of system boundaries, discrimination of differences, context. Yvonne, herself, was an enigma to me. She interrupted people, she referred to people as members and yet she connected equally, in an attuned way, to the individual as well as a group of thirty or more people in a circle. She also said some things that truly resonated inside me, particularly that "we hate differences and we'll try to convert them or get rid of them." This I knew to be true as I thought about the parts of me (my issues!) that I was unhappy with that I kept trying to get rid of, as well as my experience of being an immigrant to the USA and having person after person subtly and not so subtly teach me how to "talk right." ("You've got an accent," as if they didn't, and the ever challenging, "you're not from around here, where are you from?") Since I was a teenager when my family emigrated,

See "Turning Point," page 15

## Working

(continued from page 6)

ing to them. But I learned a huge lesson as I watched a videotape of Diana's work. Diana interrupted a patient, not acknowledging the new subject but asking her to return to what she was saying earlier because she had grimaced and skipped right over it. I was aghast that she had interrupted the patient in that way. However, upon replaying the tape we saw that the patient very clearly gave Diana a "green light" when she interrupted her. She paused and grinned as if to say, "I was hiding and you found me!" And when they went back to what the patient had skipped over, a door opened into profoundly important feelings. These kinds of interventions are where the attachment-oriented therapist can directly help with emotional regulation and encouragement, and in fact, this kind of help is more attuned than just following the patient around all day.

In short, to be attuned, mothers (and therapists) need to lead and follow. Imagine a baby learning to sit up if a mother never pulled him up. Imagine a baby learning to play if a mother never initiated a game. The key to attunement is to watch for the signals you get in response to your leading or following. Sometimes I need to list some feelings the patient might be feeling. Sometimes I need to slow them down. Sometimes I need to help them disregard something that seems to be interrupting their flow. But always, always, always, when I make an active intervention, I need to track their response. When you're really attuning to the patient's subtle signals, they will let you know in no uncertain terms whether the leading is intrusive or helpful.

Then, if you're experienced as intrusive and you observe that and make a repair, that's healing in and of itself.

### Make The Attachment Relationship Explicit.

This quintessential AEDP technique is one of the most profound ways to bring healing affects into the room. After the patient has had an experience of feeling deep feelings in my presence, I ask something like, "What is it like to have this experience with me?" Many times patients have difficulty expressing this vulnerable experience, but with help and tenderness and encouragement, very often another big round of emotion ensues. Deep feelings of gratitude, or of mourning for the self or of coherent narrative often emerge. Much tender feeling comes up and intensifies when the relationship is explored directly, rather than having its value assumed.

### Rewards for Patient and Therapist

There is ecstasy in paying attention. You can get into a kind of Wordsworthian openness to the world, where you see in everything the essence of holiness.

— Anne Lamott, *Bird by Bird*

The rewards are profound for working in the unconscious right-brain realm, for tuning in to deep, unconscious communications of emotion, and for relying on the healing and resilience inherent in an attachment system that functions in a healthy way. The more I work in this way the more I reliably help

people, and the more I myself am healed.

The more I bring the depths of my heart to care for each and every patient, the more I am tuned in to the healing force that every person possesses, the more closely I attend to the unconscious, then the more I can see that the unconscious wants to be healed, wants to be heard, and the work flows. By paying deep and caring attention to every unconscious emotional detail, by feeling with instead of talking about, therapy becomes a meditation, an offering. The consulting room becomes sacred ground. Love (an affect, in my opinion) really is all we need.

Candyce Ossefort-Russell, M.A., LPC is a therapist in private practice, a certified AEDP therapist, and a member of the training faculty for the national AEDP Institute. She works with adult individuals and groups, and she supervises and teaches therapists and interns in the practice of AEDP. She can be reached at 512-789-6244, [candyce@candycecounseling.com](mailto:candyce@candycecounseling.com), or through her website at [www.candycecounseling.com](http://www.candycecounseling.com).

