



WINTER 2022

groupcircle

Surviving the Suicide of a Group Member— 15 Years Later

Karsten Kueppenbender, MD, CGP



EDITOR'S NOTE: Karsten Kueppenbender, MD, CGP, is a part-time instructor in psychiatry at Harvard Medical School. He also works as a psychotherapist and addiction psychiatrist at McLean Hospital, in Belmont, Massachusetts, and in private practice. He co-founded Mindframe Consulting, which provides individual support and facilitates group consultations to physicians, nurses, and healthcare teams in the wake of catastrophic adverse events.

An outpouring of support followed a posting on the AGPA e-community this summer when Lorraine Wodiska, PhD, FABPP, CGP, FAGPA, shared that a member of a group ended their life four weeks prior (Wodiska, 2021). She invited fellow group practitioners to help share the burden of the loss, grief, and trauma, and contribute their experiences. I was struck by her courage and open-hearted generosity. Dr. Wodiska's warmth while suffering with her group, her skill, and the proactive and creative response that she facilitated in the immediate aftermath impressed me. With her help, the group held a memorial for the deceased member in the meeting following the announcement. This struck me as a deeply caring and appropriate response, especially since it emerged in the dialogue of the group when they learned about the passing of one of its members. It reminded me of the definition of leadership put forth by Joseph Nye: "Leaders help create and achieve group goals." (Nye, 2008, p. 147)

As I was reflecting on Dr. Wodiska's posting, I was grateful that she created an opportunity to learn with her from the experience of a group member suicide. I remembered the impact that a suicide had on one of my long-term groups, more than 15 years ago. Siobhan O'Neill, MD, CGP, who experienced a suicide in one of her groups around the same time, and I wrote about our respective experiences (O'Neill & Kueppenbender, 2012). The collegial support we received from the communities of group psychotherapists and psychiatrists in the Boston area was invaluable. The late Anne Alonso, PhD, DLFAGPA, in our weekly supervision group that she facilitated, Joseph Shay, PhD, CGP, LFAGPA, and Jerry Gans, MD, DLFAGPA, helped us bear the distress. They encouraged us to follow our instincts and be more transparent than usual as psychodynamic group facilitators and share some of our subjective responses to the suicide with the members of our groups. Dr. Gans put us in touch with the late Howard Kibel, MD, DLFAGPA, who published an article about group participant suicide in 1973. There was minimal literature on how group therapists could clinically intervene after the suicide of one of their group members (O'Neill & Kueppenbender, 2012). We, therefore, benefited from the literature on therapist trauma after 9/11/2001, especially the writings of Saakvitne (2002, 2005) and Beck and Buchele (2005). We sought consultation with the late Terry Maltsberger, MD, an expert in suicide risk assessment and regular consultant to clinicians who worked with patients at high risk of suicide. He invited us to visit him at his home, where he served us tea, listened intently, and provided candid advice. With disarming directness and a knack for naming the uncomfortable, Dr. Maltsberger shared during our first meeting, "Sometimes I tell colleagues who lost a patient to suicide, why not go and piss on his grave?" I burst out laughing in surprise and relief. Decades earlier, before intensely negative therapist affect was subject to frank exploration and discussion, he had drawn attention to hate in the countertransference in the treatment of suicidal patients (Maltsberger & Bouie, 1974).

Here, perhaps, was the greatest challenge in conducting the group—being just transparent enough with my own

grieving to be relationally in tune with the group members, without activating trauma in the members by revealing my own traumatic reactions to the group. Allowing my authentic feelings of grief and loss as group leader to be exposed in front of the group normalized the expression of grief and modeled that it's okay to be personally affected by loss. The fine line between compassionate, authentic emotional presence and the leader's overindulging in the display of emotion is highly personal and affected by the respective culture in the group. The French philosopher Jean-Luc Nancy (2000, p. xiii) reflected, "compassion... is the disturbance of violent relatedness." Compassion is a complex phenomenon that encompasses more than sympathy and concern, more than altruism. With increasing awareness of our own fallibility, our vulnerabilities, and our inextricable implication in the suffering of the participants in our groups, let alone the beings with whom we share this world, we encounter unique opportunities to extend compassion outward and inward.

Formal supervision, which I sought out in the first few weeks after the suicide of the group member, helped me acknowledge and bear my shock, sense of impotence, anger, pain, and grief about the loss. Helped by the container of my supervision group and additional individual consultations, I was able for the most part to help contain the group reactions, which included shock, grief, and aggression, mostly veiled. One group participant became acutely suicidal. I committed her to an involuntary psychiatric hospitalization. She was later grateful for the intervention. The first 12 months after the suicide were rough, but new members came and stayed.

Two years later, Dr. O'Neill and I, encouraged by our colleagues, began to present about our experience at annual meetings of AGPA, the Northeastern Society for Group Psychotherapy (NSGP), and the American Association of Suicidology. Reflecting on the recovery from trauma, Herman, identified three steps: "establishing safety, reconstructing the trauma story and restoring the connection between survivors and their community," (Herman, 1997, p. 3). Our supervisors and close colleagues helped us establish safety in the immediate aftermath. Preparing contributions at professional meetings promoted the reconstruction of our trauma story and delivering them strengthened the relationships to our colleagues.

