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groupcircle

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 preeminent 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, Katarina 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 AGPA staff's day-to-day responsibilities in these areas. 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 e-Learning 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. I 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 compels 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

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from the president

Molyn Leszcz, MD, FRCPC, CGP, DFAGPA

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 Haen, 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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what's inside

from the editor

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. Self-care strategies can be considered to reduce burnout and fatigue, including: supervision; peer group support; enhancing intimacy with emotionally rewarding relationships while avoiding toxic relations; daily exercise, meditation, adopting good eating and sleeping habits; and increasing occasions for fun, laughter, and humor. Self-care 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, DFAGPA, provides updates regarding significant changes, transitions, and collaboration during this period, including updates on AGPA Connect 2022. In his article, *The Relational Self, Context, and Allyship,* D. Thomas Stone, PhD, ABPP, CGP, FAGPA, Co-Chair, AGPA Connect, provides insight into Kenneth Hardy, 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.* Christine Schmidt, LCSW, CGP, addresses the value of racial affinity groups for racial learning and racial healing in her article *Why Racial Affinity Groups*. In their article, *The Emotional Impact of Hate and Discrimination: A Community Intervention,* Robert Klein, PhD, ABPP, CGP, DLFAGPA, and colleagues (members of a response team from AGPA's Community Outreach Task Force) share their community-based approach to deal with hate and discrimination impacting BIPOC and marginalized communities. The *Consultation, Please* column features a clinical dilemma and responses from AGPA's LGBTQIA+ Special Interest Group (SIG) members Kat Zwick, MA, LPCC, C-DBT, CGP, and Charles Zeng, MA, LMFT, APCC, CGP.

We proudly showcase the recent publications, fellowships, awards, and distinguished international presentations by many of our esteemed AGPA members in the *Members News* column. We inform our readers that AGPA is the recipient of the *2021 Synergy Award for Excellence in Educational Programming*, in the article *AGPA Receives Award for Excellence in Educational Programming*. Rob Koks, MSc, and Pepijn Steures, MD, CGP, highlight the collaboration between AGPA and the Dutch Group Therapy Association (NVGP) in their article *Dutch Practice Guidelines for Group Treatment: Contemporary Group Therapy in the Netherlands*. Lastly, we congratulate our new Fellow Seamus Bhatt-Mackin, MD, CGP, FAPA, FAGPA.

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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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 wise in how we manage 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 2022 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 not 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 worked well and what needs to be improved.

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; Gary Burlingame, 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 of the conference for many people.

It is important also to note that although we will accommodate to a virtual 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, at-large Board members, and Early Career Professional/Student Board member positions, as well as for the Nominating Committee for the next election. Under the leadership of Eleanor Counselman, EdD, ABPP, CGP, DLFAGPA, the Nominating Committee of Kathie Ault, PMHNP-BC, CGP-R, FAGPA, Shari Baron, MSN, CNS, CGP, CGP, LFAGPA, Chera Finnis, 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 anti-racist organization that is a welcoming home for all our members.

Our Diversity, Equity and Inclusion consultant, Dr. Kumea Shorter-Gooden, is in the process of synthesizing the feedback that we received from the focus and consultation groups that ran through most of the 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-Organizational leadership and then to the membership at large for discussion and implementation. Our commitment to diversity, equity, and inclusion will suffuse everything that we do in the organization as we seek to prevent, repair, and redress racial harm impacting our BIPOC and minoritized 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 m.leszcz@utoronto.ca.

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AGPA
355 Lexington Avenue
15th Floor
New York, NY 10017
phone: 212-297-2190
e-mail: info@agpa.org
www.agpa.org

EDITOR
Leo Leiderman,
PsyD, ABPP, CGP, FAGPA

EDITORIAL STAFF
Erica Gardner-Schuster, PhD
Aziza Belcher Platt, PhD
Lee Kassan, MA, CGP, LFAGPA

MANAGING EDITOR
Angela Stephens, CAE

EDITORIAL/PRODUCTION MANAGERS
Diane Feirman, CAE
Nicole Millman-Falk

The Relational Self, Context, and Allyship

D. Thomas Stone, PhD, ABPP, CGP, FAGPA, Co-Chair, AGPA Connect Committee

Kenneth Hardy, PhD, Professor of family therapy at Drexel University in Pennsylvania and Director of the Eikenberg Institute for Relationships in New York, is 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, to persist into skillfulness and its variations, and to take heart in authentic showing-up." (Watts Jones, 2016, pg. 23).

