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groupcircle

Systems-Centered[1] Large Groups

Susan Gantt, PhD, ABPP, CGP, DFAGPA

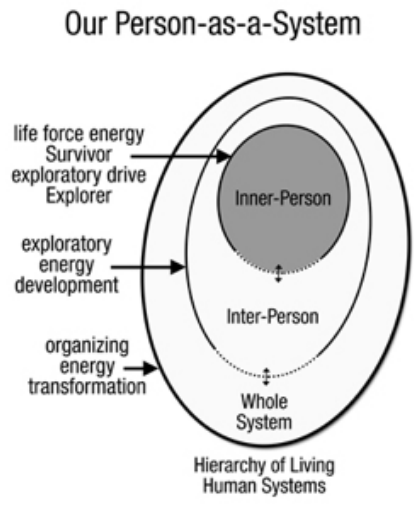
EDITOR'S NOTE: *Susan Gantt, PhD, ABPP, CGP, DFAGPA, FAPA, is a psychologist in Atlanta and emerita faculty at Emory University School of Medicine, where she coordinated group psychotherapy training. She chairs the Systems-Centered Training and Research Institute; trains and consults in the practice of systems-centered group therapy in the USA and Europe, leading training groups in Atlanta, San Francisco, and the Netherlands. She has co-authored three books with Yvonne Agazarian, EdD, DLFAGPA, co-edited* The Interpersonal Neurobiology of Group *Psychotherapy and Group Process with Bonnie Badenoch, and was awarded AGPA's 2011 Alonso Award for Excellence in Psychodynamic Group Psychotherapy. Her newest book is* Systems-Centered Training: An Illustrated Guide to a Theory of Living Human Systems *(Agazarian, Gantt, & Carter).*

In response to the pandemic, a systems-centered large group began meeting monthly on Zoom. In our first meeting, members were asked to name their anxiety-provoking thoughts. As each thought was spoken, someone resonating paraphrased the person's message and then added their own anxiety-provoking thought, which was paraphrased. Using this method of functional subgrouping (Agazarian, 2004) ensured that each person was understood, both personally and as a voice for a subgroup of the large group. Functional subgrouping supports our nervous system preference for co-regulating with others (Badenoch, 2017), building a here-and-now connection, activating the ventral vagal nervous system as an alternative to the sympathetic activation most common in anxiety, and in doing so, containing the anxiety in the co-regulating subgroup systems (Gantt, 2018). Members' nervous systems began to settle. Others then voiced the negative predication that hearing all these anxiety-provoking thoughts would make it worse, yet by the end of the meeting, the whole large group reported less anxiety and being more able to hold all the unknowns together, and by reality-testing the negative predictions, it had taken a step to lower the pull to flight that every new group has.

Systems-centered large groups use functional subgrouping to discriminate and integrate differences that develops the group system. This implements systems-centered theory: that living human systems survive, develop, and transform through the process of discriminating and integrating differences. Differences, often challenging for human beings, are essential resources for large group development and transformation.

Seeing the Group System that Shapes the People

Applying general systems theory (Bertalanffy, 1968) to groups, Agazarian (2004) developed a theory of living human systems (TLHS) and its application in systems-centered therapy and training (SCT). TLHS defines a hierarchy of isomorphic systems.



The basic SCT hierarchy is a triad of systems, the smallest of which is our person-as-a-system. Our inner-person

system is the source of life force energy and exploratory drive. When collaborating with others, we contribute our energies to inter-person system goals. In SCT large groups, we subgroup (inter-person) to explore similarities and the emerging differences within the similarities and the similarities within the differences. Exploring group conflicts through subgrouping enables the whole group to integrate its differences and develop and transform its whole system norms (Agazarian, Gantt, & Carter, in press).

All living human systems, small or large, are defined as a triadic hierarchy of isomorphic systems. Isomorphy means similarity for systems in a hierarchy, e.g. when we feel closed boundaries in ourselves (inner-person), there will be a subgroup who also feels closed and some closed boundaries in the whole-system. Seeing the large group as a system helps us see how to use our inner-person energies to fuel inter-person subgrouping to integrate differences. The inter-person subgroups (middle system in the hierarchy) influence our inner-person and whole-system norms. Whole-system norms shape what happens at all system levels.

Developing Systems-Centered Large Group Norms

SCT explicitly and deliberately influences group norms by shifting the communication patterns away from social, stereotyped communications to here-and-now explorations and reality-testing. This starts by introducing functional subgrouping to build inter-person systems, ensuring that every communication is understood and joined with no one left alone with a difference.

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from the president

Molyn Leszcz, MD, FRCPC, CGP, DFAGPA

Writing this column as the New Year unfolds, I feel hopeful for 2021. Despite the dark days we have recently faced, not the least part of which was the destruction and chaos on the United States Capitol, the presence of a COVID-19 vaccine, and the promise of better health and stronger, more united communities lie ahead.

Yet, we must also acknowledge that we still have challenging times in front of us. COVID-19 continues to be a frightening scourge affecting our communities everywhere. Our expertise as group psychotherapists in responding to the mental health needs of individuals facing the impact of COVID-19, as well as providing support for healthcare workers on the frontlines, has never been more in need. Please make use of the COVID resources on our website to support this important work.

Like many of you, I am eagerly anticipating AGPA Connect 2021, which is just around the corner. As you know, we have moved to a virtual format. We are spreading the meeting out over parts of three weeks. Our intention is to make the meeting more accessible and reduce peoples' Zoom fatigue. The AGPA Connect 2021 team, led by Katie Steele, PhD, CGP, FAGPA, D. Thomas (Tom) Stone, PhD, CGP, FAGPA, and Angela Stephens, CAE, Professional Development Senior Director, has been working unrelentingly to organize an outstanding meeting. I want also to express deep appreciation to all the committee members who work on the various components of the meeting—the Plenaries, the Institutes, the Special Institutes, the Open Sessions, and the Workshops. Although we will miss the opportunity to be together in person, the meeting will carry all the familiar hallmarks of our prior successful AGPA Connect meetings with remarkable experiential learning and training opportunities.

AGPA Connect 2021 is also an outstanding opportunity for scholarship attendees. The virtual video teleconference platforms that the pandemic necessitates will create a meeting that is even more accessible. Scholarships will now cover nearly all the meeting costs; we hope this will increase

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what's inside

from the editor

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

As I write this, it is the winter solstice, the darkest day of the year. It has already been a cold dark winter in the Northeast. It is also a period when we have not yet reached the peak of the COVID pandemic that is surging throughout the U.S. and world. Nightmarish and incomprehensible amounts of lives lost each day, overwhelmed ICU/CCUs, historic hunger, unemployment, a collapsing economy, a new more contagious variant of the virus, the racism crisis, and months of social isolation leads to heavyheartedness. The thought of conditions worsening in the next few months by the impact of the pandemic is beyond belief and emotional comprehension. It has been a trying year for all marked with multiple losses, trauma, pain, and grief.

Today also brings us hope as U.S. and global citizens begin to get vaccinated. As more of the world population is immunized during the next several months, hope and the beginning of a new post pandemic era will arise. Optimistically, when we reach the period of sunshine of summer solstice, the longest day in the Northern hemisphere, we will be rejuvenated in many ways.