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## AGPS Past Presidents

We are grateful for our rich history of outstanding leadership and would like to honor our past presidents for their service and commitment to AGPS. Thank You!

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Katie Griffin  
Pam Greenstone

## Turning Point

(continued from page 13)

these questions served me up as different from my peer group, and very soon I quietly assimilated by translating my phrases into "American" and losing my accent.) Within SCT, I found that my differences (real and perceived) were not scapegoated but were celebrated as a "voice of the group" and a "difference to be explored and integrated." I learned how to explore my experience with others in the here and now, using the information in my "belly" as opposed to my head, and discovered I was more similar to than different from others. I also discovered that true assimilation is an integration of similarities and differences.

I continued in the SCT training through the three and a half year intensive Authority Issues Group, in which we explored the issues we had in giving and taking authority. Yvonne was our leader and she served as the transference object for all of our hatred of authority and the ways we both expect the authority to meet (and not meet) all our needs. I came out of the group a little closer to accepting that I can't have the perfect authority figure in my life and that the best I can do is to take authority for my life and build the kind of systems around me to make my life as good as it can be. This was another turning point. Not only did I no longer fear, and thus subtly avoid, the deep rage and authority reactions of my clients, but I started to take a new look at my work as a clinical social worker: I stopped taking new clients for a bit and explored a change of career. I started playing my guitar again (an instrument that had been a source of comfort to me as a teenager) and discovered that I could write my own songs. I made a CD and started performing again. And in the end, I really chose to be a therapist, as opposed to stumbling along in a field that seemed so much like the role I had taken up in my family.

Working within the SCT discipline has given me a theory to stand on, a voice of my own and a whole system to belong to. For this

immigrant, it's as good as coming home.

*Joy Luther, L.C.S.W. is a Clinical Social Worker in private practice in Austin and a Licensed Systems-Centered Practitioner. She sees adults and children in therapy and specializes in working with couples. She is an SCT Trainer in Austin and at the annual SCT International Conference. Locally, she conducts introductory short-term group sessions in SCT and provides consultation for Work Teams and Meetings. She is a former board member for NASW, Texas and the Texas Society of Clinical Social Workers and currently serves on the Board of the Systems-Centered Training and Research Institute and SCTRI-Austin. In her spare time, she is a singer-songwriter, a grandmother, and is currently training to run her first 5K.*

### Paula Shea, L.C.S.W.

There are many events in our lives that can lead us toward change or "turning points." Most of them arise from events that motivate us, have been forced upon us, or have been introduced into our lives. These turning points can lead us toward individual growth and the opportunity and challenge of change. Sometimes, the events that lead to turning points in our lives are ones that others can easily identify, and that even can be marked on a calendar with a specific date and time. Sometimes the event is subtle and not easily identified as a significant event. These events often are not dramatic and are usually only discovered upon reflection or hindsight.

One of the most dramatic and visible transitions or turning points in my experience as a psychotherapist occurred the day I started as a co-leader in an adult ongoing psychotherapy group. I was going from being primarily an individual psychotherapist into a "gang." What if the group members did not like me? How would the group respond to me? When was the best time to explore, talk, or intervene?

Of course, you can see from the above, I was scared! Fortunately, I had an experienced and well-trained co-leader. The clients in the group were individual therapy clients referred by both the leader and other colleagues. After surviving the initial meeting, in which I wondered if I could really talk without air in my lungs, I experienced myself growing and appreciating the richness that group therapy can offer both the therapist and the client.

As I continued leading groups, I noticed the many positive changes that group psychotherapy offered individuals. This led me into starting other groups. One of the groups was a time-limited primarily focused psychodynamic group, and the other was a time-limited support group for individuals dealing with a specific similar issue, such as a phobia. These groups continued to transform and change me as I continued to note the richness of the experience for myself as a therapist and for the individual clients. For example, as I placed individual therapy clients into these psychotherapy groups, I was amazed to learn things about my clients I had not been able to observe in an individual setting. For the client, I could observe the great advantage of having many individuals responding to them in ways that helped facilitate and increase insight and change.