The self is always in relationship to the other. The self is organic in nature, and thus, in an on-going, evolving relationship with the other. Dr. Hardy identifies three core interrelated 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 and relationships, 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 guides 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 feels that there are two recurring themes that impede clinicians from effective self-examination: "(1) untrained eyes; and (2) a simplistic and static definition of the self." (Hardy, 2018, pg. 26). The trained eyes of the clinician create a posture of being curious and inquisitive, both about clients and group members, as well as oneself. Clinicians are asked to be self-reflective and relational-minded. The clinician with trained eyes is vulnerable and open to the subjectivity of the self. The clinician is aware of how their subjective experience is informed by systemic and structural racism. Because we participate in many different relational networks, we have a multiplicity of selves. Dr. Hardy challenges the clinician to be self-examining. He calls the clinician to acknowledge how the self of the therapist is shaped by relational networks and to authentically explore their multiplicity of selves along with that of their clients and group members.

Context

Dr. Hardy states that "It is just as difficult to consider the self-void of context as it is to view the self-detached from relationships" (Hardy, 2018, pg. 27). He defines context as not only embodying relationships, but also the experiences connected to them. The self of the therapist lives out of a context comprised of "the social, psychological, emotional, and cultural 'place' in which we are embedded" (Hardy, 2018, pg. 27). Our clients and group members live in context. Dr. Hardy gives the example of the person who grows up in poverty and how this experience creates a vital context to the person's sense of self. We are embedded within our socio-cultural milieu, and it renders a perspective that may be diverse; yet it is also constricted by the confines of the cultural norms and beliefs. He proposes the importance of understanding our context and our clients' so that we do not impose universal standards that miss the impact of context on the experience of self. Context is part of the social construction of identities that also comprise the self. These identities may include one's race, gender, ethnicity, religion, sexual orientation, and age to mention a few. There is an interplay between our identities, which need to be accounted for in the psychotherapeutic process. Both the relational self and one's lived context create the lens through which we see the world and how we are seen.

Allyship

The previous philosophical concepts are foundational to how Dr. Hardy views allyship for white and non-Black persons. He has an elaborate way of talking about what he calls tips 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 knowing yourself as a racial being and commit to your own work from the inside out.

- Enter the process of self-examination, self-interrogation, and self-reflection about what it means for you to be a racial being and to have participated in a white dominant socio-cultural context that contributes significantly to your sense of self and how you act in the world.
- Develop a mechanism for relational accountability to address ruptures in your relationships, both clinically and otherwise, which ensures that you will stand in the space of harm and betrayal until there is healing and reconciliation.
- Be a servant, not a savior.
- Master the task of being privileged:
  - 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.

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

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

Editor's Note: *Rob Koks, MSc, is a psychotherapist who specializes in group psychotherapy and is a supervisor of the Dutch Group Therapy Association (NVGP). Pepijn Steures, MD, CGP, is a psychiatrist, and specialized group psychotherapist, NVGP.*

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 source of inspiration for the NVGP, and the starting point for the development of a Dutch version. Besides a large overlap, there are also some important differences on account of the specific development in group treatment in Dutch mental health care. These differences include the theoretical frame of reference used, the group settings addressed and some differences in the content or the covered key domains. 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.groepspsychotherapie.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.

LL: What lessons do you draw from your life and family experiences that have contributed to your leadership skills?

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.

