Meet AGPA’s New CEO:  An Interview with Angela Stephens, CAE

Leo Leiderman, PsyD, ABPP, CGP, FAGPA, Editor, Group Circle

EDITOR’S NOTE: For nearly 40 years, Angela Stephens, CAE, CEO, has been an integral part of AGPA, from Professional Development Senior Director to public affairs, to fundraising, she has been involved over time in every component of AGPA and its governance. Angela brings an extraordinary combination of experience, wisdom, calm, and commitment. There is no one better qualified than her to lead AGPA as our new CEO.

LL: Congratulations on your new position as CEO of AGPA! What are your goals and aspirations for the organization? How do these align with AGPA’s strategic planning initiatives?

AS: It is my honor and privilege to assume the position of CEO of AGPA. I am excited to continue to work with AGPA members who have dedicated their lives to promoting mental health in our society and our outstanding staff and who are also committed to the mission of AGPA. I believe that AGPA has the potential to be the premier resource for group therapy. I am excited by the work that the organization has embarked on to become more diverse, equitable, and inclusive, removing barriers that prevent full participation for all mental health professionals. I aspire to see AGPA as an environment where therapists from different cultural and socioeconomic backgrounds are welcomed and encouraged to participate at all levels. AGPA is beginning a new strategic plan that will focus on ways to achieve this goal.

LL: What do you regard as the major priorities for AGPA over the next three years?

AS: AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists leadership has begun the process of reviewing systems and structures that are in place that present barriers and limit participation. Priorities for the next few years will be the work needed to restructure and reorganize some of the systems.

LL: How has the transition been for you?

AS: I really wish that I could say, “the transition has been smooth; just what I expected.” However, the transition is still ongoing, and I anticipate that it will be for several more months. We are transitioning from a place where we had a small independent staff to a much larger structure within Kellen Company. As for the transition of tasks, there are several projects that Marsha Block (although retired) is still working on to close the loop. With my assuming the role of CEO, Katrina Cooke, MA, CAE, our former Information Technologies Director, has taken over my previous position of Professional Development Director so there is an aspect of training that is ongoing in that area as well. What makes the transition easier is that I am very familiar with every aspect of AGPA, so I don’t need to learn the organization. I am, however, learning a lot about the inner workings of the Tri-Organizational governance structure.

LL: Can you describe our new partnership with Kellen Company? How will it interface with AGPA? What kind of support will Kellen provide?

AS: We are still relatively new in our partnership, however, we are beginning to see some benefit from the shared services that Kellen has to offer, such as human resources, information technologies, finances, and meeting planning. Having access to these departments will lessen resources, information technologies, finances, and meeting planning. Having access to these departments will lessen resources, information technologies, finances, and meeting planning. However, we are beginning to see some benefit from the cooperation of AGPA and its governance. Angela brings an extraordinary combination of experience, wisdom, calm, and commitment. There is no one better qualified than her to lead AGPA as our new CEO.

Typically, associations don’t move to a management company like Kellen with a full staff already in place; because AGPA is a special case, many of the details around how to best integrate and interface with Kellen are still being worked out. I expect that the exposure and collaboration with our peers working in other healthcare organizations will be beneficial in providing different perspectives for getting work done.

LL: AGPA previously owned its own office space. What will become of that? What is it like for you and the staff of AGPA to relocate to Kellen’s New York City offices?

AS: The AGPA office space is owned by the Group Foundation for Advancing Mental Health. Currently, there are still tenants who are leasing office space. For the immediate future, the Foundation does not have plans to sell the space. Because Kellen’s New York City office is not officially open yet (it will reopen on January 18, 2022), AGPA staff has not yet relocated to the new location. A hybrid remote working model will be implemented, where staff will be required to work two days a week in the office, and the other days they will work remotely. This is similar to the schedule that the AGPA staff followed over the summer. I think that when we are in Kellen’s space, it will be a little strange as the AGPA office has been headquartered in the same location for almost 40 years.

LL: Can you share some of your career highlights during your long tenure with AGPA?

AS: I have served in many capacities during my time at AGPA. I would say that the highlights mostly revolve around our educational programming. Increasing the number and frequency of events that are offered through our eLearning programs has added value to our program. We also offered events at the beginning of the pandemic that helped meet the needs of our members to convert their practices from in-person to online, as well as providing support to the mental health workers on the front lines dealing with the virus. Also oversaw many of the excellent programs that are featured at AGPA Connect. In 2021, we converted the in-person meeting of more than 200 educational sessions and social activities to a successful virtual meeting. In fact, on October 29, I accepted on AGPA’s behalf the NYSAE Synergy Award for Educational Excellence.

LL: What have been the most difficult experiences, challenges you have faced?

AS: I don’t know if I look at things from a perspective of difficulty but more of opportunity—opportunities for change and growth. A lot of what I outlined above in my highlights could fall into this category.

LL: What do you think are AGPA’s organizational strengths, which compel so many of us to become lifetime members and volunteers?

AS: In addition to supporting the mission of AGPA to advance the field of group psychotherapy, I believe that it is our ability to achieve this goal.

As we return to our fall activities, the important work of AGPA that is underway and that lies ahead becomes ever clearer.

I recognize that the summer was challenging across the country as hurricanes and wildfires wrought havoc for many people, generating enormous dislocation and loss. I wish for all strength and resilience in the face of these challenges and the recovery that follows. As always, our Community Outreach Task Force, chaired by Craig Haer, PhD, LCAT, FAGPA and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, and assisted by Diane Feirman, CAE, Public Affairs Senior Director, was and continues to be responsive in the face of these traumatic upheavals.

