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INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

WINTER 2020

groupcircle

From the Couch to the Screen — Online (Group) Therapy

Haim Weinberg, PhD, CGP, FAGPA

The future is already here. More group therapists are using video conference applications to facilitate online groups. It would not be surprising for clinicians to assume that moving from the office circle to the screen requires new knowledge and training, and changes the way we think about therapy, self, relationships, intimacy, and human connectedness. This article focuses on the main obstacles that exist when we work online with patients, especially in video communication and specifically with groups.

First, we must consider legal and ethical guidelines: 1. Do not practice across state borders; and 2. Comply with HIPPA standards. The first requirement means that if you are licensed in California, you cannot have a group member from New York in your online therapy group (although lately, some states started flexing this rule). The second requirement excludes the popular application Skype since it is not HIPAA compliant and does not notify clinicians when breaches occur. In addition, cyberspace has loose boundaries, so we should take extra measures to protect confidentiality in online communication. We may also request members to review and sign a group contract that overviews the risks they may encounter when joining an online group.

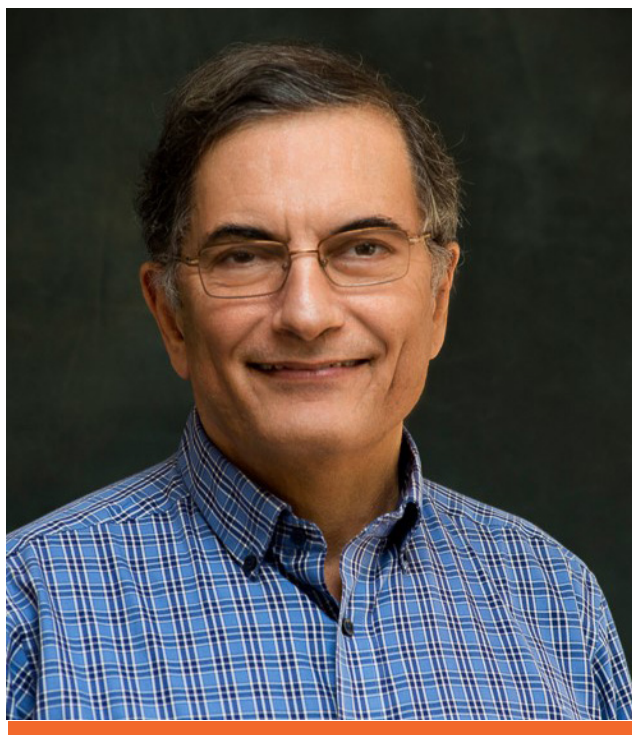
Screen relations (Russell, 2015) reduce human connection from three to two dimensions. As therapeutic outcome depends mainly on the relationship between the client and the therapist, we should identify what is missing in that online relationship and find ways to overcome it.While my main assertion is that online therapy is not the same as in-person therapy, this does not mean that we cannot help our clients online. We can reach good results in online therapy, and contemporary research is finding positive therapeutic outcomes of online treatment (Dunstan & Tooth, 2012). Most of this research measures the efficacy of on-line CBT group therapy modalities.

The question of whether it is the same or different from in-person therapy is related to the dilemma of how much we want to force this similarity on the setting. Take, for example, the issue of the seating arrangement. Using video conferencing, we usually see only the upper half body of the participants, or sometimes just the face. If we want the situation to reflect the same reality we have in our offices, we should sit in a couch further from the computer so that the patient will see our full body. We can take it to a ridiculous extreme and require that when we use the psychoanalytic frame of reference online, the analysand should lie in their bed/couch in front of their computer.

So, what are the main obstacles that we should take into consideration and compensate for when we shift our practice to the screen? We can count four main difficulties: 1. losing control of the setting; 2. the disembodied environment; 3. the question of presence; and 4. ignoring the background.

Losing control of the setting

The setting is a crucial aspect in dynamic and process-oriented therapy, and many articles and books have been written about it. Usually, the therapist has control over the setting; s/he chooses the decoration in the office, arranges the chairs in a circle (in a group, ideally the same chairs), puts a tissue box in the middle of the circle, arranges



HAIM WEINBERG, PHD, CGP, FAGPA

for calm music in the waiting room, etc. Foulkes (1964) used the term "dynamic administration," meaning that facilitating the group always acquires a dynamic meaning (e.g., different comfortable chairs can be interpreted with hierarchical meaning). Taking care of the environment sends the message that we take care of the patients' needs. It creates a holding environment. However, when we move to the screen, therapists cannot take care of the environment anymore, as we do not control the environments from which the patients, or group members, connect. We cannot even guarantee whether anyone listens to the group conversation on the member's end. How do we compensate for this shortcoming?

The easiest solution is to instruct the group member to prepare a holding environment for themselves. It can be addressed simply by adding some items to your standard group agreement. For example: "Please connect from a quiet room, with no interruptions, where your privacy is guaranteed." If you meet with group members before the group in order to bond, screen, and prepare them for the group (a common practice), continue doing it online, and use this meeting to clarify their responsibility for a safe environment. One possible result of shifting the responsibility to the client might be that we encourage more adult coping skills and less regression. It can be an advantage or a disadvantage, depending on the point of view and the specific client.

The disembodied environment

The body-to-body interaction is important in any close relationship, including the therapeutic one. The Interpersonal Neuro-Biological approach (IPNB) claims that we regulate one another through our body interactions: The therapists' warm gaze, their calming tone of voice, and many other aspects of their body, help the group members to feel held and to regulate their affect. Theoreticians who presented at AGPA Connect, such as Porges (2011), Siegel (1999), Schore (2003), Wallin (2007), Iacoboni (2008), and others, all emphasize the importance of the body in human relationship and therapy.

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from the president

Eleanor Counselman, EdD, CGP, DLFAGPA

This is my final column as your two-term President. Two years ago, I wrote what I expected to be my final column, but life does have mysterious twists and turns, and here I am writing a second final column. When I agreed to come back as President, after Barry Helfmann, PsyD, ABPP, CGP, DFAGPA, sadly needed to resign, friends asked me why I was doing it. I said that in addition to supporting an organization I love and work that I believe in, I get to work with such great people. It's been a wonderful journey, and I'm grateful for the opportunity to give back to an organization that has given so much to me. I'm very appreciative of all the people who eased my transition back into the presidency and have supported me during both terms.

I've been blessed with a wonderfully wise Executive Committee: Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, President-Elect; Hank Fallon, PhD, CGP, FAGPA, Treasurer; Martha Gilmore, PhD, CGP, FAGPA, Secretary; Maryetta Andrews-Sachs, MA, LICSW, CGP, FAGPA, Affiliate Societies Assembly Chair; Karen Travis, LCSW, BCD, CGP, FAGPA, Chair of the Group Foundation for Advancing Mental Health; Tony Sheppard, PsyD, CGP, FAGPA, Chair of the International Board for Certification of Group Psychotherapists; and Marsha Block, CAE, CFRE, Chief Executive Officer. We have tackled some big challenges during our months together and functioned beautifully as a team. I'd also like to thank the whole AGPA Board for their many contributions and support. I am still smiling from your surprise of awarding me Distinguished Fellowship. I can't get over the fact that you all impressively kept the process secret for four months!