Around the same time, Dr. Maltsberger referred a patient to my group who he had seen in consultation. The patient was only a couple of months post a serious, gruesome suicide attempt from which he had been rescued by an unlikely coincidence. He carried a scar and a great burden of shame. I was hesitant and outright scared to accept the high-risk patient into the group so soon after his suicide attempt, even though two years had passed since my patient's suicide. Ultimately, I trusted Dr. Maltsberger's judgment and my gut that this was an opportunity for the patient, for the group, and for me, to face our fears and test how our shared working through the trauma of the suicide might have opened us up and perhaps helped us grow. Indeed, the

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from the
president

Modyn Leszcz, MD, FRCPC, CGP, DFAGPA

Writing the winter edition of this message, I am very much aware of the seasonal holidays and also the continuing impacts of Covid on our communities and our families. I am hoping that all are triple vaccinated, and we can manage safely through this current surge. When I wrote my first *Group Circle* message in spring 2020, I did not imagine this would still be the challenge that it is.

This has been a very busy fall for AGPA. We are now well into the very effective transition to Angela Stephens' leadership as our CEO. Our relationship with Kellen Association Management is growing, and our collaboration is strengthening. With Angela's vision, energy, and creativity, our organization is in excellent shape. The relationship with Kellen fortifies us by providing us access to larger resources to technology, human resources, accounting, and conference planning. The Executive Committee and AGPA Board have invited Kellen's leadership to some of our meetings. They are impressed with us as an organization and admire our administrative team.

Although retired, Marsha Block, CAE, CFRE, continues to do some important work on AGPA's behalf and was successful in advocating for the federal government's Covid PPP loan into a grant. This was a financial boost to the organization during these demanding times.

Please make a note of our plan to honor and thank Marsha at AGPA Connect 2022 on Saturday, March 5. Many of you have contributed to a memory book that we are compiling for her and have contributed to a Group Foundation endowment honoring Marsha's legacy. The endowment will support education and training activities for AGPA. Stay tuned for further updates.

I am also very much holding in mind the upcoming AGPA Connect 2022 meeting. With regret, the AGPA Board and AGPA Connect Committee determined in the fall that we

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Leo Leiderman, PsyD, ABPP, FAACP, CGP, FAGPA

As the world grapples with the Omicron surge, we are also facing the multifaceted challenges stemming from misinformation campaigns and conspiracies for political gain circulated by social media forums. This misinformation is about science (i.e., the COVID-19 virus and vaccines, global warming), the results of the last U.S. presidential election, structural and systemic racism, whether what some have labelled as “the insurrection” on the U.S. Capital on January 6, 2021, occurred or not, to name a few. Globally, autocratic and authoritarian political factions and governments are on the rise, which has been related to the rise in extremism, violence, racism, fear-based operations against BIPOC communities and marginalized groups, antisemitism, and voter suppression of minority populations. Some believe long-term democratic governments are in peril and in danger of being overturned by those who are being radicalized by these campaigns and/or those in power who consciously collude for selfish gain.

Large and small psychotherapy groups are microcosms that mirror the sociopolitical stress, beliefs, and at times the misinformation and conspiracies stemming from larger societal systems. Group therapists are challenged to tread a fine line by refraining from sharing their political views while conveying empirically based facts about science and addressing, when needed, the sociopolitical stressors that may be impacting their group members. The forementioned misinformation and conspiracies are impacting and at times radicalizing members of large and small psychotherapy groups. Group therapists need more empirically based research, understanding, and guidance on how to address members possibly being emotionally harmed by politically biased misinformation campaigns.

I hope this winter edition of the *Group Circle*, our last before AGPA Connect 2022, provides you with meaningful connection to AGPA. Our feature article by Karsten Kueppenbender, MD, CGP, entitled *Surviving the Suicide of a Group Member – 15 Years Later*, is a powerfully written submission on how group therapists can emotionally and professionally address the trauma of a group member’s suicide. In this edition, Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect contributes two articles: *Forging Deeper Understanding of the ‘Within’ and the ‘Between*, which provides an overview of Dr. Daniel Siegel’s AGPA Connect 2022 Plenary talk; and *The Importance of Cultural Context in Healing Historical Trauma and Unresolved Grief*, in which she describes the AGPA Connect Hochberg Public Education Event by speakers Drs. Maria Yellow Horse Brave Heart and Josephine Chase. AGPA Connect 2022 Institute Co-Chair Joseph Shay, PhD, CGP, FAGPA, provides *The Odyssey of a Group Therapist: Discovering Oneself in the Presence of Others*, an interview with Lisa Mahon, PhD, CGP, FAGPA, AGPA Connect’s Institute Opening Plenary speaker.

In his last *From the President* column, Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, outgoing AGPA President, shares updates regarding AGPA, AGPA Connect, strategic planning, and DEI initiatives. AGPA is indebted to you, Molyn, for your outstanding and tireless leadership as President of AGPA for the past two years and steering our organization’s dealings with the COVID-19 and racism pandemics. Aziza Belcher Platt, PhD, in *Widening the Circle: Racial & Social Justice*, illuminates the harm of AGPA’s systemic racism and inequity and considers if and how we (AGPA’s leadership) will engage in a successful apology and restitution process in her column *New Year, New Us?* The *Consultation, Please* column features a

clinical dilemma and responses from AGPA’s Psychiatry Special Interest Group members Chap Atwell, MD, MPH, and Jerry Gans, MD, DLFAGPA.