This edition of the *Group Circle* will be distributed before AGPA Connect 2021. The conference has traditionally led us to overexert and meaningfully bond with one another. We have often returned home exhausted but emotionally recharged and inspired. Although this year will be virtual, the format promises to be didactically and experientially invaluable, and attendees and presenters will create opportunities to bond virtually. I look forward to seeing and connecting with old friends/colleagues and meeting new ones at this year's conference.

I am also very pleased to announce that Aziza Belcher Platt, PhD, has accepted an offer from the senior editorial staff of the *Group Circle* and AGPA's Co-Chairs of the Diversity, Equity & Inclusion Task Force to become the new Editor for the *Widening the Circle: Racial & Social Justice* column. This column's focus will be on topical, scholarly articles centering around systemic racism, marginalized groups, diversity, multiculturalism, and group therapy.

Dr. Platt is a licensed psychologist, providing culturally responsive individual and group psychotherapy, family therapy, and psychological assessment. She treats various concerns and specializes in racial-cultural issues, trauma, and grief. Her experience and focus on social justice and diversity, equity and inclusion will contribute immensely to our readership.

We welcome her to the editorial team of the *Group Circle*!

As we head into the darkest days of the COVID pandemic, I wish all of you and your loved one's safety and wellness. I welcome your comments and feedback about this column or anything else about the *Group Circle*. I look forward to your providing us with your article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

FROM THE PRESIDENT

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access to young trainees and others for whom the cost of travel restricted past attendance.

Our Membership Community Meeting and Memorial Service will be held on Sunday, February 21 between 12:00 noon and 3:00 p.m. EST and will be open to all AGPA members. Announcements with the Zoom link will be sent before the meeting.

This past fall marked important work on our social justice initiatives and our evolving into an anti-racist organization. Planned in close collaboration with the Diversity, Equity and Inclusion Task Force, led by Co-Chairs M. Sophia Aguirre, PhD, CGP, FAGPA, and Wendy Freedman, PhD, CGP, the first of several focus groups launched in the fall. The Governance Anti-Racism Focus Group, facilitated by Willard (Will) Ashley, Sr., DMin, CGP, met three times during the month of December. This was a powerful and instructive opportunity for the leaders of AGPA to understand more about systemic racism and what we as an organization must do in our policies, procedures, and actions to operationalize AGPA as an anti-racist organization—one that is genuinely welcoming to all members.

John Schlapobersky, BA, MSC, CGP, and Anne McEneaney, PhD, ABPP, CGP, FAGPA, co-led a series of three sessions for international AGPA members, creating a forum for cross cultural perspectives on racism and discrimination. The sessions had AGPA members from literally across the world engaged in meaningful discussion. Other sessions, including those focused on Working Clinically in Group Psychotherapy with BIPOC Members, led by Latoyia Griffin Piper LCSW, CGP, and Aziza Belcher Platt, PhD, and the White Allyship Group, led by Marcia Nickow, PsyD, CADC, CGP, and Amanda Yoder, LCSW, CGP, started in January. The Listening Group sessions for BIPOC Members, to be facilitated by Marvin Evans, MS, MBA, CGP, and Latoyia Griffin Piper, LCSW, CGP, the Restorative Justice and Anti-Racism Group, to be facilitated by Deborah Sharp, LCSW, CGP, with a number of colleagues, and a second series on International Perspectives to be led by John Schlapobersky and Anne McEneaney, and a second White Allyship series, to be led by Michele Ribeiro, EdD, ABPP, CGP, FAGPA, and Phillip Horner, LCSW, CGP, will launch this spring. These are enormous undertakings, requiring considerable planning and coordination, as well as the commitment of leaders and participants.

Thank you to all the anti-racism group leaders and a special thanks to Desiree Ferenczi, MS, Membership and Credentials Assistant Director, who has been the logistical glue behind this important work. While there is much work to be done, we should feel encouraged by what we have achieved to date.

The past couple of months have been busy on many other important fronts as well. The survey of practitioners who have switched to online practice has been completed, and the research team, comprised of Joseph Miles, PhD, Zipora Shechtman, PhD, DFAGPA, Rainer Weber, PhD, Giorgio Tasca, PhD, Cheri Marmarosh, PhD, FAGPA, Gianluca Lo Coco, PhD, Salvatore Gullo, PhD, and Molyn Leszcz, MD, FRCP, CGP, DFAGPA, is diving in to understanding what our broad online group experiences teach us, how we can better support our members, and how best to use this information to help advocate for continued support for the provision of virtual care.

Our Public Affairs Committee, led by Gary Burlingame, PhD, CGP, DFAGPA, and Farooq Mohyddin, MD, CGP, FAGPA, with the assistance of Diane Feirman, CAE, Public Affairs Senior Director, has been very active as well. Martyn Whittingham, PhD, CGP, FAGPA, joined the committee, bringing his advocacy expertise to bear for continued funding for virtual care. We are hoping this creates an opportunity to expand and modernize the billing codes to reflect contemporary practice. As our work online continues to expand, AGPA is exploring potential collaborations with consumer platforms that promise to facilitate and streamline the delivery of groups online, while highlighting the importance of clinical expertise in the delivery of group psychotherapy. More information regarding these potential collaborations will be forthcoming. This is a period of growth for group psychotherapy in the public eye and we are working to reach and educate consumers about the power of group therapy. The collaboration between Elliot Zeisel, PhD, LCSW, CGP, DFAGPA, and Alexis Lloyd in producing *Group: The Series*, a richly textured illustration of excellent group psychotherapy, offers much promise as an educational tool.

There have been important changes in leadership positions in AGPA. David Songco, MA, PsyD, CGP, succeeded Haim Weinberg, PhD, CGP, FAGPA, as Co-Chair of the e-Learning Task Force, joining Janice Morris, PhD, ABPP, CGP, FAGPA. This important Task Force is responsible for our ongoing e-Learning webinars and institutes. Joleen Cooper Bhatia, PhD, CGP, is joining Kathleen Ault, PMHNP-BC, CGP-R, FAGPA, and Eri Bentley, PhD, CGP as Co-Chair of the SIG Task Force, maintaining the energy of our now 16 Special Interest Groups. We welcome Aziza Belcher Platt, PhD, to the editorial leadership of the *Group Circle*. Aziza will create a regular column addressing race and diversity matters.

This is a time in which enormous demands have been placed upon our administrative staff. Marsha Block, CAE, CFRE, our CEO, and the entire team worked nonstop through the challenges 2020 presented. We are very grateful to them. Katarina Cooke, Information Services and Technology Director, is ensuring the smooth running of the virtual AGPA Connect. Jenna Tripsas left AGPA, however, we are fortunate that Angie Jaramillo has been able to step into the role of Professional Development Associate, supporting an important portfolio that includes e-Learning and AGPA Connect 2021. We have recruited a terrific young individual into Angie's former role, Tamzen Naegele.

I am hopeful that by the time we convene at AGPA Connect 2021, the vaccination rollout will have reached many of our members, and we can participate at the conference with a sense of having faced together important challenges, with optimism for our future both as a society and as an organization. I look forward to seeing you at AGPA Connect 2021.

As always, I welcome your feedback. I can be reached at m.leszcz@utoronto.ca.