Why Racial Affinity Groups

Christine Schmidt, LCSW, CGP

EDITOR'S NOTE: *Christine Schmidt, LCSW, CGP, is a white-identified, cisgender female psychotherapist in Brooklyn, New York. She provides combined group and individual psychotherapy that is informed by a social justice perspective. As a racial literacy consultant in education and mental health, she is committed to helping clients and organizations deepen their commitment to undoing white racism and historical arrangements of power. Schmidt has published articles about race in psychoanalytic and group journals and has contributed to books on these subjects. She co-chairs the Work Group for Racial Equity of the Eastern Group Psychotherapy Society.*

Affinity groups are developed in corporate and non-profit organizations to strengthen diversity and inclusivity efforts. They are homogenous 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. They foster interpersonal connections in pursuit of 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, race) and offer a safe space for members to examine the elevation or subjugation associated with the social locations of their identities (Watt-Jones, 2010).

This writing focuses on the value of racial affinity groups as a component of psychosocial clinical training and delivery of clinical services. The rationale for this approach to racial learning and racial healing will be discussed. Resistance to affinity group work often comes from white-identified people, who maintain that such groupings are discriminatory rather than educational and healing. These arguments will be critically examined.

The author is a white-identified group psychotherapist who, in consultation with therapists of color, facilitates whiteness affinity groups. This writing was developed in consultation with therapists of color.

Clinical Social Work Confronts Racial Trauma and Fosters Resilience

Much clinical work focuses on the impact of trauma and the development of resilience for an individual, family or community. The New York State Society for Clinical Social Work identifies the impact of trauma on an individual as "bio-psychosocial-spiritual dysfunction...." that considers "the influence and impact...of pain and suffering, race, religion, sexual orientation, stress and spirituality on human development and functioning" (NYSSCSW, n.d.).

Many people accept that societal and interpersonal racism is traumatic for both victims and perpetrators. Leary (2005) diagnoses Post Traumatic Slave Syndrome as a legacy of slavery, and DiAngelo (2018) attributes white fragility as the psychological defense against acknowledging racism. Racism is woven into the fabric of social structures that have evolved and endured since the founding of the United States. Racial violence and inequities remain pervasive in the social environment erupting from racist policies and practices. Racist policies and practices are reciprocally buttressed by racist beliefs that are often unconscious and, therefore, not easily confronted. The ecological approach for social work practice purports that an individual's social functioning is both shaped by and influences the social environment (Smith College School for Social Work, n.d.). Therefore, racial trauma that pervades the social environment is present in the clinical setting and addressing it in a manner that fosters resilience is in the purview of clinical work.

Resilience is the capacity to recover from trauma. Herman (1997) contends that "helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery" (p. 197). Building resilience requires psychological safety. Psychological safety isn't a condition that can be simply declared; it must be developed through trusting relationships over time. Building racial resilience in a clinical situation requires measures of risk-taking, vulnerability, and honest self-reflection that will promote healing and will not retraumatize. While there is no prescribed path, the connections and validations offered by racial affinity groups may offer a foundation of psychological safety.

Clinical Value of Racial Affinity Groups

Racial affinity groups build resilience while minimizing the risk of racial re-traumatization. Because the racializing experience is different for Black-identified people, non-Black people of color, and white-identified people, the focus of respective racial affinity groups will be different. Racial attitudes often reside in the unconscious as internalized racial oppression. Optimally, for Black-identified people, being in an affinity group means gathering outside of the white gaze, being relieved of unintended microaggressions, being released from the expectation to emotionally protect white people from anger, being free to be vulnerable, and being able to grieve and heal together. Blackwell (2018, August 9) writes, "People of color need their own spaces. Black people need their own spaces. We need places in which we can gather and be free from the mainstream stereotypes and marginalization that permeate every other societal space we occupy. We need spaces where we can be our authentic selves without white people's judgment and insecurity muzzling that expression. We need spaces where we can simply be—where we can get off the treadmill of making white people comfortable and finally realize just how tired we are."