I am very mindful that this is the first Group Circle presidential column written without Marsha Block, CAE, CFRE, leading AGPA as our CEO, and the first with Angela Stephens, CAE, in place as our CEO. Marsha retired on September 1, after more than five decades of outstanding service and leadership to the organization. Marsha leaves the organization in an excellent position and with a rich and powerful legacy of what effective leadership can achieve. Under Marsha’s leadership, we have and continue to manage through the COVID pandemic, the shift to a virtual world, and are engaging our DEI work in a robust and committed fashion. Through challenging economic times, she secured a financially strong position for our organization moving forward.

We are deeply grateful for Marsha’s leadership. Stay tuned for the opportunities and events we have planned to thank and honor her for her enormous contributions to AGPA. Marsha has planned wisely for succession and securing Angela Stephens, CAE, as our CEO places AGPA in a position of great strength.

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FROM THE PRESIDENT

We grow from strength to strength! Angela Stephens assumed the position of CEO of AGPA after nearly four decades of outstanding contributions to every aspect of AGPA. No one understands AGPA’s strengths, challenges, and future opportunities, better than Angela. She is the right person at the right time to lead us into the future. We will be shaped very effectively by Angela’s vision, creativity, and determination.

The CEO transition also marks a new collaboration with the Kellen Association Management Company. Kellen will provide significant administrative and strategic support to underpin the work of AGPA. The relationship with Kellen brings to bear the power and scale of a much larger organization, which will serve us well with regard to technology, event planning, and the contemporary challenges all associations will face. All our AGPA staff have now become Kellen staff but are dedicated to their ongoing AGPA roles. There is one notable shift: Katarina Cooke, MA, CAE, will assume much greater responsibility for our educational programs, taking over that portfolio from Angela. Although the transition has been demanding on our staff with onboarding and new protocols to learn, we expect the transition will feel seamless to our membership.

COVID continues to be a significant challenge in many parts of the world. Vaccination mandates notwithstanding, the Delta variant reminds us of the continuing impact of this pandemic and the need to adapt and be with cumulative trauma the challenges it presents. It is with this in mind that the AGPA Board, AGPA leadership, and the AGPA Connect Committee determined, with great regret, that we will shift AGPA Connect 2021 to a virtual meeting without an in-person component.

Although we cannot predict the future, the unanimous position of the Board is that it is better to cancel now and potentially regret that we could have met in person, rather than host a meeting that is unsafe or delay that decision and have to cancel at a later, more costly, and disruptive point. It is deeply disappointing to make this decision but we feel it is the correct choice. It is a painful loss to meet in person—now for the second year in a row. We have determined, however, that this is a necessary loss. In addition to the disappointment of our members, this is a big disappointment to our hosts in Denver, Colorado, and to the entire AGPA Connect Committee. We are deeply grateful to Katie Steele, PhD, CGP, FAGPA, D. Thomas Stone, PhD, ABPP, CGP, FAGPA, and Ginger Sullivan, MA, LPC, CGP, and their entire committee for their readiness to pivot yet again in planning for our conference. Thankfully, we know we can host an excellent virtual conference, building upon the feedback from this year’s conference about what can host an excellent virtual conference, building upon

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Please note as well that our plan is to host the meeting as originally planned during the week of February 28-March 5, 2022. Meeting information will be forthcoming, and we will make the appropriate changes with regard to registration fees. The meeting will be outstanding—just a few highlights to note: Ken Hardy, PhD; Maria Yellow Horse Brave Heart, PhD; Daniel Siegel, MD; Cary Brudzinski, PhD, CGP, FAGPA; Lisa Mahon, PhD, CGP, FAGPA; and Robert Unger, MSW, PhD, CGP, FAGPA, will be some of our featured speakers.

We hope the virtual nature of the meeting makes it more accessible to attend, and we are looking forward to a robust scholarship program that will bring young practitioners to our conference. Without the cost of travel and hotel, scholarships will cover much of the cost for the conference for many people.

It is important also to note that although we will accommodate a hybrid meeting in 2022 and make it a great success, we are committed to maintaining the in-person, face-to-face nature of our meetings and training programs. This is central to our identity!

The fall also signals elections for AGPA leadership. We have distributed via email and the member e-community the full slate of nominees for Officers, board members, and Early Career Professional/Student Board member positions, as well as for the Nominating Committee for the next elections. Under the leadership of Eleanor Counsellor, EED, ARBP, CGP, DLFAGPA, the Nominating Committee of Kathie Ault, PMPHFB/BC, CGP/B, FAGPA, Chari Baron, MN, CIN, CGP, CIGP, LFAGPA, Chera Finns, PsyD, CGP, FAGPA, and Keith Rand, LMFT, CGP, FAGPA, has brought together a remarkable slate of outstanding nominees. The future leaders of AGPA emerging from this election will ensure that we continue to grow as an organization that is inclusive and honors our commitment to our evolution as an antiracist organization that is a welcoming home for all our members.

Our Diversity, Equity and Inclusion consultant, Dr. Kumes Shorter-Gooden, is in the process of synthesizing the feedback that we received from the focus and consult groups that ran this year. We are fortunate to have an outstanding research assistant, Ollie Trac, who will work with Dr. Shorter-Gooden and synthesize the compelling responses of our members about their experiences of systemic racism in AGPA. A report will be forthcoming to our DEI Task Force and RED SIG leadership. The report will also be brought to the Tri-Organiational leadership and then to the membership at large for discussion and implementation.