We also proudly showcase and congratulate our new AGPA Fellows: Angelo Ciliberti, PsyD, LPC, LAC, CGP, FAGPA; Thomas Treadwell, EdD, TEP, CGP, FAGPA; and Fran Weiss, LCSW-R, BCD, DCSW, CGP, 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

Continued from page 1

should move to a virtual meeting. It appears, unfortunately, that that decision was sound in light of the Covid challenges we are all facing. It is disappointing that we will not be able to meet in person, but it is essential that we prioritize the safety of our members and participants.

The AGPA Connect Committee and the AGPA Board also determined that we pause the Large Group for this year. We recognize the disappointment that some have felt with this decision and the relief that others have felt. We will hold this dialectic in mind as we plan for the 2023 meeting and the resumption of the Large Group. We will continue to construct a model for the Large Group that maximizes safe and constructive opportunities for learning experientially about the influence of larger societal forces on individuals, groups, and communities.

AGPA Connect 2022 will be outstanding, with remarkable plenaries, an exceptional scientific conference, as well as a range of excellent experiential institutes. Please register if you have not done so yet. We are confident in our ability to host a very successful virtual meeting, building upon what we learned in 2021.

One of the meeting highlights includes a Special Institute by Kenneth Hardy, PhD, addressing *Group Therapy in a Time of Racial Reckoning and Unrest* on February 28. (See the fall 2021 issue of the *Group Circle* for an article on Dr. Hardy.) Unlike prior years, only one Special Institute is being offered to facilitate attendance at this training event.

We have also made significant changes to the National Institute Instructor Designate training and are grateful for the leadership of Alexis Abernethy, PhD, CGP, FAGPA, in facilitating this. This program trains leaders to be future Institute leaders. We recognize the importance of robust, experiential training focused on diversity, equity, and inclusion (DEI) to ensure that our Institute leaders are well equipped to deal with these issues as they emerge in the Institutes and, of course, in the groups that participants in our Institutes will subsequently be leading. We will soon be releasing training resources for all Faculty as well.

Our DEI work continues apace. This fall, we were able to review the report prepared by Dr. Kumea Shorter-Gooden, our DEI consultant, and Research Associate Ollie Trac, detailing the learnings and feedback from the focus and consultation groups that we ran during the past year. The report provides invaluable information and direction synthesizing the feedback of the 180

people who participated in these sessions. The report and its extensive executive summary and recommendations was reviewed with more than 50 Tri-Organizational Board members on November 7–8 with larger and small group meetings. On December 13, Angela Stephens, Kumea Shorter-Gooden, and I met with 40 leaders of the Affiliate Societies Assembly to review the report and its impact on local Affiliates. Areas of attention included: membership (access, engagement, and healing); certification, recognition and leadership; education, learning and research; structure and leadership; among many other key domains. Every element of our organization will be impacted by our commitment to becoming an anti-racist, inclusive, and welcoming organization.

This work has advanced our strategic planning process, which will take further shape at a larger strategic planning meeting to be held on Sunday, February 27, just prior to AGPA Connect. This will be followed by a further rollout of the report to our membership-at-large in the spring so that we have broad input into implementing the recommendations. AGPA is deeply committed to this transformative work. We are grateful to the focus and consultation group facilitators, the DEI Task Force, the RED SIG, and, of course Kumea and Ollie, for their contributions to this work.

To further support this work, the Group Foundation for Advancing Mental Health has raised substantial funds focused specifically on DEI activities. The Foundation is also constructing a DEI Fund Advisory Committee to guide our approach to this resource, along with broadening the opportunities for meaningful input into the work of the Foundation by young and emerging leaders.

All the components of our organization have been working effectively and assertively during these challenging times. The Public Affairs Committee, chaired by Gary Burlingame, PhD, CGP, DFAGPA, and Farooq Mohyuddin, MD, CGP, FAGPA, with very important input from Martyn Whittingham, PhD, CGP, FAGPA, has participated to very good effect with the APA in an advocacy action. We have addressed Congress to stop a plan to reduce Medicaid and Medicare payments for mental health care and group psychotherapy. Our advocacy has made a big difference in stopping this action, which would have impeded access to mental health care for millions of Americans.

This marks my eighth and final President’s message in the *Group Circle*. Elections to the AGPA Executive,

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The Odyssey of a Group Therapist: Discovering Oneself in the Presence of Others

Joseph Shay, PhD, CGP, FAGPA, Co-Chair, AGPA Connect 2022 Institute

EDITOR'S NOTE: Lisa Mahon, PhD, CGP, FAGPA, will deliver the 2022 Institute Opening Plenary on The Odyssey of a Group Therapist: Discovering Oneself in the Presence of Others, on Tuesday, March 1. She is a clinical psychologist who has more than 40 years of clinical group experience in private practice in Atlanta, Georgia. Her current groups, which she co-leads with her husband, Philip Flores, PhD, ABPP, CGP, LFAGPA, have been running continuously for more than 30 years. She has served in numerous roles including Chair of the Group Foundation for Advancing Mental Health, Institute Committee Co-Chair, AGPA Secretary, and member of the AGPA and the Group Foundation Boards of Directors. She has taught group psychotherapy and facilitated experiential training groups, as well as provided clinical supervision and consultation. Dr. Mahon has also been active in her local Affiliate Society, the Atlanta GPS, serving as President, Treasurer, and Board member.