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Building Resilience in the Face of Adverse Childhood Events:
An Introduction to Bruce Perry, MD, PhD, AGPA Connect Opening Plenary Speaker

Katie Steele, PhD, CCGP, FAGPA, AGPA Connect Co-Chair

EDITOR'S NOTE: *Over the last 30 years, Bruce Perry, MD, PhD, has been an active teacher, clinician and researcher in children's mental health and the neurosciences. He is Senior Fellow, The Child Trauma Academy, Houston, Texas, and Adjunct Professor, Departments of Psychiatry and Behavioral Sciences, Feinberg School of Medicine at Northwestern University in Chicago and the School of Allied Health, College of Science, Health and Engineering, La Trobe University, Melbourne, Victoria, Australia. He is author of several books, including* The Boy Who Was Raised as a Dog, Born for Love: Why Empathy is Essential and Endangered, *and* BRIEF: Reflections on Childhood, Trauma and Society. *His neuroscience research has examined the effects of prenatal drug exposure on brain development, the neurobiology of human neuropsychiatric disorders, the neurophysiology of traumatic life events, and basic mechanisms related to the development of neurotransmitter receptors in the brain. His clinical research and practice have focused on high-risk children. His work examines the cognitive, behavioral, emotional, social, and physiological effects of neglect and trauma in children, adolescents, and adults. It has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain and, thereby, the health of the child. Dr. Perry will present the Conference Opening Plenary at AGPA Connect 2021.*

I first encountered Bruce Perry, MD, PhD, more than a decade ago through reading his first book, *The Boy Who Was Raised as a Dog.* This book described his experiences working with some of the most neglected and traumatized children one could imagine, and yet it was hopeful. My experience with the book was so powerful that I bought copies to hand out, including to my family practice doctor, who then handed out five copies to colleagues.

I was deeply moved by Dr. Perry's work and the heart that showed through in his courage to challenge current thinking at the time. Too often, clinicians and educators were fearful of touching children because of the prevalence of accusations of abuse. Children were being given all kinds of diagnoses—sometimes one on top of another—and medicated accordingly—sometimes one medication on top of another. Dr. Perry challenged the multiple diagnoses and reframed the difficulties being encountered as effects of trauma, which might show up in a great variety of dysfunctions. His recognition of the powerful effects of neglect and abuse in long-term health and functioning was at the forefront of a turn of the tide of relational therapies. Since then, he has continued to research ways to prevent and remediate those devastating effects.

In a recent presentation, Dr. Perry discussed his ongoing research into the importance of relational health, something we as group therapists know something about. He continues to research ways to make the world better through identifying factors that increase the risk of physical and mental health consequences, such as the original Adverse Childhood Events (ACEs), racism, cultural marginalization, and more. Importantly, he studies resilience-related factors that lower developmental risk. "Safe and stable relationships buffer present distress and provide opportunities for healing from past trauma," according to Dr. Perry.

He points out that much of our current societal structure reduces the positive impact of relationships for many children. Historically, children lived in multigenerational groups, which provided a richness of interactions; each interaction facilitating healthy development of neural networks in early childhood. Present day family units might only consist of one adult and few children, and the impact of the current social isolation leads to relational poverty which, even without adversity, leads to greater risk. Humans are hardwired for relationships and grow healthy in their context.

Dr. Perry's current focus is on the Neurosequential Model of Therapy (NMT), by which he hopes to help guide the treatment process in both children and adults. While this is not a therapy per se, NMT helps create the framework by which multiple therapies can be applied, paying attention to how the developmental capabilities of the individual help determine the nature and sequencing of therapeutic approach. The NMT process asks the therapist to attempt to reconstruct the client's route to the present to better understand their unique strengths and vulnerabilities. Genetic, intrauterine, epigenetic, early attachment experiences, developmental adverse experiences, and relational buffers all contribute to present functioning.

Major elements of this approach are teaching and capacity-building components. The family, whether foster or biological, is included in this capacity-building process. Thus, the treatment planning process also involves the creation of an NMT developmental history and brain map for the adults living with the child. Not surprisingly, the brain maps of relevant adults are often very similar to the map of their struggling child. As we know, many of these adults grew up in similar chaotic and traumatic environments. Frequently, impaired caregivers eagerly engage with the recommended therapeutic activities because the activities also help them become better regulated. When possible, the recommendations address the mutual needs of the adult and child. These are often somatosensory activities, such as mutual hand massage, dancing, singing, sport, or other activities that have both somatosensory and relational elements.

One of the best-known effects of trauma is to alter the functioning of the brain's stress-response systems. Not surprisingly, children with a history of significant developmental trauma have a high likelihood of poor organization and functioning in lower parts of the brain—the brainstem and diencephalon. Any neural network that is activated in a repetitive way can change. The dysregulated or poorly organized neural networks involved in the stress response can be directly influenced through patterned repetitive rhythmic somatosensory activity. Music, dance, drumming, grooming a horse, jumping on a trampoline, swinging, massage, and a host of other everyday activities can be structured to help do this.

Dr. Perry continues to explore the ways in which we can impact our society's mental health in fostering resilience to deal with adversity, as well as ways we can heal the deficits left by chronic neglect and abuse.

We are so fortunate to be able to look forward to hearing his evolving wisdom about these issues at our opening Conference Plenary at AGPA Connect 2021!

Frontline Attorneys Deal with Immigration Problems

Robert Klein, PhD, ABPP, DLFAGPA, CGP; Suzanne Phillips, PsyD, ABPP, FAGPA, CGP; Annabel Raymond, LMFT, CGP; Victor Schermer, MA, LFAGPA; Hawthorne Smith, PhD; and Jessica Young, Esq.

Editor's Note: "Migrant" is used in this article to include those who were forced to leave their homes, have been treated inhumanely and are highly traumatized. The term migrant is more inclusive of their lack of status as compared to "immigrant"—those who often choose to leave their place of origin and have many more privileges.

In the aftermath of natural and manmade disasters and trauma, AGPA has intervened with two intertwined streams: one centers on how to provide the most useful, effective, efficient, and accessible group interventions to the affected populations; the second focuses on the caregivers themselves (Klein & Buchele, 2018; Klein & Phillips, 2018). Addressing the immediate and longer-term risks faced by survivors was a priority. These included uniform service workers, such as police and firefighters, as well as group clinicians. The literature about working with trauma survivors discussed the dangers of compassion fatigue, burnout, or serious vicarious traumatization that could lead to profound internal changes for helpers (Saakvitne & Pearlman, 1995). This article looks at those who are on those frontlines, providing needed care during the current migration crisis. We identify some of their needs and how we might be of assistance to them. Exposure to severe, often heart-breaking pain takes a toll, especially for those who have not done this type of work before.

All the efforts designed to offer assistance to those on the frontlines were called "care of the caregiver" programs. Conducting both educational and support groups for caregivers have proven to be invaluable in offering emotional support for those feeling alone and overwhelmed, building a sense of community, learning to share effective coping strategies, and exploring how to manage the stress of working with the pain, loss, outrage, depression, and helplessness of trauma survivors.