Our commitment to diversity, equity, and inclusion will suface everything that we do in the organization as we seek to prevent, repair, and redress racial harm impacting our BIPOC and marginalized members. Thank you to all of our members for their participation as members and as leaders of these groups and for your important feedback; we look forward to continued work together collaboratively.

As always, I welcome any comments or questions and can be reached at melot2@sentron.com.

Leo Leiderman, PsyD, ABPP, CGP, FAGPA
Group therapists working under the long-lasting conditions of the pandemic can be considered first responders, treating the cumulative trauma impacting their group members. Therefore, they may be prone to vicarious trauma reactions and burnout. Selfcare strategies can be considered to reduce burnout and fatigue, including: supervision; peer group support; enhancing intimacy with emotionally rewarding relationships while avoiding toxic dynamics; daily exercise, meditation, adopting good eating and sleeping habits; and increasing occasions for fun, laughter, and humor. Selfcare can also include receiving emotional connection, support, validation in larger community-based systems, and professional organizations like AGPA.

Our feature article provides an exciting and inspiring interview with our new CEO Angela Stephens, CAE. She conveys her extensive leadership experience within AGPA, optimism for the organization’s future, and her priority on strengthening the strategic planning initiative to broaden the capabilities of AGPA to become more diverse, equitable, and inclusive for all who interface with our organization. In our From the President column, Molyn Leszcz, MD, FRCPC, CGP, DEAGPA, provides updates regarding significant changes, transitions, and collaboration during this period, including updates on AGPA Connect 2022. In his article, The Relational Self, Costant, and Albysh, D. Thomas Stone, PhD, ARBP, CGP, FAGPA, Co-Chair, AGPA Connect, provides insight into Kenneth Harky, PhD’s approach to equity, diversity, inclusion, and racism that he will address in his Special Institute at AGPA Connect 2022. Aziza Belcher Platt, PhD, in Widening the Circle Racial Social Justice recognizes the destructiveness colonizing has had on American Indians in her column Watching the Seasons Change Through an Anti-Colonial Lens. Colonizing has had a tremendous impact on American Indians in her column Watching the Seasons Change Through an Anti-Colonial Lens. This is published four times a year in a row. We have determined, however, that this is a necessary loss. In addition to the disappointment of our members, this is a big disappointment to our hosts and as leaders of these groups and for your important feedback. We look forward to continued work together collaboratively.

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Kenneth Hardy, PhD, Professor of family therapy at Drexel University in Pennsylvania and Director of the Eastside Community Center in New York City, was the Special Institute presenter on February 28 at AGPA Connect 2022. Dr. Hardy, who will present on anti-racism, will be the only Special Institute speaker at this meeting, thereby allowing as many attendees as possible to benefit from his approach to address diversity, equity, inclusion, and racism. A clinical psychologist, Dr. Hardy has worked extensively over many years to educate clinicians and organizations on how to be effective social activist clinicians.

The Relational Self of the Therapist

Dr. Hardy takes a multicultural relational perspective to his work with the self of the therapist. The self of the therapist moves across all treatment modalities, including group psychotherapy. The dialectic between the multicultural relational perspective and the self of the therapist is as much a philosophical stance as it is a method or an approach (Hardy, 2018). It is within this dialectic that clinicians, in examining their work, are willing “to stand in the heat of the ugly, painful legacies in us and others, and to persist into skillfulness and its variations, and to take heart in authentic showings.” (Watts Jones, 2016, pg. 23).

The self is always in relationship to the other. The self is essentially relational, and it is an aspect of that relationship with the other. Dr. Hardy identifies three core interconnected tenets: (1) reality is a subjective experience; (2) the self is a major organizing principle in all of our relationships; and (3) the self is comprised of multiple dimensions. (Hardy, 2018, pg. 18). In his model, these three tenets inform our sense of self and the way in which we see the world: in a “one” and “other” way, as well as how we interact with it. The critical point is that this lens, through which we view others, is very subjective and gives shape and form to the biases that we bring to our interactions. In clinical work, the self of the therapist’s biases guide what information one attends to and how one interprets the clinical data.

In his group supervision work with clinicians, Dr. Hardy emphasizes the importance of self-examination to explore one’s own biases and how these affect the therapeutic process. He has an elaborate way of talking about what it means to be an ally. He talks about moving away from either/or thinking and becoming more relational or thinking from a both/and perspective. Here are several tips that we can apply for being an ally. He talks about moving away from either/or thinking and becoming more relational or thinking from a both/and perspective. Here are several tips that we can apply in our work as clinicians and group therapists.

- Invest in yourself as a racial being and commit to your own work from the inside out.
- Develop thick skin rather than being fragile.
- Be able to sit in the reality of consequences rather than insisting on the purity of your intentions.
- Avoid privileged interruptions: Do more listening than interpreting or explaining.

Conclusion

Dr. Hardy has a long career of training therapists about how to work more effectively from a social justice-based clinical frame. He brings depth and breadth to the way in which he presents his material and how he interacts with the audience. He will help each of us come away with a deeper understanding and tools to help us become more socially just and effective in our work.