JS: The title of your Opening Plenary—The Odyssey of a Group Therapist: Discovering Oneself in the Presence of Others—is intriguing. Can you underline the themes that will appear in your presentation?

LM: First, I want to acknowledge the honor it is to be asked to do the Institute Opening Plenary. The Institutes' experiential training model is what brought me to AGPA and has kept me returning for more than 40 years. Professionally, I have also been fortunate to run several groups a week throughout my career on inpatient psychiatric units, in community mental health, and in my private practice. During this time, I have experienced the power of group work to change lives, and the Institutes have been instrumental in enhancing my expertise as a group leader.

My personal and professional growth as a group leader has been a journey for me, or as I wrote in my title, an odyssey. The word odyssey reflects this quest to grow and learn, which has included many twists and turns over decades. I don't think we can grow as group therapists without taking the journey to do our own personal work and training. As a member of the Institutes, participants learn that self-discovery is intertwined with our group training.

In my presentation, I will start by speaking about my personal story and how my early experiences taught me the healing value of connectedness. This awareness of the fundamental importance of connections led me to gravitate to group work, to the community of AGPA, and to the Institutes. Additionally, I will elaborate on several themes. I will underline that Institute members can learn the most by affectively immersing themselves as a member of their Institute. We come to the Institutes to learn by being in the experience. The more you are present and involved in your Institute group, the more you will get out of it. Other themes I address include: the importance of trusting the rupture and repair process; the process of co-creation between members; how the Institutes help us to feel less isolated in our work; and finally, how the Institutes remind us of what it is like for our clients to be in a group.

JS: You've mentioned your personal odyssey and the lessons you've learned from your own training group experiences. Can you share some of those experiences and lessons with us?

LM: My first job after graduating from nursing school at the University of Colorado was on an inpatient psychiatric unit, working with people in crisis and with chronic mental disorders. One of my assignments on this unit was to facilitate groups. I was immediately drawn to the power of the group milieu but didn't have a clue how to harness the full potential of the experience for the group members. This discovery was my initiation into a long pursuit to learn more about group psychotherapy.

In 1983, I attended my initial AGPA Conference and was introduced to my first Institute experience. I wish I could tell you it was easy going, but even with prior experiential group training, I found it daunting. Initially, I felt unmoored and after the first day, immediately went to my room and pulled the covers over my head. However, one of the things I knew—and had to remind myself—was that I had to hang in there and accept that feelings and unresolved issues could get stirred up. As I tell my group members, the goal of group is not to feel comfortable but to feel the full range of your experience. So, I became curious about my uncomfortable feelings, knowing this is the edge where the learning begins. Even though I had an impulse to run, I never missed an Institute after this, either as a member, part of the faculty, or serving on the Institute Committee. Through the Institutes, I have been challenged, nurtured, and gained valuable knowledge about group dynamics and leadership.

JS: Can you share some of your background that led you to the group therapy world in the first place?

LM: Everyone comes to the Institutes with their own unique history, experiences in their families, their social/community institutions, and with their own internal representations of themselves and the world. In the Institutes, we try to understand this both in ourselves and the other members, as we simultaneously learn about group work.

My family was my original group experience. They were loving but dysfunctional in many ways, which I'll say more about in my presentation. I grew up with five siblings and was fortunate that we were close and able to talk openly about the family trauma. Even though my siblings and I approached the wounds of growing up in various ways, there was an understanding between us that helped us get through. I learned early about the importance of empathic relationships. This awareness is what guided me eventually to a master's degree in psychiatric nursing, then to a doctoral degree in clinical psychology. I am sure this is what strongly influenced my affinity for group work.

“These interpersonal connections lie at the heart of successful and meaningful group treatment. The power of group work and the power of the Institutes is through the group connections; you do not have to do it alone!”

JS: For many people, that first Institute experience is eye-opening and magical, and for others, it can be a surprise in that strangers are willing to share their vulnerabilities relatively quickly, which can catch some members off guard. Can you comment on that?

LM: One of the themes in my presentation is that being in an Institute reminds us of what it is like for our clients to be a member of a group. It can be exhilarating and, as you noted Joe, magical and eye opening. But we can forget how hard it can be at times to be a group member. Entering a psychotherapy group is not always easy, and the same can be true for the Institute groups.

I did not know anyone other than my husband when we both first came to AGPA. I have a strong introverted part, and I was entering into this extroverted organization. I didn't have a subgroup or community. In my early 30s at the time, I was often the youngest member in the Institute group. After the first day of my first Institute, I couldn't wait to get back to my room. I felt alone and bewildered. There were a lot of bright, experienced therapists, and in all honesty, I felt intimidated and unwelcomed. Now as I look back, I more clearly understand my part in how I co-created that experience.

You may be wondering why I kept coming back, and I've asked myself that as well. Even with these difficult feelings after that initial Institute group, it wasn't all I experienced. I could feel the excitement of the learning opportunities and the connections; I sensed that being there would make me a better group leader. I already knew that to be a good therapist I had to explore and understand these feelings, and even appreciate and honor them. I was leading numerous groups every week and knew how complicated and wonderful they were, and I had done enough experiential group training, prior to that first Institute, to know that if I was going to be a truly competent group therapist, I wanted a place to continue

to learn about groups and be challenged. I knew I had found that place within AGPA and specifically within the Institutes.