As I write this column, I realize yet again how many people actively contribute to AGPA. I would like say "thank you" to:

The Affiliate Societies Assembly Chair Maryetta Andrews-Sachs, MA, LICSW, CGP, FAGPA, Chair-Elect, Michelle Collins-Greene, PhD, ABPP, CGP, Member-at-Large Jana Rosenbaum, LCSW, CGP, FAGPA, and all the Affiliate Presidents and Representatives. The Affiliates provide vital local connections for our members and are often the first step to greater involvement in AGPA.

AGPA Connect Co-Chairs Alexis Abernethy, PhD, CGP, FAGPA, and Katie Steele, PhD, CGP, FAGPA, Co-Chair Designate Tom Stone, PhD, CGP, FAGPA, and the whole

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what's inside

from the editor

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

I am thrilled to write my first column as your Editor. I feel fortunate to be working with such a talented and inspiring editorial and production staff including Diane Feirman, CAE, Nicole Millman-Falk, Editorial/Production Manager, Marsha Block, CAE, CFRE, Lee Kassan, MA, CGP, LFAGPA, and Susan Orovitz, PhD, CGP. I also feel very grateful to have worked closely with our retiring Editor Steven Van Wagoner, PhD, CGP, FAGPA, the last few months prior to this edition. I am indebted to Steve for his generosity, support, guidance, and mentorship. Steve's humanity, depth, astuteness, and experience with group therapy is matched by his big-heartedness. This is evident in his volunteering over the last decade to be the Editor of the *Group Circle* for two terms.

The editorial and production staff have begun implementing new initiatives in the *Group Circle* to provide an experience-near, inclusive, and holistic perspective of the many dimensions of the AGPA community, while continuing to publish contemporary, scholarly articles on topics and trends in the field of group psychotherapy.

Going forward, each *Consultation, Please* column will feature a clinical dilemma and responses from different Special Interest Groups (SIGs). This will provide our readership with a greater understanding of each SIG, its special area of interest, and the unique roles SIGs play in AGPA. Thanks to SIG Co-Chairs, Sophia Aguirre, PhD, CGP, Kathleen Ault, NP, CGP, FAGPA, and Eri Suzuki Bentley, PhD, CGP, and Lee Kassan, MA, CGP, LFAGPA, Editor of the *Consultation, Please* column, for facilitating this transformation. In this edition, the column is by the Group Training and Supervision SIG.

A *View from the Affiliates* is a new column, which will provide articles by Affiliate Societies on themes/topics that Affiliates are involved in. The purpose of this change is to showcase the depth, value, and function of our Affiliates and the important roles they play for the AGPA membership and mission. Please read the articles by: Erica Gardner-Schuster, PhD, from the Eastern Group Psychotherapy Society; Lorraine Wodiska, PhD, CGP, ABPP, FAGPA, from the Mid-Atlantic Group Psychotherapy Society; and Ildiko Gabor, LMFT, CGP, from the Northern California Group Psychotherapy Society.

The Last Word is a new column, which will feature in-depth personal, professional interviews of different AGPA members. This column provides an opportunity to pay tribute to and learn from members of our AGPA community. In this edition, we feature Dr. Van Wagoner.

We aspire to begin a regular column entitled *Diversity Matters*. This column will bring diversity issues to the forefront for our readership—why diversity matters in AGPA and in research and training for group therapists. We want our readership and membership to learn more about how AGPA is working on addressing issues of diversity, equity, and inclusion. We await submissions for this new column.

In this edition, I also encourage you to read one of AGPA's on-line therapy experts—Haim Weinberg, PhD, CGP, FAGPA. His article *From the Couch to the Screen—Online (Group) Therapy,* addresses how to provide online therapy, especially with groups. In *Research Matters,* an article *(The Interpersonal-Neurobiology of Resistance in Group Therapy)* by Aaron Black, PhD, CGP, FAGPA, describes how interpersonal-neurobiological concepts can be applied to resistance in group therapy. The *From the President* column by Eleanor Counselman, EdD, CGP, DLFAGPA, highlights the many accomplishments and changes AGPA has made under her leadership as a two-term president and her inspiring message for the future of our organization. This edition also recognizes that AGPA has awarded Distinguished Fellowship, our highest honor, to Nina Brown, EdD, LPC, NCC, CGP, DFAGPA, and Eleanor Counselman, EdD, CGP, ABPP, DLFAGPA. Both have demonstrated exceptional leadership and contributions to the field of group psychotherapy for decades.

Lastly, I wanted to thank Susan Orovitz, PhD, CGP, for her years of service to the *Group Circle* and all her efforts in establishing the new *A View from the Affiliates* column. She will be stepping down as Editor of the *Affiliate Societies* column. I am excited to announce that Erica Gardner-Schuster, PhD, will be the new Editor of this column. Dr. Gardner-Schuster is a clinical psychologist in private practice in New York City, where she provides group, couple, and individual therapy. She is Instructor of Group Therapy at the New School for Social Research, President of the Eastern Group Psychotherapy Society (EGPS), and Associate Editor of *GROUP* journal.

As you can see, there are many exciting and innovative changes in the *Group Circle*. I welcome your comments, feedback about this column, about the changes in format or anything else about the *Group Circle*. I look forward to you providing us with your article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

FROM THE PRESIDENT

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AGPA Connect Committee, for their ongoing hard work (hard doesn't begin to describe it!) in creating our wonderfully rich and diverse program each year. Under their leadership, we have had the pleasant problem of needing ever more rooms for institutes and workshops, as enrollment continues to grow.

Jill Paquin, PhD, the first woman Editor of the *International Journal of Group Psychotherapy* (*IJGP*) for her innovative approach to the *Journal* (our first hot pink cover!). The whole Editorial Committee does a first-rate job of filling our *Journal* with up-to-date clinical and research articles.

Barbara Ilfeld, MSN, RNCS, CGP, FAGPA, Nancy Kelly, PhD, MSSW, CGP, FAGPA, and Keith Rand, MA, MFT, CGP, FAGPA, for co-chairing the Fellowship Committee, which gives special recognition to our deserving members. One of my pleasures as President has been making the calls to let new Fellows and Distinguished Fellows know that they are being recognized in this way.

Paul Berkelhammer, MA, LMHC, CGP, Mary Krueger, MSEd, LCPC, CGP, FAGPA, and Shunda McGahee, MD, CGP, and the entire Membership Committee for helping recruit and retain new members. Your outreach helps new members feel welcomed and find their place in AGPA. I've loved attending the New Member Dinners and Breakfasts during AGPA Connect that the Membership Committee organizes and getting to know some of our new members.

Much appreciation to Steven Van Wagoner, PhD, CGP, FAGPA, our retiring *Group Circle* Editor (after 10 years!). Every quarter, the newsletter arrives with new and interesting information and articles. A big welcome to our new *Group Circle* Editor, Leo Leiderman, PsyD, ABPP, CGP, FAGPA. And to Nicole Millman-Falk, our Editorial Production Manager, for her helpful editorial and grammatical suggestions that always improve these columns. My high school English teacher would have loved her!

Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, and the Nominating Committee for preparing an excellent slate that will provide strong ongoing leadership for the future. Chairing this Committee is the job of the Immediate Past President and is no small task. However, when I stepped back in as President, I felt I should not chair the Nominating Committee. Molyn graciously agreed to add that responsibility to an already full plate. He and his Committee ably prepared a slate of candidates in line with the new Bylaws and Board policy of creating greater diversity within our leadership.