Attorneys as Caregivers

The current immigration crisis is a humanitarian crisis, and places immigration attorneys on the frontlines. To navigate complicated, confusing, and unclear immigration policies requires an attorney. Gaining refugee status requires an attorney. Avoiding incarceration, deportation, or separation from your children requires an attorney. Locating a lost child requires an attorney. For most migrants, these are the points of urgency.

Attorneys witness and hear about the horrors of immigration: the repeated severe traumas; the constant fear; the deep sense of loss; the helplessness and hopelessness; the exploitation, abuse, and violence; and the unending assaults upon personal dignity. They are called upon to bear witness, to contain, to detoxify, and to help sustain hope. As such, the attorneys are functioning as caregivers who constitute an at-risk sub-population. They are often the first people, apart from law enforcement, with whom migrants come into contact once they reach the United States border. They have been the only source of hope and help that migrants have had in a legal landscape seemingly constructed to deter access and dehumanize them.

Indeed, one could argue that a crisis of access is central to the migration crisis. Migrants have not had access to humanitarian treatment. Many migrant parents have lost access to their children for an undetermined period. Most have had no access to relatives living in this country, as families are often too frightened to step forward for fear of deportation. Few migrants have had access to medical care, and almost none to mental health care.

Gaining access to these mental health professionals has been quite difficult for migrants and families. ICE officials have, in many instances, blocked access entirely. Furthermore, many in the migrant population are not in the habit of turning to mental health professionals for advice, help, or support. Members of the church are more likely to hear about their mental health concerns.

Immigration attorneys are often battling against seemingly impossible odds. Their numbers are few, and their caseloads gigantic. Moreover, the laws are constantly changing. What was the case yesterday may not be the case today. In addition, U.S. laws and policies are frequently in conflict with international asylum law. US attorneys must also struggle, therefore, with the inhumanity, immorality, and questionable legality on a daily basis.

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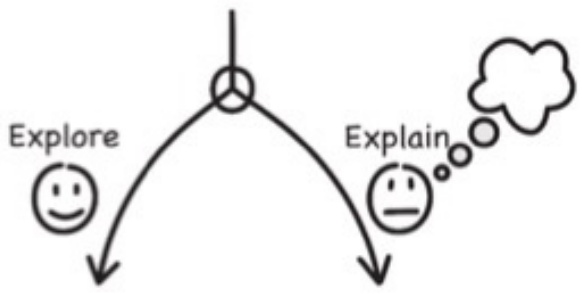
Large group norms, whether implicit or explicit, govern what the group can and cannot do. For example, when social or societal norms are imported into the group, the group will replicate the societal conflicts and fixate more in survival than development goals. Norms can come from our past survivor roles leading us to repeat the past in the present, or the norms of our community groups that leave us tied to past social injustices that are reenacted through implicit norms from our history that impede our development in the present. Changing the social communication patterns enables differences to be more easily discriminated and integrated toward development and shifts the larger group norms more toward development and transformation than fixation in survival. Functional subgrouping contains the differences of group conflicts in separate subgroups so that each side of the conflict can be explored as a voice for the group rather than taking care of differences by institutionalizing them into identified patients or scapegoats, both of which encapsulate differences into stereotypic roles which effectively silences the exploration of differences and truncates development. The overall goal of SCT large groups is to transform the group so that they can discover, and develop the norms that govern the group.

Exploring Versus Explaining

Exploring is fueled by curiosity from our inner-person system, which opens our boundaries to the unknown where new differences can be discriminated and integrated. Explaining signals closed system boundaries, with low potential for development and high potential for stabilizing in the known and in the past as flight from the present.



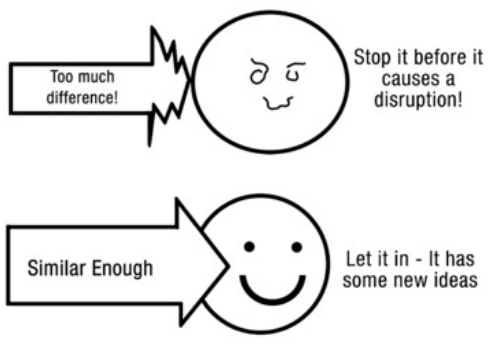
Large groups easily stabilize in known explanations, speculations, opinions, stereotypes, or interpretations at the expense of reality-testing and exploring the here-and-now as an isomorphic system of all that has come before and all that can be. Introducing this fork-in-the-road enables groups to explore their experience. Explaining maintains intellectualized flight. Exploring weakens flight and establishes reality-testing.

The Social Unconscious

Hierarchy and isomorphy are also useful in operationally defining the social unconscious as every living human system exists in the context of a larger system that governs how the systems within it function. The social unconscious is the implicit and invisible societal norms, the larger system that maintains what has been rather than discovering what can be. Shifting from stereotyping to curiosity potentiates development by opening us, the subgroups and whole group to unknown differences that when we are curious are more likely to be explored and integrated as we discover the implicit social unconscious in the unknown.

Opening and Closing to Differences

In SCT, though differences are the fuel for development, our boundaries open more easily to similarities and then in the context of some similarity, to small differences (functional subgrouping).



Getting curious about differences is an important first step toward system development as is interrupting the pull to speculate or prematurely reject untested realities. Development also requires exploring the fight energy aroused by differences rather than enacting fight or discharging it against ourselves or others. Exploring, rather than enacting, our fight energy connects us more fully to our life force.

Whole System Goals and Norms: The Unique Potential

The goal of systems-centered large groups is to survive, develop, and transform from simpler to more complex understanding through the process of discriminating and integrating differences. Toward this goal, SCT emphasizes the development and transformation of large group norms. As SCT large groups develop, the potential increases for it to become a unique context for discovering implicit group norms that reveal the social unconscious of the group, or put another way, emerging implicit group norms reveal the whole group survivor role.

Phases of System Development

Drawing from Bion (1961) and Bennis and Shepard (1956), SCT defines three phases of system development: authority (with subphases of flight, fight, roles/role locks and the crisis of hatred), intimacy, and work. Integrating Lewin's (1951) force field, SCT operationally defines each phase as a force field of driving and restraining forces. Weakening the restraining forces frees driving forces toward the developmental goal of each phase.

Authority Phase

In the flight subphase, SCT leaders actively weaken the restraining forces of stereotyped, social subgrouping, and explaining, which maintain flight, enabling the large group to establish two norms: 1) functional subgrouping as an alternative to stereotyped subgrouping and social communications, and 2) exploring instead of explaining. These norms support reality-testing and collecting data in the here-and-now.

In the fight subphase, the developmental work discriminates between enacting fight and exploring the energy and information in frustration, irritation, and anger. The large group can then start to identify the past survivor roles (restraining roles) that are aroused in the group context that compete with their membership roles (driving roles) and whole group goals.

The group is then able to explore its hatred of authority with the leader as the stand-in for all disappointing authority. The group resists exploring its own resistance to change by trying to induce the leader to change instead. Exploring resistance to change is a driving force that leads to discovering how our resistance fuels the very norms in our large groups that we hate (of course, isomorphic to society). Subgrouping to explore hatred is an important fork in the road to our survivor roles where we could only survive in hatred as we did not have the containment to develop through it. The large group context is vital here, as both the leader and whole group contain the hatred until it can be metabolized and used for development and transformation. The leader's role is to stay attuned to the goal of system change and transformation, while holding the authority role with its responsibility for maintaining boundaries, goal clarity and containing the group and its underlying hatred of authority.