JS: AGPA is trying to actively address diversity, equity, inclusion, and belonging issues that beset the nation. Predictably, these issues will emerge in the Institutes. Do you have any suggestions for the group leaders or the group members in this regard?

LM: I would suggest getting as much training and exposure to diversity, equity, and inclusion issues as you can by attending workshops, trainings, readings, etc. I also strongly recommend you attend the AGPA Connect Special Institute on antiracism to be presented by Kenneth Hardy, PhD, on Monday, February 28, 2022.

Additionally, I would invite Institute members and faculty to pay close attention to the impact of what we say to other members, particularly to people of color and from other diverse backgrounds. We can have all the good intentions in the world, but if the impact of what we say and do contributes to another person feeling less than, not part of, or invisible, it is upon all of us to be curious and to learn and to grow through thoughtful, open dialogue.

JS: What recommendations would you offer to attendees to make the most of their experience? Granted we have the complication of having virtual Institutes this year, but perhaps the recommendations might still overlap with those you would make were they to meet in person?

LM: My reflections on what participants can do to enhance their Institute experience comes from both being a participant and an Institute faculty leader. To begin, I recommend that to get the most out of this training, you enter your Institute with the intention to be fully engaged and present. Use this as an opportunity to identify and interpret your visceral and somatic signals to help you understand what you are feeling and thinking. Then translate your reactions and feelings into words, not actions. As in our clinical groups back home, these experiences are our tools that serve as our internal guides to help us understand ourselves, the group members, and the group process.

I advise participants that they do not have to struggle in isolation. It's perfectly okay to ask the other Institute members and your leader for help when needed. These interpersonal connections lie at the heart of successful and meaningful group treatment. The power of group work and the power of the Institutes is through the group connections; you do not have to do it alone!

A key recommendation is to use your curiosity. Be inquisitive about yourself, the other members, and the group leader. An important aspect of your task in the Institute is to understand and be interested not only in yourself and others, but also to reflect on what is occurring in the group-as-a-whole.

Trust the process and remember that it may not be evident at first glance, but an abundance of group knowledge is transmitted through the Institute experience. You will be a better group leader after being a member in your Institute group. 🌟

• FEBRUARY 28–MARCH 5 •
agpa  **VIRTUAL
CONNECT**
Uniting Through Groups: Pathways
to Understanding and Inclusion **2022**

The Importance of Cultural Context In Healing Historical Trauma and Unresolved Grief

Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect Committee

Maria Yellow Horse Brave Heart, PhD, (Hunkpapa/Oglala Lakota) is an Associate Professor in the Department of Psychiatry and the Director of Native American and Disparities Research at the University of New Mexico in the Center for Rural and Community Behavioral Health. She is also a principal investigator for a research project through the NM CARES Health Disparities Center. Dr. Brave Heart developed historical trauma and unresolved grief theory and interventions among American Indians, and in 1992, she founded the Takini Network, a non-profit organization based in Rapid City, South Dakota, devoted to community healing from massive group trauma. Dr. Brave Heart's *Historical Trauma and Unresolved Grief Intervention* (HTUG) was selected as a Tribal Best Practice by First Nations Behavioral Health Association and the Pacific Substance Abuse and Mental Health Collaborating Council and was recognized as an exemplary model by the Substance Abuse and Mental Health Services Administration (SAMHSA). She was also a recipient of SAMHSA's Minority Doctoral Fellowship for leadership in mental health. She is a member of the International Society for Traumatic Stress Studies (ISTSS) and has been Chair and Co-Chair of the ISTSS Special Interest Group on Intergenerational Trauma and Resilience for several years.

Josephine Chase, PhD, MSW, (Mandan/Hidatsa - Yanktonai/Hunkpapa) is a Consultant/Director of Horse Nation Healing, former Acting Director of Oyate Health Center, and former Deputy Behavioral Health Director of the Sioux San Indian Health Service, Rapid City, South Dakota. She has served as Social Work Faculty with Oglala Lakota College and previously was the Associate Director of the Takini Network/Institute, a Native collective devoted to community healing from intergenerational massive group trauma. Since 1992, Dr. Chase has collaborated in the development of HTUG. Dr. Chase was Principal Investigator at the Tribal site in South Dakota for a NIMH-funded study (*Iwankapiya-Healing: Historical Trauma Practice and Group IPT for American Indians*). She is also Co-Principal Investigator of the OLC American Indian Higher Education Consortium Behavioral Health Research Project, funded by the Native American Research Centers for Health, under an initiative to create behavioral health research and curricula at Tribal colleges and universities. She has extensive history providing direct practice and supervision in child welfare and mental health therapy with individuals, families, and groups. She is

trained and certified in providing Equine Assisted Psychotherapy and consults and trains clinicians in behavioral health related topics, especially regarding historical trauma.

We are fortunate to have Drs. Brave Heart and Chase as our Mitchell Hochberg Memorial Public Education Event speakers this year. They will present *Iwankapiya (Healing) - Historical Trauma and Unresolved Grief Intervention and Group Interpersonal Psychotherapy for American Indians*. Together they have expanded our understanding of the impact of cultural context in healing trauma and the importance of addressing intergenerational trauma.