Molyn Leszcz MD, FRCPC, CGP, DFAGPA, Farooq Mohyuddin, MD, CGP, FAGPA and Kathleen Ulman, PhD, CGP, DFAGPA, Co-Chairs of the Public Affairs Committee, for keeping us informed about national policies affecting mental health care and helping spread the word about the benefits of group. Special thanks to Farooq for regularly representing AGPA at the monthly Mental Health Liaison Group meetings.

Craig Haen, PhD, RDT, LCAT, CGP, FAGPA, and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, Co-Chairs of the Community Outreach Task Force. I wish you had not needed to be so busy during these past four years, but your outreach, offering concern and resources to members in areas affected by natural or manmade disasters, has been incredibly meaningful. Members frequently respond with gratitude. Most recently, Community Outreach contacted our members in California, where there was a tragic school shooting, and those in Jersey City, New Jersey, who were also affected by a shooting. The following response from a member is typical of what we receive: "It means a great deal to me that I am involved in an organization such as the AGPA who cares for its members. Again, thank you for your concern along with information regarding resources available to me and my clients."

Jan Morris, PhD, ABPP, CGP, FAGPA, and Haim Weinberg, PhD, CGP, FAGPA, Co-Chairs, and all of the members of our e-Learning Task Force, for creating such a spectacular schedule of offerings, which provide AGPA members with year-round educational opportunities. This program has grown significantly just in my two terms as President and helps serve members all 12 months of the year.

Les Greene, PhD, CGP, DLFAGPA, Rebecca MacNair-Semands, PhD, CGP, FAGPA, and Martyn Whittingham, PhD, CGP, FAGPA, for co-chairing the Science to Service Task Force (S2S). S2S helps bridge the gap between research and clinical practice and provides clinicians with important supportive research. They have developed a brand new section on our website, called *Group Think! Applying Science to Practice,* that provides updates updates on current clinically relevant group therapy research—another valuable resource for practitioners.

Sophia Aguirre, PhD, CGP, Kathleen Ault, NP, CGP, FAGPA, and Eri Bentley, PhD, CGP, Co-Chairs of the SIG Task Force, who have strengthened the role of the Special Interest Groups within AGPA, providing opportunities for connection with professionals with similar interests. And all the SIG Co-Chairs for providing leadership to these important groups within our community.

Sophia Aguirre, PhD, CGP, Chair of the Diversity, Equity, and Inclusion Task Force and all of its members. As AGPA seeks to be a more diverse organization at all levels, consultation with this Task Force is important for helping us navigate such change.

Angela Stephens, CAE, Diane Feirman, CAE, Katarina Cooke, Desiree Ferenczi, Jenna Tripsas, and Angie Jaramillo for your work in the AGPA office, for supporting all of the above programs and initiatives, and for being so helpful when we call and email. In this age of voice menus, it is such a treat to call AGPA and have a live person answer the phone!

And last, but certainly not least, our CEO Marsha Block, CAE, CFRE. Her wisdom, vision, seemingly endless energy, sense of humor, and kind heart are AGPA's GPS. She has an amazing way of attending to both present and future organizational needs. The stability of the senior office staff is testimony to her good management. I will sorely miss our weekly (or more) phone calls and ongoing partnership of the past four years.

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They talk about right-brain-to-right brain communication and the unconscious influence that our bodies have on one another. Affective, relational, and regulation change mechanisms are central to group psychotherapy. Much of this can be lost when we go online. We lose the eye-to-eye contact so we cannot shift our eyes from one group member to another to signal that we see them. We lose the smell, the pheromones that affect our feeling intimate and attached. How do we regulate the other (and how do group members regulate one another) online? This can even affect co-leaders; I once co-led with someone I knew well whose eyes usually told me when to become more cautious, a message I could not read online!

We should remember that one part of our body is seen more clearly online: the face. We can see and identify facial expressions much better online than in-person because we see people close-up. If we train ourselves to be sensitive to facial expressions, we can get more information about the group members through their faces than in our office. But, of course, this is not enough.

We also should remember that, contrary to the common belief, the body is not absent in online relations. We still sense and feel our body, and the group members still sense theirs. It's the body-to-body communication that is missing. Ogden and Goldstein (2020), suggest being more active online by asking the group members to report their body sensations and in requesting that they move in the room (distance themselves from the screen or get closer to it) according to the changing circumstances and needs. As they use the sensorimotor approach, which focuses on the body and sensations, they offer many creative ways to overcome the absence of body interaction in online therapy. As said, it requires more active participation and instructions given by the group therapist. In fact, when we lead an online group, we usually have to adopt a more active approach.

The question of presence

Presence has been described as one of the most therapeutic gifts a therapist can offer a client (Geller & Greenberg, 2002). Therapeutic presence is defined as bringing one's whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind (Craig, 1986). Therapists' presence is understood as the ultimate state of moment-by-moment receptivity and deep relational contact. It involves a *being* with the client rather than a *doing* to the client. For many reasons, it is much more difficult to stay present online. There are too many distractions, and the screen barrier might decrease and dilute the presence of the therapist. However, just as some television presenters can pass the screen and transmit their presence through the ether, group therapists can learn to do so as well.

One way of increasing presence is to use yourself more. More self-disclosure is helpful in creating presence. The appropriate kind of self-disclosure and transparency is about the here-and-now, namely our feelings toward the group members and the group-as-a-whole. In addition, paying close attention to the facial expressions of group members can help us identify unexpressed frustration and dissatisfaction, especially about the group therapist's interventions. Taking responsibilities for mistakes and for empathic failures is another way of increasing the presence of the group therapist.

Ignoring the background

It is surprising how we tend to ignore events online that we would never ignore in our office. Imagine someone entering the room in which we lead our group. None of us would ignore such an intrusion. However, when someone has passed behind one of the group members when they sit in front of the computer, no one would comment on it, including the group therapist. It is as if these background details become transparent to us. Special attention is needed in order to not ignore these events.

Conclusion

Leading online groups requires specific training and supervision. Just as it is not enough to be a good individual therapist to become a group therapist, it is not enough to be a good group therapist to become an online one. At AGPA Connect 2020 to be held in New York City this March, I am going to chair a one-day course on online therapy, The Theory and Practice of Online Therapy: Group, Individual, Couple and Family, where we will learn best practices with this approach. This course is based on *Theory and Practice of Online Therapy* (Weinberg and Rolnick, 2020), a book that I co-edited with my colleague Arnon Rolnick, PhD, who will join me in teaching this AGPA Connect course. You are all welcome to join.

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AGPA Awards Distinguished Fellowship to

Nina Brown, EdD, LPC, NCC, CGP, DFAGPA, and Eleanor Counselman, EdD, CGP, DLFAGPA

AGPA has awarded Distinguished Fellowship to Nina Brown, EdD, LPC, NCC, CGP, DFAGPA, and Eleanor Counselman, EdD, CGP, DLFAGPA. Presentation will take place during AGPA Connect 2020 in New York City, during the Anne and Ramon Alonso Presidential Plenary Address. Distinguished Fellowship is the highest honor bestowed by the AGPA, recognizing outstanding leadership and contributions to the field of group psychotherapy.

Nina Brown, EdD, LPC, NCC, CGP, DFAGPA, (Virginia Beach, Virginia), a Fellow since 2006, is Professor and Eminent Scholar at Old Dominion University, a post she has held since 1990. Dr. Brown has taught numerous courses at the graduate level on counseling, psychotherapy, and group psychotherapy, as well as taught undergraduate courses on the topic of diversity in human services. She is one of the preeminent experts in the nation on psychoeducational group work, authoring a widely adopted textbook, *Psychoeducational Groups,* now in its fourth edition.