Intimacy Phase

The large group conflicts in intimacy, similar to Hopper's (2003) fourth basic assumption of incohesion, relate to the repetition of our restraining roles of enchanted and disenchanted as early adaptations to our attachment challenges.

Work Phase

This phase is the ongoing developmental work of any living human system to explore and discover what we do not know and use what we discover to take our role in context.

Not Just Me: Shifting from Me to We

The conflicts of every living human system reverberate with the challenge of shifting from being just ourselves, mostly related to our inner-person, to being and seeing ourselves as a voice for the whole system. This is where the large group may be most vital as we learn to see when our energy is a voice for the whole group. Shifting from "just me to us and we" (Agazarian, Gantt, & Carter, 2021) enables us to discover how to use ourselves as a voice for group development and transformation. Large groups always arouse these human conflicts between flight into ourselves (inner-person) and away from, or fighting with, inter-personal differences, and opening to the potential of membership (inter-person) with others in the large group continuing to develop and transform the norms that govern us.

The lens of the person-as-a-system is useful again to visualize the boundary we must cross to move from focusing on ourselves to using our inner-person energy in collaborative goals with others. In the early phases of the group, this entails shifting from explaining ourselves in oft-told stories or discharges or defending ourselves by fighting differences (all inner-person role-systems) into cooperative exploration of similarities and differences with others; this is the work of all SCT large groups. All SCT groups use functional subgrouping to maximize the likelihood of differences being explored and integrated. This lowers the tendency of large groups to scapegoat, silence, or care-take, thereby extruding differences. Increasing the capacity for integrating differences also increases the potential for development and transformation of the large group and its norms and culture.

As a world, we are faced with two pandemics (COVID-19 and racism); we are still in the authority phase, blaming our leaders and resisting changing our roles. This makes developing our large groups essential. As subgroups of the world, large groups develop by integrating differences, fueling the potential of the world, to developing and transforming their norms, essential for our ongoing survival, development, and transformation as a world.

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Congratulations New Fellows

Fellowship indicates outstanding professional competence in leadership, and AGPA Fellows visibly represent the highest quality of the Association. The Fellowship and Awards Committee takes five areas of activity into consideration and expects candidates to have shown excellence in leadership in at least two; one of which *must* be leadership in the AGPA and/or its Affiliates, as well as leadership in the field of group psychotherapy, clinical practice and/or administration, teaching and training, and research and publications. AGPA welcomes its newest Fellows: M. Sophia Aguirre, PhD, CGP, FAGPA; Mikhail Bogomaz, PsyD, ABPP, CGP, FAGPA; Michelle Bohls, LMFT, IRT, CGP, FAGPA; and Cheri Marmarosh, PhD, FAGPA.

M. Sophia Aguirre, PhD, CGP, FAGPA (Atlanta, Georgia), an AGPA Member since 2008 and a CGP since 2014, has served AGPA as a member of the Board of Directors, Co-Chair of the Racial & Ethnic Diversity Special Interest Group, a member of the AGPA Connect Committee, and, currently, as Co-Chair of the Diversity, Equity, & Inclusion Task Force. She also served as Chair of the Diversity Committee of the Atlanta Group Psychotherapy Society. Dr. Aguirre has presented numerous times at AGPA Connect, and more recently, she was a panelist for the AGPA Town Hall: Shaping Our Future.

Prior to opening her private practice, she was the Group Therapy Program Coordinator and Supervisor at the University of Oregon Counseling Center. While maintaining her private practice, Dr. Aguirre served as a Bilingual Clinical Supervisor and Consultant at the university, conducting secondary bilingual clinical supervision to master's level clinicians working with Spanish-speaking teens, adults, and families.

Dr. Aguirre received her bachelor's degree in psychology from the University of Georgia, where her honors thesis was on *The Effects of Childhood Victimization and Maltreatment.* She received her doctorate in counseling psychology from Auburn University. Her dissertation was on *Thriving after Bereavement: The Role of Meaning.*

Mikhail Bogomaz, PsyD, ABPP, CGP, FAGPA (Jacksonville, Florida), an AGPA Member since 2012, and a CGP since 2013, has been a Board Member of the International Board for Certification of Group Psychotherapists (IBCGP) since 2018. He chairs IBCGP's Clinical Professional Relations Committee and has been the organizer and co-presenter for AGPA's online and in-person versions of the *Principles of Group Psychotherapy* course domestically, as well as internationally for the China Institute of Psychology. He is a founding Board member of the Florida Group Psychotherapy Society and continues on that Board today. He is also a Board member of APA Division 49, the Society of Group Psychology and Group Psychotherapy, and Co-Treasurer of the American Board of Professional Psychology.

Dr. Bogomaz is the Founding Training Director of the APA-accredited doctoral internship program at the University of North Florida Counseling Center, which he created with a heavy group component. In addition to directing the program, he also co-facilitates group counseling sessions with trainees and conducts group clinical supervision. He also directs the Clinical Mental Health Counseling internship.

He received his undergraduate degree in criminal justice and psychology from the University of Alabama, Birmingham, and his master's and doctorate in clinical psychology from the Illinois School of Professional Psychology. A licensed clinical psychologist, he has taught, supervised, and run groups for group clinicians and has served on the University's faculty as an Adjunct Instructor.

Michelle Bohls, LMFT, IRT, CGP, FAGPA (Austin, Texas), an AGPA Member since 2008 and a CGP since 2014, has served as a Board member of the Austin Group Psychotherapy Society and as its Secretary. She also served as the President-Elect, President, and Programming Chair for the Austin Association of Marriage and Family Therapists, which recognized her for outstanding leadership, noting that she doubled the membership during her term of office. Ms. Bohls has presented several times at AGPA Connect on topics such as cultivating intuition in group and working with feelings around money in groups.

Licensed as a marriage and family therapist, Ms. Bohls has co-led two weekly process groups in her private practice for more than a decade, where she specializes in working with people who identify as highly intuitive or highly sensitive and individuals who identify as gender queer, as well as leads a modern analytic training group for clinicians. She frequently presents at local agencies and national conferences on various mental health topics, including the challenges of group and couple's psychotherapy. Ms. Bohls has published several newsletter and journal articles promoting group therapy, including the 2017 article *Greed, Vulnerability, Deprivation, Shame, and Envy: Let's Talk About Money in Group* for the journal *Group.*

She received her bachelor's degree in organizational speech communications from the University of Texas at Austin and her master's in professional counseling from Texas State University in San Marcos. Certified in both EMDR therapy and Imago therapy, Ms. Bohls has been an international trainer and consultant in Imago therapy and has led group retreats for couples in her practice.