Dr. Brave Heart developed historical trauma and unresolved grief theory and interventions among American Indians, and in 1992, she founded the Takini Network. "Takini" is a Lakota word meaning "survivor or one who has been brought back to life." The Takini Network is a collective of Lakota (Teton Sioux) and other Native natural, grassroots helpers and human service professionals. The mission of the network is to improve the quality of life for Native people by helping them transcend and heal from historical trauma.

Historical trauma is defined by Dr. Brave Heart and the Takini Institute as the "collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide." Dr. Brave Heart states that the effects of historical trauma include: unsettled emotional trauma; depression; high mortality rates; high rates of alcohol abuse; significant problems of child abuse; and domestic violence. She was drawn to this area of study while pursuing her doctorate in social work at Smith College whose origins were steeped in trauma treatment, especially focusing on war neurosis in World War I, the precursor to PTSD.

Dr. Brave Heart states that the origins of historical trauma for Native Americans are in genocide, compounded by boarding schools and transferred across generations through impairment of traditional parenting skills, identification, and other complex processes. "Children of massacre survivors, children of boarding school survivors, pass on the trauma to their descendants," she adds. "For healing to begin, it is critical that we concentrate on healing the next seven generations. It's important that we incorporate our ceremonies in the healing process, as well as develop Native



Maria Yellow Horse Brave Heart



Josephine Chase

research on historical trauma and its interventions. Our historical trauma, including individual current lifespan trauma, must be acknowledged and validated.

"Our purpose is to heal from the historical unresolved grief that many indigenous individuals and communities are struggling with. Historical unresolved grief is the grief that accompanies the trauma," states Dr. Brave Heart. The historical trauma response is a constellation of features in reaction to massive group trauma. This response is observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, and Japanese American internment camp survivors and descendants (Brave Heart, 1998; 1999).

As group therapists, we recognize the power of the relational interpersonal narrative fostered by a group setting. We are very fortunate to have two pioneers in adapting such groups to the cultural needs of the American Indians who are carrying the trauma of generations of their ancestors. We are excited to learn more from them about their pioneering work in this area, as well as deepen our understanding of the importance of the inclusion of cultural aspects in our healing work. 🌍

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Forging Deeper Understanding of the "Within" and the "Between"

Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect Committee



EDITOR'S NOTE: Daniel Siegel, MD, DFAPA, is a Clinical Professor of Psychiatry at the UCLA School of Medicine and the Founding Co-Director of the Mindful Awareness Research Center at UCLA. He is a Distinguished Fellow of the American Psychiatric Association and recipient of several honorary fellowships. Dr. Siegel is also the Executive Director of the Mindsight Institute, an educational organization that offers online learning and in-person seminars focusing on how the development of mindsight in individuals, families, and communities can be enhanced by examining the interface of human relationships and basic biological processes. His psychotherapy practice includes children, adolescents, adults, couples, and families. He serves as the Medical Director of the LifeSpan Learning Institute and on the Advisory Board of the Blue School in New York City, which has built its curriculum around Dr. Siegel's Mindsight approach. The author of several books, including *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, he also serves as the Editor-in-Chief for the Norton Professional Series on Interpersonal Neurobiology. Dr. Siegel will deliver AGPA Connect 2022's Conference Opening Plenary on *IntraConnected; Integrating Identity and Broadening Belonging as MWe (Me + We = MWe)*.

As group psychotherapists, we are keenly aware of the profound impact of relationships on mental, emotional, and even physical health. We see the almost miraculous transformations in people's lives as they heal the deficits left by impoverished relationships. While we see the effects, we often struggle to explain how this transformation takes place.

Daniel Siegel, MD, DFAPA, AGPA Connect 2022's Opening Plenary speaker will help us refine our understanding of how the powerful connections in group therapy transform lives.

Dr. Siegel's professional journey has diverged from the typical medical student's path. His interest in feelings and relationships with patients was discouraged at Harvard Medical School, which led him to drop out for a time. After returning, he explored pediatrics and then went into adult psychiatry. He eventually landed in child and adolescent psychiatry, where he practiced and studied attachment with some renowned psychologists.

Unlike so many experts in neuroscience, Dr. Siegel was fascinated with the mind, recognizing the power it has—even to change the brain. He developed the term *mindsight*, which is the ability to see within oneself. The way we develop mindsight is initially through our relationships with our parents. Ideally, parents reflect to us what they see going on in our inner world, not just noticing our behaviors but, also our feelings—what we might be thinking, remembering, and perceiving. All of these are the ways we get signals back from our caregivers that help us see our internal world with clarity.

Dr. Siegel has written six parenting books to share these ideas, including three *New York Times* bestsellers: *Brainstorm: The Power and Purpose of the Teenage Brain*; *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind* and *No-Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child's Developing Mind* (both with Tina Payne Bryson, PhD); *The Power of Showing Up: How Parental Presence Shapes Who Our Kids Become and How Their Brains Get Wired*; *The Yes Brain: How to Cultivate*

Courage, Curiosity, and Resilience in Your Child (also with Bryson); and *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive* (with Mary Hartzell, MEd).

According to Dr. Siegel, with mindsight, you can alter the course of your life because you become awakened to the power of attention to integrate the areas that weren't integrated before. When we modify the internal world, we can help the brain move from states of dysfunction, where it's rigid or chaotic, to states of harmony that emerge from something called *neural integration*. The concept interpersonal neurobiology—*inter* (between) and *personal* (within)—has been an integrative thread through the decades of Dr. Siegel's developing thoughts and writing. Health is a state of integration, and the mind creates the integration of the within (Me) and between (We). Dr. Siegel personifies that M(We) in the ways he connects with his audiences and engages them in experiences of the concepts he describes.