For non-Black people of color (e.g., people of Asian, Indigenous, Hispanic and/or mixed-race ancestry), being in an affinity group means, in addition to gathering outside of the white gaze, being in community with others to disentangle the racist experience of being tagged "model minority," or "almost-white," and to examine the resultant anti-Black racism internalized from being immersed in dominant white culture. Eng and Han (2000) ask, "How might psychoanalytic theory and clinical practice be leveraged to think about not only sexual but also racial identifications? How might we focus on these crossings in psychoanalysis to discuss processes of immigration, assimilation, and racialization underpinning the formation of Asian American subjectivity?" (p. 670). They regard racial melancholia as psychic splitting that simultaneously draws the subject towards idealized whiteness and rejects it. "Whiteness," according to Ahmed (2007), "is an orientation that puts certain things within reach. By objects, we would not include just physical objects, but also styles, capacities, aspirations, techniques, habits" (p. 154). The intrusion of whiteness into the psyches of people of color is pervasive, and the accumulation of biased stereotypes, microaggressions is depleting. Being in a people of color affinity group validates these depleting experiences and, through connecting with others, enables recovery to begin. For white-identified people, being in an affinity group means examining the traumatic impact of unnamed, non-confronted whiteness that has insidiously woven into white subjectivity. Sheehi (2020) defines whiteness as "the ideology, then, that has the potential to collapse clinically analyzable space, allowing us at once to disavow historical realities and displace them into the past, far from their present iterations. In this way, ideology becomes the apparition, ever present, but unseen, especially when the limitations of a prevailing ideological framework instigate anxiety within an intersubjective, relational space. It is particularly important to attend to the accompanying anxiety, in the context of clinical practice and process" (p. 327).

A white affinity group benefits white people who are beginning to consider racial identity for the first time and how it has been regarded as invisible and normal. The affinity group affords relief from fear of being exposed as racist by Black, Indigenous, and People of Color (BIPOC). White group members can experience shame, guilt, and confusion about owning and navigating white privilege, and, at the same time, not place additional burden on BIPOC while unpacking these emerging realizations. Within the safety of an affinity group, members can contradict and edit their verbalizations without fear of committing more racial harm to people of color.

Michael and Conger (2009) emphasize the value of safe space for white-identified people "who have anger and confusion about institutional racism, who have guilt and hope about internalized racism, and who have questions about race that they are afraid to ask" (p. 56). White people can begin to grieve the loss of culture and ancestry that was traded in for white racial identity and begin to examine how whiteness is expressed in attitudes, expectations, and beliefs in the clinical space with clients of all racial identities. Within the safety of the group, white people examine how the transgenerational trauma of whiteness resides in white bodies. As Menakem (2017) writes, "On the surface, white-body supremacy looks like a highly favorable arrangement for white people. They get to reap a wide range of benefits, while forcing other, darker bodies to bear all the costs. This does not tell the whole story, however, which is that white-body supremacy comes at a great cost to white people. There is the moral injury, which creates shame and ever more trauma in white bodies" (p. 105). Affinity groups offer a pathway to resilience against toxic whiteness.

Understanding White Resistance to Racial Affinity Groups

Frequently, the loudest objections to racial affinity groups in clinical training and services come from white people. 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 grasped 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 responds to some resistances about formation of racial affinity groups:

Why are we meeting separately by race?

Members of different racial groups have different internalized experiences. To create maximum psychological safety, affinity groups may reduce the emotional triggers encountered during exploring conscious and unconscious experiences of race.

Isn't this a step backwards?

It is a step forward towards healing. It offers a safe space to bear what has been unbearable and to examine what was unexaminable. This will hopefully lead to more productive mixed-race work in the future.

Aren't affinity groups exclusive and discriminatory?

White-identified people have discriminated against people of color for centuries and are reluctant to acknowledge this violence. 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. Diverting 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 trauma 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, when white people drift in and out of the fragile state, the best means of protection against the introjection of those paranoid anxieties is to dissociate.... For these reasons, in mixed racial groups, race dialogue is almost never for the people of color" (p. 599).

Conclusion

Clinical training programs and organizations have an opportunity to address the racialized trauma that has impacted individuals, families, and communities in this country. Honest examination and reckoning with the violence of racism begins by creating emotionally safe spaces within professional programs and organizations. Sanctioning racial affinity groups within professional spaces is an affirmation of the organization's commitment to racial equity and healing from historical trauma. It is the foundation from which resilience and emotional honesty will grow and support healthy cross-racial work. This process will benefit clinical service providers and clients now and in the future.