Dr. Brown was AGPA Secretary from 2016-2018 and also previously served on the AGPA Board of Directors. She authored AGPA's *Curriculum for Psychoeducational Groups.* Dr. Brown has been an Institute leader and Conference faculty member at AGPA Connect numerous times, as well as a member of the AGPA Connect Institute Committee; she has also presented at several conferences and workshops for the Carolinas Group Psychotherapy Society and the Mid-Atlantic Group Psychotherapy Society on topics ranging from group treatment for severe mental illness to narcissism in the group leader. Dr. Brown is a Past President of the Mid-Atlantic Group Psychotherapy Society. She also served as President and Board member of the Society for Group Psychology and Group Psychotherapy (APA Division 49) and the Commissioner of the APA Commission on Accreditation.

Notably, Dr. Brown recently led the successful petition to the APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology for Group Psychology and Group Psychotherapy to be accepted as a specialty practice in Professional Psychology. This milestone required collaboration with numerous stakeholders. Her indefatigable focus and leadership were invaluable in obtaining the end goal of a two-decade campaign. This accomplishment will forever change the value and specialty of group psychotherapy in APA and the mental health field. She currently serves as a consultant to the IBCGP Practice Development Committee regarding how best to approach implementation nationally of this new recognition for group.

Over the course of her career, Dr. Brown has also made a profound contribution to scholarship in the fields of group therapy, counseling, personality types, and workplace dynamics, acting as principal investigator for NASA-sponsored research on undergraduates in engineering from 1993-98, and publishing more than 35 books and 50 articles in refereed national journals.

Eleanor Counselman, EdD, CGP, DLFAGPA, (Belmont, Massachusetts), a Fellow since 2011, has maintained a private practice in Belmont since 1971, providing individual, couples, and group psychotherapy. She has served as faculty at Massachusetts General Hospital, Boston Institute for Psychotherapy, Harvard Medical School, and Boston University Counseling Service to name a few.

After completing her original 2016-2018 term as AGPA President, Dr. Counselman was asked to step back into the role. The organization's request to do this shows the high esteem with which she is held, and her agreeing to do so reflects her unwavering commitment to AGPA and group therapy. This role places her on every significant committee and Board, including the Group Foundation for Advancing Mental Health and the International Board for Certification of Group Psychotherapists.

In addition to serving on the AGPA Board of Directors, Dr. Counselman served on the Editorial Board of the *International Journal of Group Psychotherapy* and was Editor of the *Group Circle* for six years. She has co-chaired the Institute Committee and served for many years on both the Workshop and Institute Committees. She has presented her work broadly in lectures and workshops and been a highly regarded Institute leader as well.

Dr. Counselman's leadership in her regional Affiliate (the Northeastern Society for Group Psychotherapy) parallels her AGPA positions. She served as President, Treasurer, and Faculty. She received AGPA's Alonso Award for Contributions to Psychodynamic Group Psychotherapy and the Affiliate Assembly Award.

One of the transformative accomplishments in which Dr. Counselman was deeply involved was the successful petition to the American Psychological Association to gain specialty status recognition for group psychotherapy from the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. That task required, among other things, working intimately with committee members, an enormous degree of patience with the process, a great deal of knowledge of the task at hand, and a strong commitment until the goal was reached. This specialty recognition of group psychotherapy is a game changer, enabling AGPA to be well positioned to take a leadership role developing group therapy training approaches commensurate with the actual and widespread practice of group therapy.

She has authored or co-authored more than 20 articles on group therapy. Her work on supervision of group psychotherapy is outstanding, and her paper on why all mental health practitioners should study group therapy is a classic in the field.

FROM THE PRESIDENT

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Other reflections

When I ran for President, AGPA was not as active year round as it is now. We had and continue to have a member Listserv, but the growth of e-Learning (complimentary to members) has really made us a 12-month professional presence for members. And we are now offering online Institutes, as well as the *Principles of Group Psychotherapy* course. (And hooray for the new *Core Principles of Group Psychotherapy* curriculum manual!) AGPA is also increasing its international reach with its contract to teach the 15-hour Principles course for the China Institute of Psychology.

The approval of group psychotherapy as an APA Specialty in 2018 was a huge accomplishment and represented the culmination of years of work on this endeavor. Now AGPA is working to build on that specialty status both within APA training programs and in other disciplines. We have made significant progress with insurance companies in educating them about the advantages of group therapy. Optum now lists our CGP credential as an area of provider "attested expertise." We are making inroads with another large insurer, and each time we do so, that builds our case for the next one.

The Bylaws revision was a huge undertaking, spanning the course of several years and culminating in two separate votes in 2019. The first set of Bylaws passed by strong majorities, and by the time you read this, the second set will have been voted on by the membership. Also, by the time you read this column, the results of the AGPA election will be announced. The Board voted to make the next Board more ethnically diverse, and the list of candidates reflected that. Thank you to all who ran this year, providing choice for our members.

AGPA is an amazing organization with a kind heart and a personal touch. A lot of people work very hard and with a collaborative spirit. We're far from perfect, but we do our best to talk about problems and create paths to change. We try hard to welcome newcomers and help them find their place in the group. Our new Annual Meeting name of AGPA Connect, another significant change in these four years, could just as easily describe our whole culture.

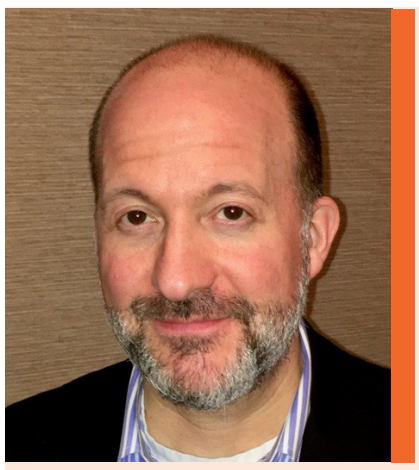
It was a great privilege (as well as great fun) to serve as President during AGPA's 75th Anniversary. Reading its history, I was impressed at how the societal changes that have occurred in the past 75 years have been absorbed within the organization. We rose to the challenge of 9/11, and that has led to our ongoing community outreach. AGPA moved from a largely white male psychiatrist-dominated organization to leadership that includes other disciplines, women, gay and lesbians, and ethnic diversity. We are now working hard to actively increase diversity in our leadership and to find useful ways to talk about cultural and ethnic differences. In an increasingly isolated society, we—and groups—offer the chance to connect.

I will end with a warning not to take AGPA for granted! Although there seems to be a current cultural trend away from joining organizations, we know the power of the personal invitation. Invite in and mentor new members. Renew your own membership without needing 20 reminders. Donate to the Group Foundation. Stay involved in whatever way works best for you. The organization will be in excellent hands under the new leadership of Molyn Leszcz, and we can all be part of its future.

As always, I welcome comments about this column and anything else. You can reach me at EleanorF@Counselman.com.