References


Dutch Practice Guidelines for Group Treatment: Contemporary Group Therapy in the Netherlands

Rob Koks, MSc, and Pepijn Steures, MD, CGP

At the end of 2019, the Practice Guidelines for Group Treatment (in Mental) Health Care were published online on the website of the Dutch Group Therapy Association (NVGP). A group of senior Dutch group psychotherapists presented these guidelines at AGPA Connect in 2020 and 2021. In 2021, an article on the Dutch guidelines will be published in the International Journal of Group Psychotherapy.

The AGPA practice guidelines published in 2007 were a fluid document, and we intend to update the document according to the latest research on groups and group treatment and in close cooperation with our American colleagues. We hope that joining forces gives the opportunity to learn from each other and will lead to added value in both American and Dutch practice guidelines.

The NVGP chose the theory of group dynamics, as a universal and trans-theoretical frame of reference for all kinds of group treatment (e.g., CBT, SFT, MBT, DBT) because of the diversity of methods and professional background of the therapists. Another difference incorporated was the therapeutic setting. The AGPA guidelines focus mainly on group psychotherapy in an outpatient setting, whereas the Dutch guidelines focus on outpatient, inpatient, and multidisciplinary group treatment. Furthermore, five new chapters were added on the following topics: managing adverse effects of group treatment; applying a specific treatment method in a group setting and combining a specific theoretical orientation or treatment method with group dynamic processes; group treatment in a multidisciplinary treatment program in a more or less intensive treatment setting; group treatment and co-leadership; and education and training in group treatment.

As a service from the NVGP and on request of the AGPA Board of Directors, we provided online an English translation of the chapters for the AGPA and its members. You can find the English version on: www.groeipsychotherapie.nl/praktijkrichtlijnen/guidelines. The Dutch Practice Guidelines is a fluid document, and we intend to update the document according to the latest research on groups and group treatment and in close cooperation with our American colleagues. We hope that joining forces gives the opportunity to learn from each other and will lead to added value in both American and Dutch practice guidelines.

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has been the collegiality that members have experienced that keeps them connected to the organization. This is why I think that it is so important that this type of collegiality is experienced by all who participate.

AS: My leadership style is collaborative. It is important for me to listen to the different voices and perspectives being expressed, whether that be from leadership, membership, or staff. In my opinion, there are better outcomes achieved with this style of leadership. The driving force in my life and decision-making is my spiritual beliefs and faith.

LL: What do you think the near future holds for AGPA? Other than what we’ve discussed, what challenges will we face during the coming year?

AS: I don’t think there is anything else that I can add that hasn’t already been expressed. I would like to end by repeating my aspiration that AGPA is a place that is welcoming to all and an invitation to those reading this to add their voice to how to make it so.
Afinity groups are developed in corporate and non-profit organizations to strengthen diversity and inclusivity efforts. They are homogeneous support groups composed of people who share common interests or experiences (Indeed, n.d.).

In clinical and community settings, homogeneous affinity groups are similarly designed to offer a safe space for people to support each other in learning and healing situations. The social connections found in these groups foster a broader unifying vision. While affinity groups may form around common needs or behaviors (e.g., single parenting, substance abuse, survivors of domestic violence), they also form around key identities (gender, sexual orientation, and race) and offer a safe space for members to examine the evaluation or subjugation associated with the social locations of their identities (Watt, 2018).

This writing focuses on the value of racial affinity groups as a component of clinical and social work training and delivery of clinical services. The rationale for this approach to racial learning and racial healing will be discussed. Resistance to affinity groups arises from white people who identify with people who may offer a foundation of psychological safety. Not retraumatizing. While there is no prescribed path, the clinical setting and addressing it in a manner that is both shaped by and influences the social environment and endured since the founding of the United States. Members of different racial groups have different experiences of race.

Why are we meeting separately by race?

White people are more likely to be honestly uncomfortable with the idea of affinity groups. White people are more likely to be honestly introspective in a space composed of white-identified people. View this as an essential step in a psychosocial and psycho-historical healing process.

How can a white person learn about racism without hearing from Black people about their experience?

White people know a lot about racism. In fact, white people invented it. Directing attention towards people of color is a defense against facing the unvarnished truth about white racism.

Why is this relevant to an organization?

Clinical work is concerned with the psychological impact of trauma on individuals, families, and communities and supports the development of resilience. Racism is a traumatic experience and developing resilience against racism is an aim of clinical work. Affinity groups are relevant to the clinical mission.

What if affinity groups aren’t allowed?

The prohibition of affinity groups and insistence on mixed-race gatherings is a declaration to people of color that their needs aren’t valued. It risks emotional shutdown and, at worst, re-traumatization. Cyrus (2020) writes, “For me, making white people comfortable and finally realize just how much we have been released from the expectation to emotionally protect Black people need their own spaces. We need places in which we can gather and be free from the mainstream and endure their own social locations are attempting to maintain the status quo of an organization that from inception has been white-centered. They haven’t grouped the dynamic place affinity groups occupy in healing processes that could lead to more robust cross-racial dialogues, embrace of a racial equity vision by the organization, and an authentic embrace of the core values of clinical social work (NASW, n.d., NYSSCSW, n.d.). This author suggests that white people who have not yet examined their own social locations are attempting to maintain the status quo of an organization that from inception has been white-centered. They haven’t grouped the dynamic place affinity groups occupy in healing processes that could lead to more robust cross-racial dialogues, embrace of a racial equity vision by the organization, and an authentic embrace of the core values of clinical social work (NASW, n.d., NYSSCSW, n.d.).
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Perhaps you have heard the term “rallying cry to ‘decolonize’ various aspects of thought and practice, including mental health. What exactly does this mean? ‘Decolonize’ means that individuals are working toward unlearning colonial thought of other group’s territory and exhausting its resources. The colonizing group installs its own systems as principal, diminishing and/or erasing the original inhabitants and their systems and activities. ‘Decolonize’ can be seen in any processes that derive from and/or exclusively value dominant, supremacist beliefs and behaviors. It is also about truth-telling regarding historical and current events as well as their oppressions and inequities, and richting historical wrongs and trauma.