Continued on page 6

Widening the Circle: RACIAL & SOCIAL JUSTICE

Watching 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 to make therapy more acceptable, accessible, and affordable, particularly for marginalized communities. Social justice and liberation are an indelible part of her work. For patients, she aims to eliminate barriers, structural and otherwise, to seeking and receiving quality and culturally competent mental health care, especially for underrepresented and under-served communities. As a practitioner, she strives to help the field and practitioners become increasingly more culturally aware and responsive.*

Perhaps you have heard the term/rallying cry to "decolonize" various aspects of thought and practice, including mental health. What exactly does this mean? Colonization is the process of assuming control of another group's territory and exploiting its resources. The colonizing group installs its own systems as principal, diminishing and/or erasing the original inhabits and their systems and customs. As such, decolonizing is deconstructing 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 and systems, as well as their oppression and inequities, and righting 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 by the hundreds 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 including Columbus Day and Thanksgiving. Columbus Day honors Christopher Columbus, often incorrectly credited with discovering America in 1492, which in fact was already and first inhabited by Native Americans. In the spirit of decolonization, it has been increasingly celebrated by cities, states, organizations, and institutions as Indigenous Peoples' Day to honor the first inhabitants, as well as acknowledge the genocide, colonization, and forced displacement of the people indigenous to the land. Similarly, there is the celebration of Thanksgiving propagated by the Thanksgiving myth: "friendly Indians, unidentified by tribe, welcome the Pilgrims to America, teach them how to live in this new place, sit down to dinner with them, and then disappear. They hand off America to white people so they can create a great nation dedicated to liberty, opportunity and Christianity for the rest of the world to profit." (Bugos, 2019, para. 5). This diminishes the historical trauma, depicts Indigenous Americans as conceding to being colonized, and erases the Wampanoag tribe and the actual occurrence. As part of decolonizing efforts, there are several counter-celebrations to the traditional American Thanksgiving. Since 1970, the United American Indians of New England (UAINE) have organized the National Day of Mourning to commemorate the historical genocide, honor the ancestors and living Native peoples, and educate and advocate about the actual history of North America and the challenges facing Native communities today. Since 1975, the International Indian Treaty Council (IITC) and American Indian Contemporary Arts has organized Unthanksgiving Day (also Un-Thanksgiving Day and The Indigenous Peoples Sunrise Ceremony) in California to acknowledge the Indigenous peoples, their history, struggles, and rights. Given that November is Indigenous American Heritage Month (formally National American Indian and Alaska Native Heritage Month or National American Indian Heritage Month), it seems apropos to explore decolonizing mental health and more specifically decolonizing group therapy.

Decolonizing mental health calls for the same deconstruction of dominant, supremacist beliefs and behaviors, historical and current sociopolitical accuracy, and addressing historical harm and lingering trauma. Yehuda & Lehrner (2018) suggested that trauma is epigenetic and is intergenerationally transmitted by changing the expression of DNA, thus causing an enduring impact on the individual and their descendants. Yet, "research into Indigenous health has been largely focused on non-Indigenous, rather than Indigenous, notions of health" (King, Smith & Gracey, 2009, p. 76). Our field has focused on and propagated research and clinical practices based on white people and applied them to non-white people possibly further perpetuating trauma and failing to address their concerns and needs. Moreover, contributions of communities of color (e.g., mindfulness) are often heralded but uncredited. Robert Guthrie's *Even the Rat was White: A Historical View of Psychology* (2004) delineated not only psychology's trajectory as a field that largely excluded communities of color in the development of clinical practices except to legitimize the narrative of Black inferiority and justify the oppression of Black people. In this work, he chronicles the otherwise uncredited contributions of early African American psychologists. This pattern of exclusion, except for pathologization, and failing to credit contributions is also true of other communities of color including our First Nations siblings. For instance, Abraham Maslow's (1943) Hierarchy of Needs theory and accompanying graphic are renowned in psychology and beyond. Research by numerous scholars who are members of the Blackfoot Nation have demonstrated that Maslow lived with the Siksika (Blackfoot) people on their reservation, which heavily influenced his theory. Addressing the hierarchy's origin at a 2014 conference, Professor Cathy Blackstock (2014) explained, "First of all, the triangle is not a triangle. It's a tipi…And the tipis in the Blackfoot (tradition) always went up and reached up to the skies." As clinicians and scholars, we must know how colonization has impacted the DNA of our members and the DNA of our field. Toward this end, Ocampo (2010) suggests "psychology must designate historical, intergenerational and racist incident-based trauma symptoms as legitimate trauma sequelae" (para. 5); address the cultural mistrust toward government-involved services; close the gap on evidence-based practices related to First Nations people, as well as cultural-specific health and healing practices; recruit and retain more global Indigenous peoples into the field of psychology and empower them as full-participants and representatives; advocate politically for Indigenous communities; and resist continued and current colonization.