While all these groups had different group norms and were structured differently, they each offered the same richness. I grew in my awareness of how others can provide support and care for one another. The compassion and depth of connection that a group can provide was very powerful and transforming.

I guess there will never be a time that I will not be scared in a new group, but this was an important turning point for me. I learned the value that group psychotherapy can provide for the leader and the members in offering change and growth and how groups provide many opportunities for turning points in people's lives.

See "Turning Point," page 18

# Still Echoes: Poetry to Contemplatives, Listeners and Witnesses

Compiled by Gaea Logan and Candyce Ossefort-Russell

## The Resources We Are Born With

By Seja Rachael (2/10/2008)

The bamboo is trembling  
The wind tosses it back and forth illogically  
My feet make muffled slaps on the street  
As I press my cheek bone  
How solid I used to be

Now nothing is substantial  
Each branch I grab onto cracks and then  
I fall without landing

Now I know what it means  
to lose my grip.  
Have nothing to hold onto

Even my love for my children  
The reliable constant  
Gone on the same evil wind

Pressed down by no light  
I lay supine  
Door shut tight

Hear muffled sounds near by (these spaces are deliberate)  
An unhurt cry a retort  
water running toilet flushing  
doors jackets

It's as if I took a ride on a long ribbon  
freeway  
and got so lost  
I gave up looking  
for anything real  
No diner  
no garage man  
no filler up  
No name

But still my heart is beating its own irregular rhythm  
Here in my shallow chest  
Pushing my blood around with purpose  
So what if I have lost mine  
If my rucksack is empty and I can barely  
tramp along  
So what

Hobble forth  
Stay away from street lamps  
And children's open laughter  
Leave No marks on anyone

Here in the dry heavy dark  
Bent knees  
no outward face or destiny  
I must travel by these peculiar rules  
backward and upside-down  
insolently humbled  
I won't give up

I was baby born with  
the courage of hundreds  
If hope has deserted me  
Took off without explanation  
My courage has not

In this place of no direction and scarce dimensionality  
With no wisdom to be found  
I will abide in strong measure  
This weathered censored inviolate I will abide.

## Being A Person

By William Stafford

Be a person here. Stand by the river, invoke the owls. Invoke winter, then spring. Let any season that wants to come here make its own call. After that sound goes away, wait.

A slow bubble rises through the earth  
And begins to include sky, stars, all space,  
Even the out racing expending thought  
Come back and hear the little sound again.

Suddenly this dream you are having matches  
Everyone's dream, and the result is the world.  
If a different call came there wouldn't be any  
world, or you, or the river, or the owls calling.

How you stand here is important. How you  
Listen for the next things to happen. How you breathe.

## The Patience of Ordinary Things

- Pat Schneider

It is a kind of love, is it not?  
How the cup holds the tea.  
How the chair stands sturdy and foursquare,  
How the floor receives the bottom of shoes  
Or toes. How the soles of feet know where they are supposed to be.  
I've been thinking about the patience  
Of ordinary things, how clothes  
Wait respectfully in closets  
And soap dries quietly in the dish,  
And towels drink the wet  
From the skin of the back.  
And the lovely repetition of stairs.  
And what is more generous than a window?



## Small

(continued from page 11)

that I didn't know how to respond when another member would tell me their thoughts or feelings about me. "Good to hear" is how I began. I got interested in how I can respond to emotional communication from other group members. I would ask myself, what is my feeling state and thought process, and what I am feeling towards the other person? Again, this sounds simple, but I find it takes practice over and over again to know and articulate an internal experience in the moment while staying engaged with another person. I not only need to know what I am thinking and feeling in the moment, I need to articulate those thoughts and feelings. Sometimes I have a sense or feeling about something, but finding the right words while the emotional interchange is happening isn't easy.