In recent months, the history of American Indian residential boarding schools throughout the United States and Canada has brought a spotlight to the practice of Native children being sent to residential boarding schools where they were separated from their families; prohibited from any cultural practices; physically, emotionally, and sexually abused; and buried within schoolyards in unmarked graves with no notification to their families (Yang, 2021). Moreover, in the United States and some other countries, the fall is hallmarked by several federally recognized holidays that celebrate, by tribe, welcome the Pilgrims to America, teach them by the Thanksgiving myth: “friendly Indians, unidentified and/or erasing the original inhabits and their systems and customs. As such, decolonizing is deconstructing and/or erasing the original inhabits and their systems and customs. As such, decolonizing is deconstructing and/or erasing the original inhabitants and their systems and customs.

Widening the Circle: Racial & Social Justice

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The Seasons Change Through an Anti-Colonial Lens

Aziza Belcher Platt, PhD

EDITOR’S NOTE: Aziza Belcher Platt, PhD, is a licensed psychologist, providing culturally responsive individual, group, and family psychotherapy. She works with clients of diverse backgrounds, specializing in racial-cultural issues, trauma, and grief. She was inspired to get into mental health by tribe, welcome the Pilgrims to America, teach them by the Thanksgiving myth: “friendly Indians, unidentified and/or erasing the original inhabitants and their systems and customs. As such, decolonizing is deconstructing and/or erasing the original inhabitants and their systems and customs. As such, decolonizing is deconstructing and/or erasing the original inhabitants and their systems and customs.

References


Cuthbert, R.V. (2004). Even the net was white: A historical view of psychology. Pearson Education.


Congratulations New Fellow

Sooma Bhatt-Mackin, MD, CGP, EAPA, FAGPA, an ACGA member since 2007, is a psychiatrist from Durban Medical School, who has leadership roles at the Durban VA Medical Center and at Duke University Medical Center. He is also the Founding Director of the Clinical Group Work Program at the Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) under the Department of Veteran Affairs. Dr. Bhatt-Mackin has been active in the Carolina Group Psychotherapy Society (CGGPS), serving as President in 2010-2011 and continuing to regularly lead workshops and small groups for CGGPS. He also served on the Allied Societies Assembly and chaired its Awards Committee.

Dr. Bhatt-Mackin completed his undergraduate degree in neuroscience at Brown University, from which he graduated Magna Cum Laude and Phi Beta Kappa, and his MD from the Feinberg School of Medicine at Northwestern University. He went on to complete his psychiatric residency at Duke University Medical Center and served as Chief Resident for the Duke Psychiatry Residency Program at Durham VA Medical Center. He is a member of the Associate Program Director of that program and serves as the Director of Psychotherapy Training.

Dr. Bhatt-Mackin’s chosen area of expertise is “Teaching and Training.” At Duke University, where he serves as faculty in the Psychiatry Department, he has been nominated three different times for an Honored Professor Award. And there and at the VA Medical Center in Durham, he has taught workshops and courses entitled “Groups which Work for Patients (and Clinicians),” “Leading Psychodynamic Group Psychotherapy: Common Pathways and Remedies,” and “Inpatient Group Psychotherapy” among others. In 2016, he co-authored a chapter on group dynamics in The Practical Playbook: Public Health and Primary Care Together, as well as being co-author of two journal articles.

For ACGA, Dr. Bhatt-Mackin has been a faculty presenter at the ACGA Conference, a guest faculty member of colleagues in workshops and open sessions. A sampling of those titles includes Professional Training Groups: The Good, the Bad and the Ugly and Relationship Dynamics in Group Processes during Training.
Hate crimes and incidents have been on the rise in the United States and throughout the world since the beginning of the pandemic (FBI, 2021; Haynes, 2021; Kelly & Retich, 2021). The pandemic itself has been linked with multiple other simultaneously occurring stressors, including heightened risk for physical illness and mortality, sudden unexpected losses, unequal access to healthcare, economic uncertainty, social isolation, and rising concerns about racial tensions and inequality, and continuing unresolved climate change and immigration problems (Leiderman & Klein, 2021). Some have identified these conditions a form of cumulative national trauma that has left people feeling exhausted, frightened, depressed, angry, socially isolated, and alone (Klein, 2021). This is especially the case when people experience hate crimes and discrimination aimed at scapegoating and humiliating them, negating their sense of individual identity.

The Westchester Human Rights Commission (WHRC) has maintained a primary community-based resource for assisting area citizens to deal with these transgressions. Frontline staff at WHRC clearly have been under increased stress during this pandemic, which has included the widely publicized physical conditions of the pandemic, as well as the emotional trauma caused by the increasing amount of hate and discrimination.

The WHRC did not have a program addressing these issues and was driven by a representative community sample. Given the short notice, the program was entitled: The Emotional Impact of Hate and Discrimination: The Program.