As group therapists, given the collective nature of our groups, we have a unique opportunity to facilitate decolonization. Ocampo (2010) summarized several important themes that have emerged in response to the colonization, genocide, bondage, dispossession, and alienation of First Nations peoples globally. These include historical trauma, cultural mistrust, identity and self, culture-specific health care practices, empowerment, and political action. Using therapeutic factors, we can address a number of these themes. For example, interpersonal learning and imparting information can help us and members explore our selves and identities in depth and in community. We can create space in group for long-stifled and often-silenced intergenerational trauma to be expressed and processed allowing for overdue cathartic release and instilling hope and creating a corrective recapitulation of the systemic alienation of Indigenous members.

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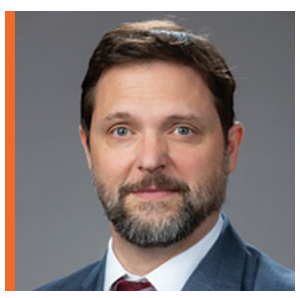
Congratulations New Fellow



Seamus Bhatt-Mackin, MD, CGP, FAPA, FAGPA, an AGPA member since 2007, is a psychiatrist from Durham, North Carolina, who has leadership roles at the Durham 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 Carolinas Group Psychotherapy Society (CGPS), serving as President in 2010-2011 and continuing to regularly lead workshops and small groups for CGPS. He also served on the Affiliate 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 psychiatry residency at Duke University Medical Center and served as Chief Resident for the Duke Psychiatry Residency Program at the VA Hospital. Since 2013, he has been 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. There and at the VA Medical Center in Durham, he has taught workshops and courses entitled "Groups which Work for Patients (and Clinicians)," "Leading Psychotherapy Groups: Common Pitfalls 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 AGPA, Dr. Bhatt-Mackin has been a faculty presenter at five AGPA Connects, serving as a panelist with colleagues in workshops and open sessions. A sampling of those titles includes *Professional Training Groups: The Good, the Bad and the Ugly and Dual Relationships in Process Groups during Training.*

The Emotional Impact of Hate and Discrimination: A Community Intervention

Robert Klein, PhD, ABPP, CGP, DLFAGPA, Gregory MacColl, LCSW, CGP, FAGPA, Leo Leiderman, PsyD, ABPP, CGP, FAGPA, Shoshana Ben-Noam, PsyD, CGP, LFAGPA, Margaret Postlewaite, PhD, SEP, CGP, FAGPA, and Craig Haen, PhD, LCAT, CTP, FAGPA

EDITOR'S NOTE: *AGPA's Community Outreach Task Force under the leadership of Craig Haen, PhD, LCAT, CTP, FAGPA and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA has been very active during the COVID-19 pandemic at providing trauma-based psychoeducation, outreach, and support. This article was written by members from the New York tri-state area subgroup of that Task Force, which has been continuously meeting to provide community-based and organizational outreach to traumatized groups and first responders impacted by the pandemic. The authors hope to share their model so that others may be able to replicate it.*

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 & Beitsch, 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, systemic and structural racism, rising concerns about racial tensions and inequality, and continuing unresolved climate change and immigration problems (Leiderman & Klein, 2021). Some writers have labeled these conditions a form of cumulative national trauma that have 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 remained 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 period, which has included the widely publicized physical assault of an 83-year-old Korean American woman. Leiderman and Klein from the tri-state subgroup of AGPA's Community Outreach Task Force recently provided a trauma training session for government officials from WHRC prior to the community-based program described in this article that was favorably evaluated.