One day, I began telling my group about some intense sadness and fear I was experiencing in my clinical work. Suddenly, I had a physical experience and an image of a time as an infant when I didn't think I was going to live. This was a spontaneous memory I was not conscious of prior to the group meeting. As I sobbed, I was acutely aware of the group this time. In the past when I have been sad and crying in group, I would emotionally withdraw to cry alone. Being involved with others in a sad state seemed too risky. This time, something was different. I wanted the group to be there with me as I was going through this. As my crying lightened, the

group leader asked me to describe the feelings. As I described them, I noticed feeling connected with the group members. My group is generally very active with a lot of competition for talking time. This time, however, the group was right with me, quiet and attentive as I struggled for words. I would pause and the group members stayed with me. I would hesitate and struggle for words some more and the group stayed with me again. I felt held by a group of people in ways I hadn't felt before. I felt a tremendous amount of joy for the group being with me as I worked through this moment of my history. It is a group that changed the way I see group therapy.

My own group therapy has allowed me to see the value of being emotionally involved with other human beings. Just like the small approximations Paco takes when training, I have taken small approximations by walking into group therapy each week. Paco can hoot like an owl, beep like a roadrunner, lift his foot to wave, turn around with a hand signal, fly to my hand on cue, and return to his cage on cue. All because of the small approximations he has taken. Each one of these small approximations has led to a new behavior. He can do this after taking many small steps to become so successful. That's just like group - many small emotional and relational steps over many years. Showing up each day for group therapy creates the

possibility of a small emotional and/ or relational approximation. Each time I interact emotionally with other group members, I am developing my relational abilities. When I know what I am thinking and feeling, I have choices about what I want to say and what I don't want to say. In this dynamic process, I develop and I have a fuller capacity to be emotionally engaged.

At times when I am feeling free and happy, I know group has made a tremendous impact on my life. In Lou Ormont's final letter to the many students of his work in modern group therapy, he wrote, "I believe the future lies in group therapy - to realize maturational goals, facilitate education and to heal." There is no doubt in my mind that group therapy has helped me meet some of my maturational goals. I am grateful for the years of personal and professional training I have had in group therapy.

Joseph Acosta, LPC, CGP leads 3 groups and co-leads a 4th group. For the past three years, he has studied Modern Group leadership at the Center for Group Studies in New York. He completes the Certificate Program at the Center this year. He is a member of the AGPA Group Psychotherapy Foundation Scholarship Committee, a group of Austin group psychotherapists that raises funds for students and new professionals to attend the AGPA annual meeting. He can be reached at (512) 576-9523.

## Interview

(continued from page 12)

in the spring. It's clear from your comments that you view the group therapist as needing to track the interactions of the group on several levels simultaneously. Being a group therapist is a very rewarding and challenging endeavor.

**JW:** How do groups fit into the way you conduct your clinical practice?

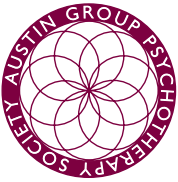
**PK:** I've been in private practice since 1980. Since then, my work as a clinician has been divided into time spent teaching at the graduate school level as an adjunct faculty

at several universities in the metro Detroit area; doing consulting work at several community social service agencies including the VA Hospital; and working with individuals, couples, and groups in psychotherapy. I generally see three groups a week. All three groups are long-term, one of which is a low cost group with chronically impaired individuals (Borderline, Bipolar, and ambulatory Schizophrenics).

**JW:** Thank you so much for your comments and for agreeing to come share your experience

and insights with us here in Austin. I look forward to meeting you.

Josie Whitley is a psychologist in private practice. Her practice focuses on individuals, couples and groups. She has worked in private practice settings with groups since 1982. Her interest in groups dates to the early 70's when she coordinated a program to train teachers and counselors in the Austin School District in the use of groups with elementary school children based on a curriculum for affective education.