Dr. Siegel's AGPA Connect 2022 Plenary talk—*IntraConnected*:

Continued on page 8

New Year, New Us?

Aziza Belcher Platt, PhD

EDITOR'S NOTE: Aziza Belcher Platt, PhD, is a licensed psychologist providing culturally responsive individual and group psychotherapy, family therapy, and psychological assessment. She treats various concerns and specializes in racial-cultural issues, trauma, and grief. She was inspired to get into mental health to contribute to efforts to make therapy more acceptable, accessible, and affordable particularly for marginalized communities. Social justice and liberation are an indelible part of her work. Given the reflective nature of the season, the litany of apologies and resolutions, and AGPA's upcoming Connect 2022, it felt appropriate for us to formally reflect on our contribution to racism and systemic inequity and consider if and how we will engage in an apology and resolution process.



For Western culture, which adheres to the Gregorian calendar, the first trimester of the year is fixated on reflections of the past year and resolutions for the year ahead. The past several years have been peppered with acknowledgements, apologies, and resolutions from professional organizations and corporations regarding racism. At times, these declarations have been accompanied by gestures, such as posting plain black squares to social media profiles as part of #BlackoutTuesday, issuing statements asserting #BlackLivesMatter and #StopAsianHate, and financial donations, or pledges of financial donations.

Notably, several such gestures have come from health care associations. In 2008, the American Medical Association (AMA) issued a formal apology for more than a century of discriminatory policies that excluded Black people and a commitment to reduce racial disparities in medicine (Davis, 2008). In June 2020, the AMA pledged action against racism and police brutality (American Medical Association, 2020) and in November 2020 declared racism a public health threat (O'Reilly, 2020), while simultaneously launching a 2021-2023 equity plan (American Medical Association, 2021). They were in the company of numerous other health associations that made similar declarations and resolutions. In June 2020, the American Academy of Pediatrics apologized for past racism and in September 2020 published its *Truth, Reconciliation, and Transformation: Continuing on the Path to Equity* statement (American Academy of Pediatrics Board of Directors, 2020). This is by no means an exhaustive list of medical and mental health care organizations that have issued acknowledgements and/or apologies. In October 2020, the American Public Health Association declared structural racism a public health crisis (American Public Health Association, 2020). According to its continued tracking and as of this writing, 231 declarations of racism as a public health crisis had been adopted by local and state governments, education boards, and health organizations and public health departments across 37 states (American Public Health Association, n.d.).

Mental health associations, including the American Psychiatric Association (APA, 2021), issued an *Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry*. Most recently, the American Psychological Association (APA, 2021) issued an *Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.* In part, the apology reads: "The American Psychological Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field" (American Psychological Association, 2021, para. 1).

The Association of Black Psychologists (ABPsi, 2021), drafted a response to the American Psychological Association, which in part read "The APA's apology and resolution failed to rise to honesty and believability in both semantics and pragmatics in the same way that the Association 'failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives, pp. 5' by not consulting with the ABPsi and other ethnic Associations on matters which directly and indirectly impact our communities." In racial solidarity, several of the other ethnic associations amplified ABPsi's response.

In his TED talk, *The Power of the Apology*, Robert Gordon, PhD, ABPP, describes three parts of healthy apology, specifically: (1) acknowledgement; (2) remorse and empathy; and (3) restitution (TED, 2014). The above-described acknowledgements, apologies, and/or resolutions were all long overdue and most, if not all, fall far short of what is necessary to address injustices that should never have occurred. These are undoubtedly important steps toward addressing past and present harm against communities of color, both practitioners and patients. However, the process by which they occur and are implemented often replicate the harm they are supposed to address. APA's apology and ABPsi's response feels emblematic of many well-intentioned but ill-executed efforts to address systemic inequity. As ABPsi points out, none of the ethnic psychology associations—American Arab, Middle Eastern, and North African Psychological Association (AMENA-Psy); Asian American Psychological Association (AAPA); Association of Black Psychologists (ABPsi); National Latina/o Psychological Association (NLPA); or Society of Indian Psychologists (SIP)—were consulted or engaged in this process. When our apologies fail to center those we have harmed and account for what would feel apologetic and restorative to them, are we seeking forgiveness or absolution? Moreover, apologies for subjugation and exclusion are inert when they tell, not ask, and exclude, not include, those they are targeting. This is an all-too-common dynamic in anti-oppression work at both the individual and institutional level. Marginalized communities are best positioned to delineate the harm and have a wealth of knowledge to share about equity if only we would listen. For example, AGPA listserv dynamics have been problematic for years and have yet to be satisfactorily addressed. Perhaps we could learn something from SIP's Listserv Policies & Etiquette if only we would ask: Personally, and professionally, how has AGPA replicated the dynamic they, as an organization, are seeking to repair? How will they (AGPA) do it differently in the future?