The Interpersonal-Neurobiology of Resistance in Group Therapy

Aaron Black, PhD, CGP, FAGPA



Maria, a new group member, announces: "I literally hate coming here. My heart's pounding. My palms are sweating. I have butterflies in my stomach. All the way here, I kept asking myself, 'Maria, why are you doing this to yourself? This is exactly like your family! You lived through it once; why the hell are you paying to relive it here with a bunch of freaking strangers?'" The group was quiet. Until now, things had seemingly been going well for Maria. She asked questions, shared emotionally meaningful themes about herself, and engaged others with a lively, quick sense of humor. She was in individual therapy with a trusted colleague of mine, one familiar with the benefits of combined group and individual treatment. "What kind of silence is this?" I asked the entire group. Nobody responded. After a minute, Abby spoke up. "Maria, I'm really sad that you are feeling this way. You seem so upset! How are we being like your family?" Maria looked stricken. "I'm not talking about them. I said way too much last time. I should have kept my mouth shut. Talking about them makes me feel nuts, so I'm not going there, thank you very much. And you," turning to me, furious, "I don't trust you at all. I was in shock in that first group. Total shock. You didn't even introduce me! In my first group! You made me do it myself! It's so rude to not introduce a new person. This whole thing should not be causing me this much distress. It's too much. I may have to quit." As she had been speaking, her skin slowly turned red on her neck, moving onto her face until she was flushed. This was not the "new member" experience I aim for.

In this article, I describe how interpersonal-neurobiological constructs can be applied to clinical practice with special focus on understanding and resolving resistance in group therapy. Daniel Siegel (2007), a key figure in interpersonal neurobiology (IPNB), suggests that the brain processes a flow of energy that the mind directs and gives rise to the mind itself. If one starts with the mind, then it's surprisingly easy to work into understanding the mind's neurobiological basis. Resistance is a mind concept that I rely on every day in my work. I ask group members to do two things: Tell the emotionally significant story of their lives and put their thoughts and feelings into words about themselves and others. Members who organize their talking time around these tasks tend to benefit from group treatment. In fact, there's little for me to do but listen when group members are working effectively on the group goals. This blissful state of affairs is temporary, however. Eventually, the group's discourse becomes less productive, and it does something else. Freud called this something else "resistance." He noticed that instead of free associating, patients often engage in talking or behavior that interfered with the treatment process. Resolving resistance thus emerged as a focus of psychoanalytic treatment. Like the brain, client resistances also influence the flow of energy within the brain and between people, i.e., resistances facilitate group member emotional self-regulation (Black, 2019).

When I teach about resistances in group therapy, I make a distinction between *I won't* versus *I can't*. *I won't* resistances are more developmentally advanced than *I can't* resistances. If I ask group members to come on time to group, since that's part of our agreement and the response is "I won't," this suggests that they can reflect upon their inner state and speak to it. Maybe they don't want to upset their boss by leaving work early or need to show me that I'm not the boss! Whatever the reason, they know something about their resistance and can talk about it, even when aspects are unconscious. I can't resistances often arise from very early periods of development before the onset of language. When I ask a group member what she's feeling while she's embroiled in conflict and she doesn't know, this is often an I can't resistance. I won't resistances usually involve unresolved internal conflicts while I can't resistances stem from developmental deficits, i.e., insufficient psychological capacities.

When translating the science of IPNB to group psychotherapy (Gantt, 2019), I like to consider the neurobiology of resistance. Within IPNB, *I won't* resistances are related to conflicting brain functions, while *I can't* resistances arise from under-developed brain function. In the case example, Maria is in a state of distressed resistance (i.e., deviating from the group goals). She is voicing regret at talking about her family of origin because it made her feel emotionally overexposed. While her protest is productive, she's describing physiological arousal in non-psychological terms rather than naming her feelings. Importantly, she's expressing a negative reaction to the group leader that highlights her relational isolation. Objectively, events in the group couldn't explain her reaction. This group had been overtly kind and welcoming to Maria from the start. Nevertheless, something powerful was emerging within her.

The IPNB concept of implicit memory (Badenoch & Cox, 2010) proved useful in understanding Maria's reaction. Implicit memory forms during the first two years of life, before the development of language. Arising unconsciously from the amygdala and bypassing the hippocampus, implicit memories consist of a basic template of rules, fragmentary felt experiences, and expectations that we bring into every relationship. Lacking a narrative, they operate outside of our conscious autobiographical memory. As such, implicit memories tend to emerge within the group process as enactments (i.e., repetitions of past relationships), embodiments (i.e., somatization), and inductions (i.e., feelings evoked in others). Subjectively, implicit memories feel like reality, not a blueprint of the past. Maria experienced the group exactly as she did her family of origin, and I was her self-absorbed, lazy, neglectful parent. In her history, escape was the best solution to her painful, lonely family life. This again appeared to be the only option. Maria was experiencing implicit memories within the group process.

Other empirically supported IPNB concepts are also relevant to this case. We know clinically, for example, that feelings that are not put into language are often induced in others. In group therapy, this suggests that the leader's feelings are a critical source of data about the group. The IPNB literature refers to this process as limbic resonance (Lewis, Amini, & Lannon, 2000). Mirror neurons (central to processes of imitation and learning among primates; Iacoboni, 2009) allow our limbic systems to communicate implicitly, ultimately creating an imprint of one person on the brain of another (Badenoch, 2008). In emotionally charged moments in group therapy, limbic resonance is likely to be involved in the psychological processes of emotional induction and projective identification. The limbic system (of which the amygdala is a crucial component) gives rise to our most primitive feelings and impulses. When Maria began speaking, I felt angry and scared—angry because she was hiding her feelings from me and simultaneously holding me accountable for failing to help her and scared that she was being harmed by the group process and might drop out. I felt an impulse to convince her to stay. I also felt embarrassed that her bad experience in group would disappoint my colleague. Using the concept of limbic resonance, I considered my reactions as communications about her feelings that she was unable to put into words (an *I can't* resistance). By reflecting upon my feelings as unformulated emotional communications from Maria, I was able to speculate about her early development. I assumed that her mother felt burdened by Maria's emotional needs and was so misattuned that Maria had learned to cope by hiding her distress (i.e., an enactment). In addition, Maria's relational avoidance seemed to suggest that she was cut off from, and furious about, her dependency needs. Thus, this IPNB-informed reframing of my countertransference feelings helped to generate useful clinical hypotheses.

IPNB research supports the attachment theory concept that relationships help humans maintain their emotional and physiological equilibrium through the co-regulation of intense emotional states (Flores, 2010). Robust, secure early attachments allow for flexible and adaptive emotional self-regulation later in life. Maria had rejected me as an attachment figure and was attempting to regulate her distress unilaterally. From a Polyvagal Theory perspective (Flores & Porges, 2017), her vagal brake (that part of the central nervous system that helps us to regulate arousal) was under functioning. Her physiological symptoms (sweaty palms, heart racing, flushing) were evidence of an overactive sympathetic nervous system engaged in a fight/flight response. She was unable to lower her emotional and physiological arousal and couldn't access help. This sort of relational barrier is referred to as petrified epistemic vigilance (Fonagy, Campbell, & Bateman, 2017), which refers to how young children selectively internalize social and emotional information from others. We are pre-wired to exclude emotional learning (i.e., be vigilant) from anyone other than salient, available others, like our parents. Neglectful, abusive, and misattuned caregiving causes that pre-wired emotional vigilance to remain rigidly fixed, thereby maintaining the early maladaptive patterns encoded in our implicit memories. Her inflexible vigilance was preventing Maria from making emotional contact in a way that could regulate her arousal levels.