Cheri Marmarosh, PhD, FAGPA (Fairfax, Virginia), an AGPA Member since 2008 and a Clinical Member since 2014, served as Co-Chair of the Research SIG and is currently a member of the Science to Service Task Force. She is Chair of APA Division 49, the Society of Group Psychology and Group Psychotherapy. Dr. Marmarosh presented the 2015 Ormont Lecture, speaking on *Attachment in Group Psychotherapy.* She presented a workshop at AGPA Connect 2016 on *Attachment in Group Psychotherapy: Facilitating a Secure Base* and co-presented a Special Institute with Martyn Whittingham, PhD, CGP, FAGPA, at AGPA Connect 2019 on *Clinical Applications of Attachment and Interpersonal Theories to Group Psychotherapy: Two Sides of the Same Coin.*

Dr. Marmarosh has published widely. She authored two group psychotherapy texts—*Attachment in Group Psychotherapy* and *Groups: Fostering a Culture of Change*—and edited *Attachment in Group Psychotherapy*, a special edition of the *International Journal of Group Psychotherapy.* She produced two videos: *Attachment in Group Psychotherapy: A video demonstration of an initial group session and Beginning Group Psychotherapy,* and wrote a book chapter, "Group Dynamics and Group Psychotherapy: Their mutual influence on the study of group cohesion," which appeared in the *Handbook of Group Psychotherapy and Group Dynamics.*

She completed her undergraduate degree at the University of Florida and her doctorate in counseling psychology at Virginia Commonwealth University with a specialization in group psychotherapy and group dynamics. She attended the Institute of Contemporary Psychotherapy & Psychoanalysis' three-year Advanced Self Psychology Psychotherapy Program with a final paper on *Self-Objects and Group Psychotherapy* and completed a one-year Advanced Object Relations Couple Psychotherapy Program at the Washington School of Psychiatry. Dr. Marmarosh teaches and supervises group psychotherapy at The Catholic University, The George Washington University, and The George Washington University Center Clinic.

FRONTLINE ATTORNEYS DEAL WITH IMMIGRATION PROBLEMS

Continued from page 3

Is it any wonder that immigration attorneys often struggle with feeling helpless and overwhelmed? Add to this the fact that they are immersed in hearing about the most painful and intimate details of their clients' lives. Finally, relatively few attorneys may be properly prepared for what they are going to emotionally encounter. There are few classes in law school for this. Most learn to cope with these problems on their own. But, as we know from our own work as therapists, the ability to sit with a client's pain and trauma and maintain our own emotional well-being is a skill we develop with intense training, supervision, and consultation. We also know that being in a group for caregivers can be effective in providing needed emotional relief and support.

It has become increasingly clear, therefore, that we must enlarge the category of caregivers to include immigration attorneys. They are clearly both providing needed legal services, while simultaneously tending to the psychological needs of their clients.

In response to this situation, growing efforts are being made to provide them with some assistance. AGPA has begun to reach out to immigration attorneys on the frontlines. Suzanne Phillips, PsyD, ABPP, FAGPA, CGP, and Craig Haen, PhD, LCAT, CGP, FAGPA, Co-Chairs of AGPA's Community Outreach Task Force, have conducted several pilot efforts using groups modeled after the care of the caregiver programs. Annabel Raymond, LMFT, CGP, has begun working with Al Otro Lado, a legal organization that coordinates services for asylum seekers and deportees on both sides of the border. She has been leading ongoing groups for immigration attorneys in California since 2016 when she learned that tending to the atrocities suffered by their clients and feeling helpless was impacting the attorneys' mental, emotional, and physical health. More recently, D. Thomas Stone, Jr., PhD, CGP, FAGPA, in Texas has begun working with RAICES (Refugee and Immigrant Center for Education and Legal Services) and ProBAR (South Texas Pro Bono Asylum Representation Project) providing resiliency support in the form of workshops and monthly groups for their staff. Additionally, AGPA's Community Outreach Task Force plans to provide more extensive support and assistance programs for immigration attorneys on the frontlines.

For any professional—medical, mental health, or legal—responding to migration and immigration crises is emotionally traumatic. In addition to vicarious trauma, they suffer the moral injury of crimes against humanity unfolding on their watch. Are they caregivers? Yes. Do they deserve our support to deal with what they face and what they carry? Of course. In this era of complex migration problems, we owe these caregivers our attention and care.

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Transitioning to Online Group Therapy During the COVID-19 Pandemic

By Lianne Trachtenberg, PhD, CPsych

EDITOR'S NOTE: *Lianne Trachtenberg, PhD, CPsych, is a Clinical and Health Psychologist in private practice and a Scientific Affiliate in the Department of Surgical Oncology at Princess Margaret Cancer Centre in Toronto, Canada. Her research and clinical work have been dedicated to enhancing the psychological well-being of women with cancer. Dr. Trachtenberg completed a postdoctoral fellowship designing and implementing online group therapy for women with breast or gynecological cancers experiencing body image-related distress. Since then, she has continued to develop and run online groups to meet the needs of individuals with cancer. She is on several advisory boards to support the research and development of online groups for cancer patients across Canada.*

With the advent of the COVID-19 pandemic, group therapists were thrust into online therapy. While some clinicians felt apprehensive or ill-prepared, there is a growing body of evidence to suggest that it is not only feasible, but an effective form of treatment. At a time when social isolation is occurring in unprecedented ways, the role of the group has the potential to be a protective factor for our clients (Whittingham & Martin, 2020). This article examines the research on the effectiveness of online group therapy, the process of translating face-to-face (F2F) groups into online versions, and practical implications for clinicians.

What Do We Know about Online Therapy?

With the recent surge of online therapies available during the pandemic, more individuals are feeling comfortable turning to virtual psychotherapy. A PwC Health Research Institute study (2015) showed 72% of Americans aged 18-44 and 43% of Americans aged 45 and older opted for virtual mental health visits over F2F appointments. Meta analyses by Andersson and his colleagues (2014) compared online cognitive behavioral therapy (CBT) to F2F CBT in both individual and group formats. Systematic searches resulted in 13 studies (total N = 1053) that met all criteria and were included in the review. The results demonstrated that online CBT and F2F treatments produced equivalent overall effects. However, a dearth of these studies focused on internet-delivered group models.

There are benefits for clients interested in receiving online psychotherapy groups including: easier access to specialists; connecting with others despite geographic limitations; reduced travel time and cost; and finding support despite limited mobility issues or compromised immunity. However, online groups can present some obstacles for clinicians. Weinberg and Rolnick (2020) identify four common obstacles: (a) the disembodied environment—a non-body treatment experienced in cyberspace; (b) distractions—involving group members' desire to multitask with other stimuli on or off screen; (c) the setting—online group leaders cannot control all aspects of the environment; and (d) therapeutic presence online—involving one's whole self completely in the moment on multiple levels including physically, emotionally, cognitively, and spiritually.

Research Translating A Face-to Face Group into an Online Version

Trachtenberg and colleagues (2020a) presented a pilot study to illustrate the translating of an empirically supported F2F group therapy into an online format. They described Esplen et al.'s (2018) Restoring Body Image after Cancer (ReBIC), a F2F group intervention for female breast cancer survivors and discussed how it was translated online into the i-ReBIC intervention. Sixty women participants engaged in an eight-week, 90-minute online text-based group. Each week, a new topic associated with reconnecting to the body, adjusting to a post-cancer identity, and improving psychosexual functioning was addressed. Among them, 47 participants completed the intervention, and 44 filled out all pre-post study questionnaires (Trachtenberg et al., 2020b). Ninety-three percent of participants (n = 41) were satisfied and reported that it met their expectations. Eighty percent of participants (n = 35) reported no technical difficulties during the intervention. Pre-post outcome measures on body image distress showed statistically significant improvements.