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## Turning Point

(continued from page 15)

Paula Shea is a Licensed Clinical Social Worker with a master's degree in social work. She has been providing individual, group, family, and relationship therapy in Austin since 1984. She is certified as an Advanced Clinical Practitioner. For many years she served on the Texas State Board of NASW and has been an active member on the Austin steering committee. She has been married to Roger Hall, Ph.D., for over 45 years. They have had many good and interesting years together raising two children, leaving their practices and going cruising on a sailing yacht for eight years, surviving breast cancer together, and in 2004 they happily returned to their professions and private practices. Paula also is enjoying a new avocation of painting.

### Pat Louis, L.C.S.W.

Being placed as a second-year student at Child and Family Service was a significant turning point in focusing my attention on families in emotional trouble, and in 1974 I began training with Ruth McLendon, M.S.W.,

in California, learning about family systems, Transactional Analysis and Gestalt Therapy. The next turning point came when I met Sharon Wegsheider-Cruse and learned about family "sculpting," with an emphasis on substance abuse issues.

In the mid-eighties I met Jev and Sydnor Sikes, who contributed through the next decade to my training through study groups, group therapy and the many workshops that they sponsored with nationally-known therapists coming to Austin to lead those workshops. Jev also helped start Austin Group Psychotherapy Society, which continues to offer training and networking opportunities.

The most recent turning point in my training was working with Yvonne Agazarian in learning Systems-Centered Therapy. Being in training groups and serving on the steering committee contributed greatly to my being a competent psychotherapist and learning to be a functional member of an organization.

In 2001 I had Bell's Palsy. This turning point required my learning significantly more about receiving care, graciously, from others and continuing to value and ask for that along with being willing to give to others.

I have been professionally "reared" by a wonderful village! As I am transitioning now to part-time work (still want referrals!), I am feeling a sense of satisfaction that I have been able to contribute toward healthy functioning with clients and colleagues. I feel blessed with family, friends and my work life.

In 1976 Pat Louis graduated from U.T. Austin School of Social Work and worked at Child and Family Service through 1984 where she became Director of Counseling. In 1980 she began a private practice and has been working with individuals, couples, families and groups since then. She also offers a 3-session psycho-educational class: from co-dependency to inter-dependency.



# Spring Conference

## Using an Integrated Theory of Group Psychotherapy in the Promotion of Affect Development

Paul Kaye, Ph.D., CGP  
 March 28th, 8:30-4:30

### Saturday Conference

Location: Doubletree Club Hotel  
 MLK and I-35  
 512-479-4000

Existing models of group psychotherapy conceptualize the group process in terms of individual, interpersonal, or group-as-a-whole dynamics. This workshop will demonstrate how all three levels of understanding contribute to promoting the group process viewed within a developmental context. The workshop will also illustrate the therapist's role in promoting the expression and containment of affects (anxiety, anger, warmth and tenderness, and sadness and loss) across the life cycle of the group. The workshop will include a demonstration group in which Dr. Kaye will model the use of an integrated model in addressing key affective states during different stages of the group's developmental life cycle.

### Sunday Consultation Group

March 29th, 9:00am-12:00 noon  
 Fee: \$100 (payable to AGPS)

The Sunday morning consultation group will be an informal group in which participants may further explore topical questions and consult on pertinent group/case material from their practices. The first 10 people to sign up will compose the consultation group; they will be notified of the location and other details. Please check the appropriate box on the registration form to attend.