In terms of understanding Maria's resistance, I used the IPNB research to conclude that Maria was stuck in an *I can't* mental state in the group. After studying her resistance and the feelings that were induced by it, I decided to make the following interventions. At the next group, she came in the room and sat next to me. I asked her about her recent trip as everyone was getting settled, thereby initiating a semi-private conversation with her. The group slowly tuned in to our conversation. Once they did, I asked her if that was the best place for her to sit. She said no, actually, she felt more comfortable sitting directly across from me, where she could see my face better (facial nerves are involved in interpersonal co-regulation; Flores & Porges, 2017). Somebody offered to switch seats with her, which I supported. Then I asked her about her heart rate. She said it was racing. I asked what she might say to me in order to slow her heart rate. She replied, "I just need to know that you'll allow me to be quiet if I want to be." I responded, "I had a similar idea Maria. Not only did I fail to introduce you properly, I let you say too much, too soon, about some really painful things. I'd like to help you be as quiet as you need to be today." She smiled and looked more relaxed. "Sounds great. Such a relief." "How's your heart rate now?" I asked. "It's still pounding, but not nearly as much," she said. When Maria was engaged by someone, I intervened by asking Maria, "Should I encourage you to stay quiet?" At the end of the group, I asked again about her heart rate. "Normal," she said. "I could tell how you were keeping an eye on me. I felt safer tonight. Not safe, but safer." We shared a smile, and I said that time was up.

By literally tracking Maria's heart rate (and symbolically tending to her heart), taking responsibility for my lapses in attunement, and working to join and support her resistance, Maria and I were developing a new basic template for attachment and emotional co-regulation. This is the type of experience in group therapy that can challenge and change implicit memories (Badenoch& Cox, 2010). My familiarity with IPNB research findings, thus, allowed me to add scientifically informed concepts to my typical approach to group therapy.

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a view from the affiliates

EDITOR'S NOTE: *In this premier A View from the Affiliates column, Erica Gardner-Schuster, PhD, from the Eastern Group Psychotherapy Society (EGPS) discusses how its Affiliate Society formed the Work Group for Racial Equity and other initiatives to address issues of racial and social justice. Lorraine Wodiska, PhD, CGP, ABPP, FAGPA, from the Mid-Atlantic Group Psychotherapy Society, describes the process of incorporating inclusion and diversity into its mission statement and programming. Ildiko Gabor, LMFT, CGP, from the Northern California Group Psychotherapy Society, explains a multifaceted approach it carried out to modernize and change the culture of its Affiliate. Please be sure to read about upcoming Affiliate events on the AGPA Global Calendar on the AGPA website.*

Eastern Group Psychotherapy Society Addresses Social Justice, Racial Equity and Societal Inequality

Erica Gardner-Schuster, PhD
President, Eastern Group Psychotherapy Society

The Eastern Group Psychotherapy Society is committed to addressing issues of racial and social justice, and societal inequity and inequality.

The Work Group for Racial Equity was formed in late 2015 to support the Eastern Group Psychotherapy Society's (EGPS) efforts to respond to racism. Through engaging in monthly discussion groups and other events, including documentary screenings, larger community conversations, and pot-luck style gatherings, EGPS members and prospective members have deepened their understanding about the conscious and unconscious racial dynamics that impact our lives, our groups, and our organization.

In January 2019, 35 EGPS members and family members participated in the EGPS-supported expedition to the National Museum for Peace and Justice in Montgomery, Alabama, to witness how the legacy of kidnapping, enslavement, and terrorism has impacted the lives of Africa-descended people in this country for the past 400 years.

Understanding the true, unvarnished history of slavery is important but not enough. Reparative actions are necessary. In 2018, the Work Group developed a scholarship for Africa-descended candidates in the EGPS Group Training Program. The scholarship covers two thirds of the $3,300 tuition and aims to offer reparation by enhancing access to educational opportunities that have been historically denied. EGPS is also beginning to explore how to engage in difficult and important conversations about race and reparations as a community.

An issue of EGPS's *GROUP* journal is devoted to social justice concerns. The issue illustrates how group leaders can address racial and social justice.

The Work Group for Racial Equity collaborates with the Social Action Committee in co-sponsoring events and joint proposals. In May 2019, the two committees requested and received EGPS endorsement and support from AGPA to send a letter to Congressional legislators protesting bills that would put a near-total ban on abortions. The letter, signed and endorsed by national mental health organizations, addressed the psychological trauma suffered by women who are prohibited from making choices about their bodies.

In addition, the Social Action Committee offers a low-cost monthly Social Action Committee's Monthly Consultation Group for aspiring group leaders who serve marginalized populations in agency, community mental health, and other organizational settings. This initiative is now flourishing in its fourth year as a space for under-supported group leaders to gain support and skills to better help individuals struggling with myriad mental health and socioeconomic issues while dealing with societal systemic oppression and power differentials. The aim is to empower group leaders and group members through consultation and direct services, in order to promote broader access to high quality groups and mental health services. In the process, the Consultation Group aims to address more skillfully issues around social inequity and inequality in the larger group of society in which we are all members.

Eastern Group Psychotherapy Society is pleased to share and brainstorm ideas with other AGPA members and Affiliates. Contact EGPS President and AGPA Affiliate Society Assembly Representative Erica Gardner-Schuster at egardnerphd@gmail.com. She can put you in contact with the appropriate committee co-chair and discuss in more depth our Affiliate's activities.

Mid-Atlantic Group Psychotherapy Society Adds Diversity Statement to Operations Manual

Lorraine Wodiska, PhD, CGP, ABPP, FAGPA
Past President, Mid-Atlantic Group Psychotherapy Society

The Mid-Atlantic Group Psychotherapy Society's (MAGPS) Operations Manual is a comprehensive and living document. Located on our Dropbox site, it is updated after each Board meeting by the Past President. We have included information and direction about governance, Board meetings, group process, order for Board meetings, mission statement, membership categories, Board composition, Board responsibilities, committees, conference planning and execution, cinema series, newsletter, coordinating continuing education, and elections.

We have found the Operations Manual exceptionally useful in terms of clarifying responsibilities and creating a roadmap for Board meetings, conferences, and general processes of the organization. As it details conference planning, it directs and guides each new conference chair about the tasks and timing of events. We have added information about changing roles and responsibilities of Board members.

Recently, we added a diversity statement and have decided that when a new Board is seated, we will have a three-hour diversity training. We proudly share our diversity statement on our website:

"MAGPS is an organization committed to the study and practice of group psychotherapy and is affiliated with the American Group Psychotherapy Association. We, like many within the helping traditions, have been following the worsening climate for racial and ethnic minorities, women, members of the LGBTQ+ community, non-Christian religions, immigrants, refugees and other marginalized groups in our country. We have been saddened and alarmed by the rising verbal and physical assaults on people and places that represent the fabric of our communities and country and yet have been deemed as 'other' with a tone of hatred and intolerance. We are aware that there has always been an undercurrent of 'othering,' as often seen in our groups and throughout history, but we have seldom seen it so publicly reinforced as we have since the 2016 presidential election cycle began.

"As group therapists, we at MAGPS are all too familiar with the process of 'scapegoating,' whereby a member of the group becomes marginalized and then an attempt is made to ostracize or expel that member. This process is always an effort to expel those aspects of ourselves that we are afraid to confront and understand, but in no way does this behavior serve the broader goals of any group and instead undermines the group itself.