The Community Outreach Intervention: The Program

Following that training, Leo Leiderman, PsyD, ABPP, CGP, FAGPA, and Tejash 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 an opportunity for those who have 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. Invitations were extended to various organizations and individual community members to draw a representative community sample. Given the short notice, only 15 people had signed up early in the week of the scheduled event, however, by mid-week, 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-gender 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 Commissioner; Mayo Barlett, a civil rights attorney who explained the difference between hate crimes and incidents; Sanchala, 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-minute heterogeneously composed breakout small groups of 7-10 members, where people were encouraged to share their relevant experiences. These groups were co-led by AGPA colleagues with extensive experience working with trauma. A 30-minute 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 to continue processing the emotional impact of hate and discrimination were provided by Klein and MacColl. All participants of the follow-up groups expressed that they positively benefitted 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

Although we did not formally evaluate the effects of our program, it is our impression that the overall goals for the intervention were, for the most part, fully realized. Participants expressed how much they valued the opportunities provided to feel heard, validated and supported, to reconnect with others, to feel less isolated and alone, and to feel more optimistic about the future. The nature and scope of the problems associated with hatred and discrimination and the emotional toll these take were more clearly identified. Most importantly, saying what brought them to this program, voicing their experiences and concerns, gaining from the supportive atmosphere that could help them see that they are not alone, and learning about available follow up services all proved helpful. Many participants had little problem speaking up when encouraged by the small or large group leaders. Once someone broke the ice, others eagerly followed suit. All agreed that the experiential components of the program were critically important.

Some of the issues highlighted included that many people felt covertly or openly ridiculed because of their color, race, ethnic background, or religious beliefs. Others felt their disabilities were often minimized or unrecognized. Many spoke of the overwhelming emotional toll, breaking down and crying, welcoming and surprised by the supportive feedback coming back to them. Others were relieved to learn that they were not alone in their responses. Instead of feeling simply angry or badly or concluding that they had somehow brought this on themselves, they began to recognize that this wasn't the case.

Despite the heterogeneity of our sample and the brevity of our program, participants were nevertheless able to courageously join together, become closer to one another in a very short period of time, rediscovering connection and hope during this process. We realize that had our program involved groups that ran over a longer duration, this idealized honeymoon period may have ushered in more disappointment, dissatisfaction, and dissension. The more deeply entrenched aspects of hatred and discrimination could only be to 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.

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WHY RACIAL AFFINITY GROUPS

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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 issue's dilemma and responses are supplied by the LGBTQIA+ Special Interest Group (SIG). The LGBTQIA+ 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 LGBTQIA+ attendees, especially first-time attendees, at AGPA Connect, supporting conference events that increase group facilitators' competence in supporting LGBTQIA+ 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, (angelynnhermes@gmail.com) for more information. Members interested in joining the LGBTQIA+ SIG can contact the AGPA office at agpamemberservices@agpa.org.

Dear Consultants:
I run a mixed-adult 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 Uneducated:

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 meet 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 set-up, 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 observations 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 and skilled with the language and psychology of gender and gender identity and who has engaged in training and ongoing supervision around their own identity, counter-transference(s), and gender-affirming care.

Kat Zwick, (they/them, she/her) MA, LPCC, C-DBT, CGP
Santa Cruz, 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 probably 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.