Understanding the methods taken to translate F2F groups into online versions can be beneficial but is rarely discussed in the literature. For i-ReBIC, the translation efforts focused on adapting the three key therapeutic components (guided imagery exercises, psychoeducation, and psychotherapeutic group processes) of the original F2F intervention (Trachtenberg et al., 2020a). Psychotherapeutic group processes were found to be a highly valuable part of the translation process. Given the disembodied environment, where participants could not see each other's appearances/bodies, the i-ReBIC group processes were not directly recreated from the original F2F group. Rather, the team followed the recommendation by Yalom and Leszcz (2005), who suggested that online translations are not simply recreating F2F groups into a different format; rather, the development of online groups requires clinicians to consider the obstacles of the online context. For example, to maximize group cohesion in i-ReBIC's text-based groups leaders typed into the discussion board brief visualizations focused on bringing members together in a shared space to minimize the disembodied environment. One leader typed, "I am imagining us joining around our big old coffee table. Everyone shaking off coats and getting warm drinks! Welcome everyone!" Leaders also focused on developing nonlinear interactions between group members (e.g., supporting natural interactions between participants versus turn-taking texts between a participant and a group leader). These nonlinear interactions resulted in more authentic and cohesive discussions that supported members' therapeutic presence online.

Practical Considerations for Clinicians

Managing the therapeutic setting is an important consideration. In the online setting, both participants and therapists play a role in setting up an appropriate space to create the therapeutic frame. Additionally, group members may have distractions in their home. The therapy environment should occur in quiet space where they are free to talk or text with limited distractions. However, not all environments can be perfectly controlled; consequently, this information may also be useful clinical information that adds to the therapeutic connection.

Prescreening and preparation of participants is another consideration. Prescreening should assess participants' level of distress and suitability for the online group. Preparation should address misconceptions, such as online therapy is less helpful than other formats. Participants should also be given a description of expected group norms and an established contract of attendance. Preparation can facilitate more control of the online setting where members are clear on the structure and format; this may lead to increases in safety and stability in the online environment.

Privacy and confidentiality issues can also be addressed. Clinicians should promote the importance of members not beginning a therapy session in a context where they may breach the confidentiality of others. In text-based groups, participants should be informed that the information shared will be kept safely and in confidence. Limits of confidentiality should be disclosed fully, as well as actions to be taken if group leaders must breach confidentiality. Participants should be informed that access to past transcripts, forums, e-mails, audio/video recordings, and photos may include sensitive information of other members. Technological safeguards need to be in place as currently exist for all personal health information collected by a health professional.

Finally, collaboration and/or consultation with experts is another important consideration. Expert online therapists can teach group leaders best practices to manage the unique challenges faced online.

Future Research

Research is needed, beyond pilot trials, to assess the effectiveness of online group therapies. Future research should conduct randomized controlled trials comparing F2F groups to a diverse range of online group formats including text-based, video-based, and audio-based groups to assess each intervention's efficacy. There is a dearth of data documenting which participants would benefit most from F2F versus online groups. Efforts should be made to consider the potential demographic characteristics, interest, and areas of distress that may distinguish these two groups. Lastly, not all group members and treatment issues may be amendable to online therapy. Research is needed to classify which participants and treatment issues may be excluded from online group interventions.

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Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, Editor of the Consultation, Please column, about your issues and/or questions that arise in your group psychotherapy practices. Special Interest Group members are highly encouraged to send cases that pertain to your field of interest. They will be presented anonymously. Email Lee at lee@leekassan.com.

consultation, please!

This month's dilemma and responses are supplied by the Health and Medical Issues Special Interest Group (SIG). The SIG supports group therapists who address health concerns in medical and non-medical settings, provide psychological treatment to the medically ill, and incorporate wellness techniques such as meditation and mindfulness. It also provides an opportunity to process one's own health issues and/or disability identities. If working with clients with health issues or disabilities is new to you, we encourage you to get more involved with our SIG to expand your comfort, competence, and confidence. One of the SIG's central goals is to increase awareness of these issues and expand the accessibility and inclusivity of group therapists, whether or not they specialize in working with medical issues. Co-Chairs are Leslie Klein, PhD (lesliekleinphd@gmail.com), Leah Murphy-Swiller, PhD (leah.murphy.swiller@gmail.com), Ann Steiner, PhD, MFT, CGP, FAGPA (drsteiner@drsteiner.com), and Linda Williams, PhD, CGP (drlmwilliams@gmail.com). To join the SIG, email agpamemberservices@agpa.org. For questions about the SIG, contact the Co-Chairs at their emails above.

Dear Consultants:
I am a group psychotherapist in private practice. I just learned from a colleague that, in addition to having a practice that is physically accessible to people with disabilities (although I am working virtually due to the pandemic, I plan to return to my office when it is safe), my website also must be accessible under the Americans with Disabilities Act. Is this true? What does this mean? Does this apply to mental health providers in solo private practice? How do I make sure my website is accessible? Do any AGPA members have experience creating accessible websites and have any tips? I do not want to exclude anyone from my services, but I do not know where to begin.

Signed,
Overwhelmed

Dear Overwhelmed:

Your colleague is correct. As a private practitioner who offers in-person services, you do need to take steps to ensure that your website is accessible to clients with disabilities, chiefly those with visual and hearing issues. While this can feel overwhelming, it is an opportunity to ensure that clients with disabilities have equal access to mental health services.

In consultation with attorneys from the American Psychological Association (APA) and the California Association of Marriage and Family Therapists (CAMFT), we've listed some questions to determine whether your website needs to be accessible. Does your website:

- List an address or directions to your in-person services?
- Provide a phone number for prospective clients to call for in-person services?
- Offer online scheduling that prospective clients can use to schedule in-person services?
- Provide paperwork that prospective clients can complete in advance for in-person services?

If you answered Yes to any of these questions, your website must be accessible. Technically, practices that are exclusively online are not subject to ADA regulation. Nevertheless, we have an ethical responsibility to provide equal access to mental health services and avoid harm and discrimination.

Having an accessible website means that it is usable by all people, those with and without disabilities. If your website uses an introductory video describing your services, adding captions creates a valuable point of access. If you use images with words, be sure to include alt-text image descriptions for use with screen readers. Most importantly, access means that when we design and build in the public domain with the sensory and mobility needs of our communities in mind, we are not excluding valuable members of our society from equitable participation.

Both APA and CAMFT staff attorneys recommend that therapists comply with the Web Content Accessibility Guidelines 2.1 (WCAG) and work with a web design specialist to do so. There are three levels of WCAG compliance (A - AAA), and most recommend striving for level AA, which ultimately will make your site readable and navigable for all.

We are confident that the steps you take to increase the access of your website will benefit your practice. Our goal is to design for everyone.

Leslie Klein, PhD
Long Beach, California

Ann Steiner, PhD, MFT, CGP, FAGPA
Lafayette, California
Health and Medical Issues SIG Co-Chairs

PRECEDENT-SETTING SUPREME COURT RULING ABOUT WEB ACCESS:

In Robles v. Domino's (2018), a blind man sued the pizza chain because its website and app were incompatible with screen-reading technology, barring blind patrons from making purchases and receiving promotions available only online. The Ninth Circuit Court of Appeals ruled in Robles's favor that the websites and online services of privately owned entities that connect people to goods and services must be accessible under the ADA. The Supreme Court (2019) declined hearing Domino's appeal and let the Ninth Circuit's ruling stand.