"Like many organizations that serve to foster inclusiveness and the study of both small and large group dynamics, we must speak openly against the bigotry and racial violence that has been occurring unchecked. We publicly condemn any words or action that serve only to segregate and silence people based on the color of their skin, their religious views, their ethnicity, their sexual orientation or their gender identification. As a community of psychotherapists, we are dedicated to ameliorating the trauma of being marginalized and ostracized and we are fully prepared to speak out against what we see as an emerging culture of intolerance and threat to our most vulnerable friends, neighbors, colleagues and family members. MAGPS is itself a group of diverse professionals and we are dedicated to the protection of civil rights for all people. We would like to offer to all people, a place of understanding and compassion, where inclusion, freedom of speech, diversity of thought, and the courage to be are always welcome."

Renewal and Transformation in Northern California

Ildiko Gabor, LMFT, CGP
President, Northern California Group Psychotherapy Society

The Northern California Group Psychotherapy Society (NCGPS) has long-held traditions. Our Affiliate was founded 60 years ago; we have a large annual summer conference at a beautiful Pacific Coast Retreat Center, Asilomar, and a Fall Event, where we invite a nationally recognized group therapist for a day of training and experience. While our Affiliate has had a steady presence at AGPA and locally, in the last few years, there has been a request by many of our members for renewal and change.

Change takes time. It took our Board several years to make the needed changes happen.

We have modernized our processes, utilizing a process observer at our Board meetings to identify and heal some long-standing difficult dynamics. We implemented Community Meetings throughout the year where we process as a community. We have found that our members look to the Affiliate to give and receive, to connect, and to nurture each other. We realized that creating space to process is still our number one yearning and strength!

We have also implemented small educational events throughout the year, that we call Open Studios, meeting in a local clinician's office, learning about a topic the presenter is currently working on.

On a larger scale, we are turning our attention to dialogue around our differences. Our upcoming three-day conference will bear the name *Dialogue*, which will be supported by breakout process groups where conference participants can explore their experience in depth.

Our last Fall Event, with keynote speaker Paul Lephuoc, PhD, CGP, who addressed: *Group as Cultural Mother*, was well-received. Through lecturing, demo groups and large group discussion we explored the topic of difference and its container, the "cultural mother," a term coined by Paul. The day was moving, as our audience and the demo group worked on personal differences, intellectual understanding of difference, and immediate feelings and experience in the room. Paul engaged us in the difficult, often controversial topic of diversity, with a lot of care, depth, and wisdom.

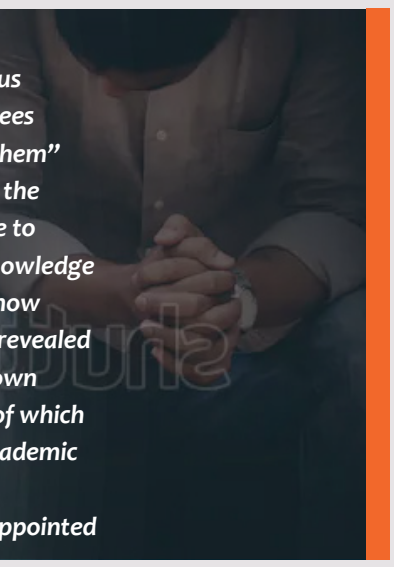
The upsurge of interest to address our differences institutionally and personally, allowing space for each member in our groups and societies, to express our own personal meaning of difference, seems to be an important task for all Affiliates, as well as AGPA.

I have learned that renewal and transformation is always in ebb and flow. If we stay attentive and respectful to our diverse experiences, we can create strong, resilient communities.

AGPA participation and connecting with other Affiliates creates community. AGPA has played a vital role for the local Affiliates to support and draw inspiration from, when we cannot find it in our local Affiliate. And when we have more of it at home, we share it with others in our respective communities.

consultation, please!

This month's dilemma and answers are supplied by AGPA's Group Training and Supervision SIG, which supports the work of individuals involved in the training and supervision of group leaders. The SIG's purpose is to provide a forum of support and information sharing for topics like coursework, theoretical frameworks for training, and supervisory ethics. It supports AGPA members in creating opportunities for group psychotherapy training and supervision within their respective organizations and communities. The Co-Chairs are Noelle Lefforge, PhD, MHA, CGP, and Stephanie McLaughlin, PhD, CGP. To join the Group Supervision Training SIG, contact them respectively at noelle.lefforge@unlv.edu or mclaughlinstevie@gmail.com.



Dear Consultants:
I work within a university/academic medical school setting, where I provide supervision of trainees conducting group psychotherapy. I utilize various modalities, including individual supervision, group supervision, and co-facilitation. During group supervision with four trainees, one of my supervisees began talking about a difficult moment they had as a group facilitator. This trainee identifies as gender non-binary and generally uses "they/their/them" pronouns. They say that at the beginning of the group, one of the group members refused to use the trainee's preferred pronouns. I observed that the trainee became noticeably disengaged for the rest of the session with all group members. As the trainee unpacked their experience, they were able to articulate that their reaction was related to a long-standing struggle with another supervisor/mentor in the training program, who refuses to acknowledge the trainee's pronoun preference because the supervisor openly refutes non-binary gender identity. The trainee became tearful as they described how detrimental this dynamic has become. They feel that this supervisor has redistributed their workload to reduce their time with patients since they revealed their gender identity. One of the other trainees in the group supervision offers support; another remains silent; and the other chimes in with their own negative experiences with supervisors in the training program. I also became aware of some fairly unhealthy norms within the training program (of which I am a faculty member) that borders on abusive (e.g., overworking students, yelling at students). Additionally, I know that within the university/academic medical school, all faculty and staff are mandated Title IX reporters when serving within their academic role. How do I handle this scenario?
Sadly, Disappointed

Dear Disappointed:

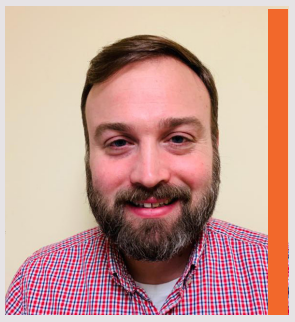
When I read this, I feel very sad, since I know this hypothetical scenario actually happens to varying degrees. For example, as a military psychiatrist, practicing group psychotherapy, and serving under Don't Ask, Don't Tell (DADT), I experienced wanton disregard for my own sexual-gender identity.

Societally, we see a resurgence in gender-based discrimination. At the time of this writing, there are legal questions about whether Title IX even applies to gender identity (as opposed to natal sex). In one of our most public institutions, the military, there has been a removal of openness to the spectrum of gender identities (Wise, 2019). I believe there is a necessary connection between society process outside of group and the dynamics inside group. Partly this is due, as our Systems-Centered colleagues might say, to isomorphic tendencies in systems and partly due to long-standing cultural constructs, e.g., the social unconscious (Hopper and Weinberg, 2011).

The therapeutic potential in what Wilfred Bion called containment—the importance of the mind of the therapist (or supervisor) metabolizing overwhelming affect, such that the minds of the patients (or supervisees) can make meaning of experiences—is important to highlight here. In training programs, there must be a chain-of-containment and concentric circles of support, which permit the trainee therapist to mentalize the intolerable affect. In this scenario, we see anti-containment.