The Program

Following that training, Leo Leiderman, PsyD, ABPP, CGP, FACPA, and Tejshy Sanchala, Esq, leaders of the two organizations, agreed to work with the AGPA Community Outreach Task Force to offer an online program to enable the general community to deal more effectively with these recent stressors, especially increased episodes of hate and discrimination. That program, held online June 24, 2021, was entitled: The Emotional Impact of Hate and Discrimination. The goals of the intervention were to: acknowledge these problems; provide individuals who suffered from hate and discrimination to reconnect with others; give voice to their concerns; receive and provide relief; discover that they are not alone; start the process of lightening the heavy toll taken by hate and discrimination; and provide hope for the future.

The entire program was rapidly designed and assembled over a two-week period. Intentions were extended to various organizations to help connect community members to create a representative community sample. Given the short notice, only 15 people had signed up early in the week of the scheduled event, however, by midweek, more than 90 people registered who identified themselves as victims of hate crimes or incidents, as well as staff, supervisors, police department officials, and program directors for victim services. This diverse group of participants included mixed-race Black, Brown, Asian, and white community members who appeared to range in age from their 20s through their 70s. Participants identified as having experienced hate crimes, hate incidents, marginalization, and discrimination as a result of their racial identities, religious affiliations, and sexual orientation, in addition to mental and physical health challenges.

The program began with short presentations from: Michael Orth, Westchester’s Human Rights Commission; Mayo Barlett, a civil rights attorney who explained the difference between hate crimes and incidents; Shoshana, who defined the scope of the problems to be addressed; and Leiderman, who presented a PowerPoint on the emotional impact of hate, discrimination, and trauma. Participants were then randomly assigned to 30 heterogeneous groups of 5-10 members, where people were encouraged to share their relevant experiences. These groups were led by AGPA colleagues with extensive experience working with trauma. A Wiminate large group process facilitated by Robert Klein and Shoshana Ben Noam, followed to help participants exchange, summarize, and integrate their experiences during the program. Leiderman concluded the event by reminding participants that follow-up short-term small groups would be available for anyone interested in continuing to process this topic. Four weekly follow-up groups were arranged to provide the emotional impact of hate and discrimination were provided by Klein and MacColl. All participants of the follow-up groups expressed that they positively benefited from the entirety of the program.

In addition, the team privately identified a standby group of clinicians in case any participant required additional individual attention during the program; fortunately, their services were not needed.

Key Findings

Despite the heterogeneity of our sample and the brevity of our program involved groups that ran over a longer duration, this idealized honeymoon period may have ushered in more disappointment, dissatisfaction, and disillusion. The more deeply entrenched aspects of hatred and discrimination could only be alluded to, not thoroughly addressed, during this intervention.

Notwithstanding its limitations, we believe that this brief one-time intervention made a difference in the lives of community members. This model, when implemented in collaboration with a community-based organization and identifiable community leaders, may be useful to consider in assisting other communities experiencing distress.

References


Klein, R.H. (2021). Therapist role boundaries during times of conflict and severe sociopolitical stress: Is this a time for change. Submitted for publication.


Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, Editor of the Consultation, Please columns, about your issues and/or questions about 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.

This issue’s dilemma and responses are supplied by the LGBTQ+ Special Interest Group (SIG). The LGBTQ+ SIG is a space for lesbian, gay, bisexual, trans, queer, intersex, and asexual+ identified group therapists and allies within AGPA to gather in community and to share resources and best practices. The SIG focuses on supporting LGBTQ+ attendees, especially first-time attendees, at AGPA Connect, supporting conference events that increase group facilitators’ competence in supporting LGBTQ+ communities in groups, and building SIG-related community and educational opportunities during the year between meetings. You can reach co-chairs Stef Gentuso, MA, LPCC, (stephen.gentuso@gmail) and Angelynn Hermes, LCSW, CGP, (angelynmhermes@gmail) for more information. Members interested in joining the LGBTQ+ SIG can contact the AGPA office at agpamemberservices@agpa.org.

Dear Uneducated:

I run a mixed-sex process group. Recently, a gender-fluid non-binary trans person contacted me to inquire about joining my group. To my knowledge, all the current members in my group are cisgender and heterosexual. I describe my group as open to people of all genders, but now that I have a trans person interested in joining, I’m wondering what I need to support the potential new member and the group for a successful start. How do I prepare the new potential member? How do I prepare the group? How do I prepare myself? What are common microaggressions and group dynamics around gender identity that I need to be on the lookout for?

Signed, Uneducated

Dear Counselors:

There are many thoughts that immediately come to my mind. The first is to wonder what pre-work has been done by the therapist around gender identity inclusivity—both training for the therapist and how gender is discussed and framed within the group—in order to call the group, open to “all genders,” rather than open to “men and women.” If you’ve advertised the group as open to all genders to have the appearance of inclusivity, or because you’re personally comfortable with trans and gender expansive people, that does not mean the standard of clinical training and cultural humility. When advertising a group as open to clients of all genders, you should be compelled to create a culture in the group—even when it is comprised entirely of cis clients—of consciousness regarding how systems of gendered oppression are operating in the group, how that relates to families of origin and formative institutions, what we’ve internalized, and how that is showing up in the group. You should speak bravely, calmly, compassionately, and regularly about gender and gender identity. If you haven’t done these things already, have not made gender and gender identity and feelings and fantasies a routine interrogation in the group, it may not yet be a group that will be deeply welcoming toward a singleton gender-fluid non-binary trans person.