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/they), MA, LMFT, APCC, CGP
Pasadena, California

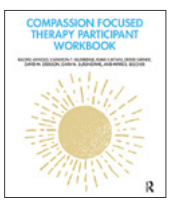
NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

groupcircle

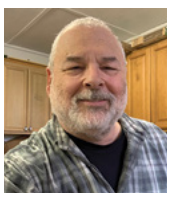
355 Lexington Avenue, 15th Floor
New York, NY 10017

See *Group Assets* insert

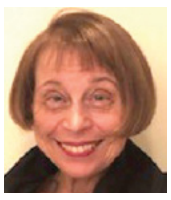
Member News



Cameron Alldredge, Mark Beecher, PhD, ABPP, CGP, Gary Burlingame, PhD, CGP, DFAGPA, Kara Cattani, PhD, David Erekson, and **Derek Griner, PhD, ABPP, CGP,** 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 instructions. 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**, they have also co-authored a companion book, *Compassion Focused Therapy Participant Workbook* (Routledge, 2022), designed to be used by clinicians and participants in a clinician-led group utilizing the first book.



Nina Brown, EdD, LPC, NCC, DFAGPA, FAPA, Joshua Gross, PhD, ABPP, CGP, FAGPA, FAPA, Lorraine Mangione, PhD, FAPA, and **Martyn 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.



Sue Einhorn, BA, CQSW, presented the 44th Foulkes 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 psychosexual 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 Foulkes Lecture. In her response, she questioned: How does a woman develop a full self in the world, when the world she lives in conspires to place her in a socially subordinate role? What kind of self can 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*, and are available on YouTube at www.youtube.com/watch?v=qCY3OeIk6MY&t=193s.

Jerome Gans, MD, DLFAGPA, 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 countertransference for therapeutic purposes; resistance, especially when it needs to be the focus of the therapy; and a prioritization of exploration over explanation. 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.

Scott Giacomucci's, DSW, LCSW, BCD, CGP, FAAETS, PAT, new book, *Social Work, Sociometry, & Psychodrama: Experiential Approaches for Group Therapists, Community Leaders, & Social Workers* (©Springer Nature, 2021) provides a blend of history, theory, research, and practice with sections on trauma, neurobiology, strengths-based approaches, Yalom's therapeutic factors, community work, organizational development, and using experiential group processes in supervision/teaching. This book is the first to comprehensively outline the intersections of social work and psychodrama.

Saralyn Masselink, 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, gender-role identity, and hidden bias. Other AGPA members contributing to the book include: **Alexis Abernethy, PhD, CGP, FAGPA; Britt Raphling, LCPC, CGP; Elizabeth Shapiro, PhD, CGP; Rachel Ginzberg, PsyD; Janice Morris, PhD, ABPP, CGP, FAGPA; Jeanne Bunker, LCSW, CGP, FAGPA; Julie Anderson, PhD, CGP; Kavita Avula, PsyD; Nina Brown, EdD, LPC, NCC, DFAGPA, FAPA; Shemika Brooks, PsyD, CGP; Susan Gantt, PhD, ABPP, CGP, DFAGPA;** and **Yesel Yoon, PhD.**

SaraKay Smullens, MSW, LCSW, ACSW, BCD, CGP, CFLE, received the 2021 Kermit B. Nash Award by the Society for Social Work Leadership (SSWLHC). The award, which honors the memory of SSWLHC leader Dr. Kermit B. Nash, was presented at the society's annual conference in October. The second edition of her book, *Burnout and Self-Care in Social Work: A Guidebook for Students and Those in Mental Health and Related Professions*, was also published this fall. The book concentrates on the differences between burnout and depression, the impact of societal burnout and moral distress, and its interaction with personal, professional, relational, and physical burnout. This edition also includes a tribute to the innovations that her alma mater brought to the fields of social work and psychology.

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 programs, which offer 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 Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, AGPA President. "We are honored by this recognition of our efforts by NYSAE."

Angela Stephens, CAE, Chief Executive Officer of AGPA (center), accepted the award at NYSAE's Synergy Awards ceremony. Pictured (left to right): Angie Jaramillo, Professional Development Associate; Desiree Ferenczi, Membership and Credentials Assistant Director; Stephens; Diane Feirman, CAE, Public Affairs Senior Director; and Tamzen Naegele, Executive Assistant.