Support from a training program is necessary to allow the trainee therapist to brave the regressive pull negative transference, as in the derogatory statements in this small group scenario. We therapists can acknowledge the importance of raw affect coming at us—in this example, the patient intentionally mis-gendering the therapist. In these clinical situations, often the therapeutic task is not just catharsis but to metabolize and give back, interpersonally, in a contained form. This way, the patient can make use of overwhelming affect. But there are limits! Ideally, the trainee would be able to use the supervisory process to sort out the free speech of a free-associative process from hate speech, which would require immediate intervention.

For parallel reasons, regarding the responsibilities of the supervisor, the problem of intentional mis-gendering must be addressed within the faculty. Because trainees are in a vulnerable position and risk retribution, this must be negotiated with the trainee. The supervisor should begin this immediately in the supervision group, so that the trainee subgroup knows that a faculty member is willing to speak up for appropriate organizational norms and so that cohesion of the supervision group process will support this individual trainee.



Joseph Wise, MD, CGP
Brooklyn, New York

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Dear Disappointed:

Illustrating the complexities unique to various training settings and models, this scenario requires us to focus on responding to gender-based discrimination, systemic oppression, and the development of advocacy skills for mental health trainees. Consider approaching this dilemma by separating the layers that require attention: 1) provision of direct therapy services by the gender non-binary trainee (primary trainee); 2) needs of the individual trainees; 3) needs of the supervision group; and 4) training program and institutional challenges. Also, help focus your response by applying the ethical decision-making model proposed by Haas and Malouf (2002) and utilizing the following resources: APA and AGPA ethics codes; consultations with supervisors in other training programs; Title IX coordinator; and LGBTQ+ allies in the university community. Try to remain aware of your own reactions, biases, and values while considering potential actions. Here are some essential questions, as well as possible immediate, short- and long-term actions.

Essential Questions: Is the primary trainee's co-facilitator a licensed staff member who is LGBTQ+ affirming? In what stage of development are these trainees and the supervision group? What sources of support does the primary trainee have available? What role does the discriminating faculty member play in the primary trainee's program (i.e., individual supervisor, course instructor, clinic director)? Is the training director aware of the reported dynamics within the training program (complacent or a perpetuator)? What needs to be put in place to protect the primary trainee during the Title IX reporting process?

Immediate Actions: Affirm the primary trainee's experiences of gender-based discrimination and process reactions in the supervision group. Notify the supervision group of the requirement to report to Title IX and training director, and clearly explain that you will support the primary trainee through this process. Consult the Title IX coordinator and training director to identify temporary arrangements to remove the discriminating faculty member from oversight of the primary trainee to protect them from further harm. Before the next therapy group, meet with the primary trainee and co-facilitator to develop an intervention addressing the discrimination of the primary trainee's gender identity in their last therapy group, utilizing the opportunity for therapeutic work.

Short-term Actions: Notify the discriminating faculty member of the trainee's report, requirement of Title IX report, and reassignment of oversight of the primary trainee. Make the Title IX report involving the trainee in whatever capacity they choose (direct report, review of submitted materials, etc.). Continue to create space in the supervision group to process reactions and deeply rooted systemic issues present in the program, utilizing these opportunities to deepen group facilitation skills through observing parallels between group dynamics and systemic issues.

Long-term Actions: In partnership with departmental leadership, create a professional development plan for education and policy changes to meet the needs of all students, including those with marginalized identities. Consider external review, consultation with LGBTQ+ advocates and educators, and focus groups with current trainees. Support the training director to gather evidence of systemic oppression of trainees within the program, determine methods to address dismantling the toxic culture existent in the program.

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NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

groupcircle

25 East 21st Street, 6th floor
New York, NY 10010

See *Group Assets* insert

the last word

An Interview with Steve Van Wagoner, PhD, CGP, FAGPA

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

EDITOR'S NOTE: Dr. Van Wagoner is a licensed psychologist and Certified Group Psychotherapist in private practice in Washington D.C. He is currently the Chair of the National Group Psychotherapy Institute of the Washington School of Psychiatry, is an adjunct clinical faculty member at the University of Maryland, a Fellow of the American Group Psychotherapy Association, and until recently, Editor of the Group Circle. *Dr. Van Wagoner, an author of several book chapters and articles on group psychotherapy, has presented extensively on the impact of envy, shame, and competitive strivings on group process and the development of intimacy, and has been leading groups for more than 35 years.*

What have been the bright spots in your role as Editor of the Group Circle *for two terms?*

Working with all the wonderful writers and conducting several interviews for the *Group Circle*. Interviewing via Skype was probably most fulfilling because of the interaction and depth allowed by such a format. I have met some terrific group therapists in this role.

What personal experiences led you to become a psychologist?

Certainly, some of the struggles in myself, my life, and in my own family when I was younger made me curious about the mind and the human condition. I had a terrific therapist in college and some wonderful mentors to guide me as well (and some since!).

Why did you become a group therapist?

It just seemed like the natural way to help people overcome many of the obstacles in their lives. I led groups in my first job in psychology while attending graduate school. Barbara Knox and April North were my co-therapists and supervisors while leading long-term, inpatient, three times a week adolescent groups, and I learned so much from each.

What advice would you give to younger group therapists?

Get good supervision and training and join a group as well.

What group skills or group training experiences are most important to you?

Learning how to identify emotions in myself and the members and use them to foster emotional communication in the group. There is no better place to learn about this than in therapy and training groups.

Did you/do you have a group mentor who inspired you and changed your personal, professional path?

Several over the past three and half decades. Stewart Aledort, MD, CGP, FAGPA, who for some 20 years now has helped me appreciate the role of shame and excitement and their neurobiological impact interpersonal relating, and more recently, Gail Brown, MA, CGP, who is fine tuning my capacity to identify and communicate my feelings toward others in the moment, and strengthening my resiliency as a group therapist.

What advice would you give to those who aspire to become future contributors to the Group Circle*?*

Write about your passions! Of course, that passion has to be related to group therapy, but that is not such a hard chore for anyone passionate about group therapy.

What are your personal and professional plans in the future?

Personally, to travel more, with some of that travel including cycling. Professionally, I am not yet sure. Of course, continuing to teach, supervise, and lead groups, but in terms of something new, I am in the process of reevaluation. We shall see.

How do you relax during your free time?

Cycling. [My wife] Helen and I love to go for rides on the weekends. Ultimate frisbee so long as my joints hold up. And of course, music, reading, film, and theater. Oh, and as some who know me on Facebook could attest, I love to cook!

How do you deal with personal, professional stress and/or burnout?

Exercise, friends, peers, and therapy.

What's the best professional advice you ever received?

Do what you love.

What's the most meaningful personal advice you ever received?

Do what makes you happy, not others. There are instances when I might do the opposite, but that wasn't the point of the advice.

What are your thoughts about relationships and fatherhood?

I thoroughly value both. I think I was a good father, but I also think I learned some uncomfortable truths about myself from my children. I'd like to believe that I took those lessons to heart. I think that similarly occurs in our role as therapists from time to time as well.

You've been married for almost 40 years. What's the secret?

No secret. I created a life with the most wonderful woman I have known, who also happens to be my best friend with whom I do almost everything in my free time.

Where did your drive for success come from?

I didn't know it was a drive, but I suppose it was because sometimes I ask myself "Why did I take this on?" I think initially it was for recognition (not a great idea by the way), but later it was for professional satisfaction and from following my passions.