If that is the case, I would recommend disclosing to the potential client that you would like to do some intentional work with the group regarding gender before bringing them in. Be very clear that this is on you as the group therapist to work with the culture of the group and be transparent with the prospective client that this may take some time because you have not already done this work with the group. In the meanwhile, you might offer to meet with the prospective client individually every few weeks while you simultaneously work with the group.

In the group, do not disclose the gender identity of the prospective member, as that could be a setup, and you have no guarantee the prospective member will join the group. However, if you have not previously created the culture around gender and gender identity described above, you could openly talk about this in group by saying something like, “I’ve been saying that this group is open to clients of all genders, and at the same time I’ve noticed my own hesitancy to pursue more direct inquiry and observation about how gender and gendered oppression are operating in the group. I’d like to look at that, together—not only my hesitancy and what that may parallel in the group, but also how aspects of gender identity and oppression are impacting each of you, your relationships with each other and me, and the group as a whole.”

It may take some time to create a culture of greater comfort talking about gender, but it may go more quickly than one thinks with a therapist who is themselves comfortable. It may take some time to create a culture of greater comfort talking about gender, but also how aspects of gender identity and oppression are impacting each of you, your theoretical approach, even if you are doing the group in person, you can state your name and pronoun at the beginning of their first group to signal your alliance, and ask the new member how they would like to identify in the group, whether that is important for them to discuss in the group and ask them how they’d like you to introduce them to the group. Follow their lead. Hopefully, after your initial conversation with the new member, you would have a good idea of how they want to identify themselves to the group and what they want you to share with the other group members. When you announce the new member to the group before they join, one question that often comes up is, “Are they a man or a woman?” I think a lot of us play with the question of “What would it mean if it’s a man, and what would it mean if it’s a woman?” After processing the feelings around that, share how the client identifies. For instance, if the client goes by they/them pronouns, tell that to the group, then let there be space for group members to react. It is so vital for you to have done your homework beforehand, so you can answer any questions about gender identity, and be honest with the group members when there is something you still aren’t sure about.

It is important to get consultation and educate yourself on some of the issues around trans and non-binary identities. Here’s another tricky part: We don’t want to speak for our client and their lived experience in the group, but we also don’t want to leave it to them to educate the other group members. So we check in, and see how it was for them to share their lived experience in group. What are some of their feelings? Do they feel burdened? Do they feel relieved? What do they need at the moment to best help them communicate to the group? Acknowledge when there is felt pain when the new member feels microaggressed. When the felt pain is directed toward us, just as we would be with any other member, we acknowledge the impact while avoiding defensiveness, and explore whether that felt like a corrective emotional experience for them.

If you are still doing telehealth, just simply putting your own pronouns at the end of your name onscreen can go a long way in showing your client support. Depending on your theoretical approach, even if you are doing the group in person, you can state your name and pronoun at the beginning of their first group to signal your alliance, and some other group members may follow suit to affirm the new member. Allow yourself to be challenged, and always seek more consultation and support so that you can stay informed. As we all know, these challenges could very well replicate in the group, as most things do.

There is no one-size-fits-all answer, as every trans and non-binary person’s experience is different. So, stay curious, keep wondering, and most importantly, ask questions when you can, not just of the client, but also consult with colleagues.

Charles Zeng (he/him), MA, LMFT, APCG, CGP
Paso Robles, California

Dear Uneducated:

What thoughtful questions and what an important time to ask these questions. The first step in providing the best group environment for this client would be to have an open dialogue with them around their expectations. How important is it for this new member to be talking about their gender identity in the group? This is the part that gets a bit tricky. On the one hand, there are unique challenges and microaggressions you should be thinking about. On the other hand, trans and non-binary people are, quite simply, people. We get depressed, we get anxious, and we have some attachment trauma, just like any cis folks. If the client’s intention to join the group is to talk about how annoying it is that their mother-in-law just won’t stop spoiling their kids with screen time, then just follow the client. If the client wants to see what it’s like to finally feel held in a mostly cis folks environment, then follow that and explore what the group experience has been like for them. Ask the new member how they would like to identify in the group, whether that is something important for them to discuss in the group and ask them how they’d like you to introduce them to the group. Follow their lead.

Hopefully, after your initial conversation with the new member, you would have a good idea of how they want to identify themselves to the group and what they want you to share with the other group members. When you announce the new member to the group before they join, one question that often comes up is, “Are they a man or a woman?” I think a lot of us play with the question of “What would it mean if it’s a man, and what would it mean if it’s a woman?” After processing the feelings around that, share how the client identifies. For instance, if the client goes by they/them pronouns, tell that to the group, then let there be space for group members to react. It is so vital for you to have done your homework beforehand, so you can answer any questions about gender identity, and be honest with the group members when there is something you still aren’t sure about.

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Charles Zeng (he/him), MA, LMFT, APCG, CGP
Paso Robles, California

Ken Zwick, (they/them, she/he) MA, LPCC, C-DBT, CGP
Santa Cruz, California

Consultation please!
Ronnie Levine, PhD, ABPP, CGP, FAGPA, in women, within their relationships with their mothers and their friendships, and how unconscious, socially sanctioned, restrictive views about a woman: her role, her abilities, her body, her mind, her desirability, and her capacity to have authority. Their presentations were published in GASI’s publication, *Group Analysis* (Routledge, 2022), designed to be used by clinicians and participants in a clinician-led group utilizing the first book.