### About the Speaker

Dr. Kaye is a licensed Clinical Psychologist in private practice in the state of Michigan. Following seven years at Sinai Hospital of Detroit where he worked extensively with inpatient, day hospital, and outpatient groups, he began a private practice in 1980. He serves on the teaching faculties at the University of Detroit Mercy's Clinical Psychology program; Wayne State University-School of Medicine-Psychiatric Residency program; and the American Group Psychotherapy Association. Since 1987, he has presented both at the national and international levels on topics relevant to promoting an integrated theory of group psychotherapy. In

## AGPS Conference Information & Registration

To register, complete the form below and mail it along with your payment (payable to AGPS) to:

Austin Group Psychotherapy Society  
 P.O. Box 684434  
 Austin, TX 78768

Name \_\_\_\_\_

Discipline \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone(s) \_\_\_\_\_

### Saturday Workshop

- AGPS Member \$ 90
  - AGPS Non-member \$ 100
  - Student\* \$ 45
  - Agency Staff\*\* \$ 80
- Total Amount Paid \$ \_\_\_\_\_

I would like to attend the *Sunday Morning Consultation Group*  
 9:00 am-12:00 noon (\$100 payable Sunday)

- \* Must be enrolled in a professional training program. Please send documentation of student status with payment.
- \*\* Limited to member of mental health agencies or hospital staff who preregister as a group of three (3) or more individuals. Private practice groups do not qualify for this rate.
- Limited scholarships to cover registration fee available. Contact AGPS at 473-3893 for more information.
- **Early registration is encouraged** and appreciated; there will a \$10 surcharge for at-the-door registration.
- Refund Policy: A \$15 administration fee will be deducted from all refunds. No refunds will be given after the Conference.

February of this year, he will be awarded the distinction of AGPA Fellow and is presently serving on the Institute Committee of AGPA.

On the personal side, Paul has been married for 36 years with two daughters. He spends his free time traveling with his family, playing tennis, raising Japanese Koi (goldfish), and enjoying the skies as an amateur astronomer. Paul also has an interest in writing and is in the process of completing a screenplay involving the issue of deception within the context of a therapeutic relationship.



Austin Group Psychotherapy Society – AGPS  
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### **Register Today!**

## Using an Integrated Theory of Group Psychotherapy in the Promotion of Affect Development

Paul Kaye, Ph.D., CGP

March 28th, 8:30-4:30

Sunday Morning Consultation Group

**limited to 10 people**

Paul Kaye, Ph.D., CGP

March 29th, 9:00-12:00 noon

### **Don't miss out!**

Benefits of participating in the consultation group:

- Participation in a small group with a nationally recognized clinician in which to ask questions, present case material for consultation, and/or to work on personally relevant material.
- Opportunity to integrate and consolidate material from the Saturday conference.
- Networking with colleagues in a deeper way.

### **SAVE THE DATES FOR 2009**

#### **March 28-29, 2009**

Spring Conference and Consultation Group  
See registration page for details

#### **June 5, 2009**

Friday Afternoon Training--"Fight, Flee, or Engage: Working with Anger and Aggression in Groups," presented by Joseph Acosta, LPC.  
Doubletree Club Hotel, 2:00-5:00 PM.

#### **November 7-8, 2009**

AGPS Fall Conference presented by Stewart L. Aledort, M.D., CGP, FAGPA.  
More details to come. Doubletree Club Hotel, 8:30 AM-4:30 PM

### **SHARE YOUR VOICE**

*The Voice* is such a rich publication because of the articles contributed by you, the members of the AGPS community. The newsletter is published twice a year. In each issue we hope to learn more about the varied voices that make up our community. If you have not yet submitted an article, please consider sharing your voice with this vibrant community. We will consider all submissions and are available to help you give shape to your ideas or polish rough drafts.

#### **A BIG THANK YOU**

The publication of *The Voice* is a group effort. I am grateful to Kate Culligan for her guidance and assistance as I have transitioned into the role she held so well as editor. My special thanks to Patricia Florence, Derek Leighton, Josie Whitley, Tammy Brown, Kate Culligan, and Anne Walker for their help with editing. Thanks also to the AGPS board members who have supported me in various ways in preparing *The Voice* for publication. I am so thankful to the authors who have invested their time and energy in writing articles for this edition of *The Voice*.