RESOURCES

Accessible Technologies from the University of Washington
www.washington.edu/accessibility/

Breaking Down Barriers to Digital Care
www.camft.org/Resources/Legal-Articles/Chronological-Article-List/breaking-down-digital-barriers-to-care

Disability Culture from Alice Wong's Disability Visibility Website
www.disabilityvisibilityproject.com/

Invisible Disabilities from Invisible Disability Project
www.invisibledisabilityproject.org/

Reaching Out to Customers with Disabilities
www.ada.gov/reachingout/intro1.htm

Web Content Accessibility Guidelines (WCAG) 2.1 - Quick Reference: https://www.w3.org/WAI/WCAG21/quickref/

Words Matter. An Accessible Glossary by Well Psychology:
www.wellonline.com/words-matter

Dear Overwhelmed:

We all come to the disability community from different places in our lives, whether we are disabled or not. As therapists, we must be aware that diverse bodies exist and have access needs specifically concerning telehealth and website accessibility.

Below is the approach I used when creating an accessible community, the Invisible Disability Project, and the soon-to-launch behavioral telehealth organization Well Psychology, Inc.

Approach access first by focusing on the value of disabled people. Access is more than a legal mandate. Access is a form of care, respect, and the value statement your website conveys. Disabled identities are complex and rich, and vary within class, race, age, gender, sexuality, and citizenship, making access needs equally complex. Access is a civil right, and the Americans with Disabilities Act (ADA) accommodations are a real triumph for the disability community. Finally, the act of providing access requires evaluating your own and your practice's values, conditions, and culture. Your website is an opportunity to examine your values about inclusion and to have a greater consciousness around how processes and practices may maintain exclusion.

In developing your website, be aware that technology and telehealth literacy, coupled with Electronic Health Record (EHR) software, often excludes the patients who may need us most.

An accessible technological interface is essential, and there are open-source tools and experts to help. Nevertheless, barriers to access exist even if the technology is accessible. Here are a few simple tips that will make your website more accessible and welcoming to all:

- Simplify language and grammatical structure.
- Avoid compound sentences and use of multiple semicolons.
- When using fillable forms, do not require printing/scanning/uploading. Make documents truly digital forms, like Adobe, Docu-sign.
- Use image descriptions.
- Use captions on all videos.
- Use an audio option for lengthy or cognitively complex text.
- Follow the #a11y hashtag on Twitter for the latest accessibility resources.
- Use sans serif fonts.

A website will never fully be accessible. Be ready to listen to your patients' and users' feedback and remain open to revising the website or processes as needed. Finally, access needs vary from person to person and may change within settings and over time. As clinicians and designers of access, we need to check in frequently about access needs.

Linda Williams, PhD, CGP
Founder and CEO
Invisible Disability Project, and Well Psychology
San Diego, California

Health and Medical Issues SIG Co-Chair

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

a view from the affiliates

Introducing the AGPA Connect Leadership Track:

Presented by the Affiliate Societies Assembly (ASA), Organizational Consulting Special Interest Group (SIG), and the Diversity, Equity, and Inclusion (DEI) Task Force

Marc Azoulay, LPC, LAC, CGP, ACS, Member at Large, Affiliate Societies Assembly and Past President, Four Corners Group Psychotherapy Society

As group psychotherapists, we are often called to take on leadership roles. Whether it is becoming a team leader or clinical director, getting involved in a non-profit, or perhaps even joining your local AGPA Affiliate Society. We have unique and powerful skills that we can bring to leadership: emotional intelligence, the ability to read a room, and deep insight into group and team dynamics. Leadership needs us, and we need to be leaders.

However, there are some aspects of leadership and management for which we were not trained. Many therapists struggle with time management, asserting their own boundaries, business negotiation, and marketing. Without these foundational skills, we are often prevented from having a greater impact in our communities.

To remedy this, the ASA, Organizational Consulting SIG, and the DEI Task Force invites you to participate in the 2021 Leadership Track offerings at AGPA Connect. Any AGPA Connect attendee can sign up for this programming; no prior qualification, application, or consideration is needed.

As a subtheme of AGPA Connect 2021, *The Power of Groups in a Challenging World*, the theme for the Leadership Track will be *Navigating Challenges to Leadership*. This includes topics around how leaders develop skills to handle positive and negative transferences toward the leader from boards, membership, and individuals within the organization, as well as how leaders can handle crises like the COVID-19 pandemic. It also includes ways to navigate the personal challenges a leader may face due to their personal vulnerabilities, strengths, and/or leadership style.

The 2021 Leadership Track is comprised of three events: a two-day Institute, *Utilizing Group Therapy Skills in Corporate Culture* facilitated by Rick Tivers LCSW, CGP; a full-day Workshop, *Interpersonal Neurobiology, Courage and High-Performing Teams* facilitated by Carolyn Waterfall, MS, LPC, CGP, and Rachel Stephens, PsyD; and a half-day Workshop, *Facing the Challenge: Group Goes to Business School* facilitated by Darryl Pure PhD, ABPP, FAGPA, CGP, and Lisa Stefanac, MBA. These talented and skilled leaders have experience working with and for organizations and are committed to empowering and inspiring other AGPA members to take up leadership roles.

If you're interested in being considered as a presenter for the 2022 Leadership Track, email Marc Azoulay at marc@marc-azoulay.com and stay tuned for more details from the committee early next year. We aim to focus on DEI and social justice issues and are looking to sponsor and work with new and diverse presenters. Our aim is to educate the next generation of AGPA leaders and to take the expertise offered by group psychotherapy into the larger world.

Eastern Group Psychotherapy Society Training Program:

Called to Antiracist Action

Robin Good, PhD, CGP, FAGPA, Member, EGPS Board of Directors, and Director, EGPS Training Program in Group Psychotherapy

In response to the Black Lives Matter movement and growing awareness of systemic racism, the Eastern Group Psychotherapy Society (EGPS) Training Program in Group Psychotherapy has been working to develop cultural humility and aspiring to be anti-racist. We are also committed to studying group dynamics and processes, reflecting on our history and how the faculty group engages, resists, and grapples with issues of race.

With significant training and support from the Work Group for Racial Equity (WG4RE) and the Reparations Scholarship that this EGPS task force established, we have seven Black Americans enrolled in a class of 18 students for 2020-2021. The Dustin Nichols Scholarship supports students in need of financial assistance from Black, Indigenous and People of Color (BIPOC) and members of other marginalized groups.

After years of being an all-white faculty, one of our initiatives has been to build a more just and representative faculty. We have brought on three talented BIPOC teaching and leading groups, along with a Co-Dean of Curriculum, who will provide optional support to BIPOC students via an affinity group.

One of our new faculty will also function as a racial dynamics consultant, meeting with the consultation and experiential group leaders to discuss overt and/or hidden dynamics of racial experience or tensions in the groups and offering insight and suggestions to those group leaders.

The entire staff is undergoing training each year, developing racial literacy and competence to work with racial dynamics.

It is our goal to continue to build our program to be more enlightened, attuned, and equitable.