**AGPA Receives Award for Excellence in Educational Programming**

AGPA is thrilled to announce its receipt of the 2021 Synergy Award for Excellence in Educational Programming, awarded by the New York Society of Association Executives (NYSAE). NYSAE’s annual Synergy Awards celebrate exceptional achievement by individuals and organizations within the association and nonprofit community of New York’s Tri-State area. The Excellence in Educational Programming award recognizes organizations providing innovative, applicable educational programming that significantly contributes to members’ professional development.

AGPA was selected this year for the award because of “its outstanding work in the association community over the past year,” including the development and compilation of critical resources for mental health specialists navigating professional challenges during the COVID-19 pandemic, as well as the establishment of organization-wide social justice and antiracism initiatives.

Most principally, AGPA is recognized for the consistent online training offered via its Continuing Education platform, which offers participants from diverse clinical disciplines the opportunity to advance their knowledge and skills in group psychotherapy and related fields. AGPA E-Learning events, scheduled monthly, cover an impressive breadth of subject matter, with the learning objectives of each course clearly delineated for attendees. Both members and nonmembers of the organization are invited to register for E-Learning, and the availability of recorded sessions has enabled educational training to continue as life moved more online over the past year.

“AGPA is dedicated to providing exceptional training in group psychotherapy to enhance the quality of mental health services provided to people in need,” said Molly Lencz, MD, FRCP, CGP, DFAPA, AGPA President. “We are honored by this recognition of our efforts by NYSAE.”

**Member News**

Cameron Allldredge, Mark Becher, PhD, ABPP, CGP, Gary Buringame, PhD, CGP, DFAPA, Sara Gans, MD, MDFAFPAGP, have co-authored a new book—*Compassion Focused Group Therapy for University Counseling Centers*. A Clinician’s Guide (Routledge, 2022). The book presents a 12-session manual for conducting compassion focused group therapy on university campuses with students presenting a diverse set of complex mental health concerns. Beginning with suggested readings designed to enrich understanding of the principles covered, each module presents psychoeducation interventions, engaging intrapersonal and interpersonal exercises, and process-oriented modules. Modules can be followed session by session or adapted according to the needs of the group.

Eye-catching handouts are included at the end of the modules to help leaders provide visual representation of the themes discussed in each session. Along with Rachel Arnold, Sue Einhorn, BA, CQSW, presented the 44th Foilkes Lecture at the Group Analysis Society International (GASI) on From a Woman’s Point of View: How Internalized Misogyny Affects Relationships Between Women. Einhorn discussed how the social/political dynamics of patriarchy and misogyny distort psychosocial development of the self for women, and how these dynamics play out in women, within their relationships with their mothers and their friendships, and how they manifest in the field of group analysis. Ronnie Levine, PhD, ABPP, CGP, FAGPA, presented A Walk into the Men’s Room, a response to Einhorn’s Foilkes Lecture. In her response, she questioned: How does a woman develop a full self in the world, when the world in so many ways comes to place her in a socially subordinate role? What tools can she develop and mature in a world that has had fundamentally entrenched conscious and unconscious, socially sanctioned, restrictive views about a woman: her role, her abilities, her body, her mind, her desirability, and her capacity to have authority. Their presentations were published in *GASI’s* publication, *Group Analysis* (Division 49). Fellowship is granted to members who have made outstanding and distinguished contributions to group psychology and group psychotherapy.

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Jerome Gans, MD, MDFAFPAGP, authored a new book Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples, which details how clinicians can work through various common challenges in individual, couple, or group psychotherapy. The book addresses topics such as using countertransferences for therapeu- tic purposes; resistance, especially when it needs to be the focus of the therapy; and a prioritization of exploration over exploration. Along with theory and clinical observations, Gans offers comments that highlight different interventions to a wide range of clinical challenges, including patient hostility, the abrupt and unilateral termination of therapy, the therapist’s loss of compassionate neutrality when treating a couple, among others.

**Sarah Maselink, LCSW, CGP, Annie Weiss, LICSW, CGP, FAGPA, and Yoon Im Kane, LCSW, CGP, are authors of a new book—Women, Intersectionality and Power in Group Psychotherapy. The book presents multifaceted perspectives to examine assumptions about gender, intersecting identities, and power that impact women’s experience as group psychotherapy leaders, mentors, and educators. Leaders in the field discuss the theories, training, personal experience, mentorship, and clinical work that empower women group psychotherapists beyond the limits of traditional technique and practice. Chapters investigate theoretical, cultural, and personal paradigms, and explore themes of intersectionality, genderrole identity, and hidden bias. Other AGPA members contributing to the book include: Alexis Abernethy, PhD, CGP, FAGPA; Britt Rapfling, LCPC, CGP, Elizabeth Shapiro, PhD, CGP, Rachel Ginsberg, PVy Janice Morris, PhD, ABPP, CGP, FAGPA; Jeanne Bunker, LCSW, CGP, FAGPA; Julie Ander- son, PhD, CGP; Kavita Avula, PsyD; Nina Brown, EdD, LPC, NCC, DFAPA, FAGPA; Joshua Gross, PhD, ABPP, CGP, FAGPA, FAPA, Lorraine Mangione, PhD, FAPA, and Marilyn Whittingham, PhD, CGP, FAGPA, FAPA, have been named Fellows of the American Psychological Association’s Society of Group Psychology and Group Psychotherapy (Division 49). Fellowship is granted to members who have made outstanding and distinguished contributions to group psychology and group psychotherapy.”

**Sara Kay Smoak, MSW, LCSW, ACSW, BCD, CGP, CFLE,** received the 2021 Kermitt B. Nash Award for the Society for Social Work Leadersh...