While an acknowledgement is just the beginning of the process of an apology and is in no way sufficient, in this trimester of resolutions, where is AGPA's acknowledgement of its role in promoting and perpetuating racism and systemic inequality, as well as its equity plan? Will marginalized groups be centered in this process, or will

AGPA repeat the mistakes APA made? What is our New Year's resolution as an organization regarding racism and systemic inequity? What is yours as a member? Practitioner? Human being? Happy (western) New Year and may whatever resolutions we make individually, clinically, and collectively not fall by the wayside as resolutions tend to do. 🙏

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It's Raffle Time!

We invite you to participate in AGPA and the Group Foundation's annual raffle, Group Works for Communities. The raffle supports one of our highly visible areas of public support and resources—the [AGPA website](#). This site reaches the public in their times of need and helps group therapists with distance learning, continuing education programs, and other professional resources. It has been an essential resource during the pandemic.

Prizes include:

- Palm Springs, California, Condo for One Week
- Two Round-Trip Domestic Tickets on Delta Airlines
- Irvin Yalom and the Art of Psychotherapy, Online Course (includes 7.5 CE credits)
- Yearlong Unlimited Membership in Psychotherapy.net (includes access to 350+ videos and 20 CE credits)
- "Of the Month Club" Yearlong Membership (Options include rare or craft beer, wine, artisanal cheese, cigars, artisanal chocolate, bouquets, or design your own)

- Six-Month Spice Basket Subscription Through the Red Stick Spice Company of Baton Rouge, Louisiana
 - Monthly Children's Book Package for One Year
- Tickets are \$20 each ticket or \$100 for six tickets. [Buy your tickets today!](#) Drawings will take place during the AGPA Connect 2022 virtual meeting. You do not need to be present to win.

Congratulations New Fellows

EDITOR'S NOTE: AGPA's Fellowship Program recognizes professional competence and leadership in the field of group psychotherapy. Angelo Ciliberti, PsyD, LPC, LAC, CGP, FAGPA, Thomas Treadwell, EdD, TEP, CGP, FAGPA, and Fran Weiss, LCSW-R, BCD, DCSW, CGP, FAGPA, were recently approved as Fellows by the Board of Directors.

Angelo Ciliberti, PsyD, LPC, LAC, CGP, FAGPA (Boulder, Colorado), a member of AGPA since 2009 and a Certified Group Psychotherapist (CGP) since June 2017, is a licensed clinical psychologist and an addictions counselor in private practice since 2016, where he runs three weekly psychotherapy groups. Dr. Ciliberti's involvement with group work started concurrently with the beginning of his career. He has been an active member of the Four Corners Group Psychotherapy Society (FCGPS), and has facilitated community groups, mindfulness groups, DBT skills trainings groups, relapse prevention groups, and process groups for the past decade. He has become a regular presenter at AGPA Connect and his local Affiliate Society. Dr. Ciliberti served on the FCGPS Board as Vice President, and since 2019, he has been involved in marketing and media for the Affiliate. Since 2016, Dr. Ciliberti has been the lead host for the *Group Dynamics Dispatch*, a dynamic and informative podcast channel, which has reached more than 7,000 listeners and has been downloaded in more than 100 countries.

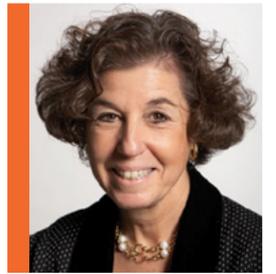


Thomas Treadwell, EdD, TEP, CGP, FAGPA (Drexel Hill, Pennsylvania), a clinical member of AGPA for decades and a CGP since 2012, currently serves AGPA as an Editorial Committee member for the *International Journal of Group Psychotherapy*. He is also Consulting Editor of *Group*, Eastern Group Psychotherapy Society, and Editor of *The Group Psychologist*, Division 49, American Psychological Association. For 17 years, Dr. Treadwell served as Executive Editor for *The Journal of Group Psychotherapy, Psychodrama, and Sociometry* and has been on multiple other editorial boards for group-related publications. Dr. Treadwell has presented workshops and open sessions at the annual AGPA Connect on multiple topics, including telehealth groups and blended psychodrama and cognitive behavioral groups. He has also presented on groups for the Pennsylvania Psychological Association, the Pennsylvania Counseling Association, and



the American Society of Group Psychotherapy, Psychodrama, and Sociometry, among others. Dr. Treadwell has written extensively on the use of sociometry, a qualitative method for measuring social relationships. He has contributed to more than 100 textbooks and workbooks and dozens of chapters and articles focusing on diverse aspects of group psychotherapy. In 2021, the second edition of his text *Integrating CBT and Group Therapy: Experiential Theory and Techniques- A Group Therapy Workbook* was published. He is a full professor of psychology at West Chester University in Pennsylvania and is a Clinical Associate in psychiatry at the Center for Cognitive Therapy at the University of Pennsylvania.

Fran Weiss, LCSW-R, BCD, DCSW, CGP, FAGPA (New York, New York), a clinical member of AGPA and a CGP since 1994, has served AGPA as a Board Member of the International Board for Certification of Group Psychotherapists since 2012, participating on the Standards and Review Committee since that time and chairing or co-chairing that committee for the last seven years. She maintains a private psychotherapy practice in New York City and serves as a lecturer and an Associate Clinical Professor in the Departments of Psychiatry and Environmental Medicine and Public Health at the Icahn School of Medicine at Mount Sinai Hospital. As a group therapist, she has continuously run two weekly psychotherapy groups in her practice for 42 years, as well as many process groups in the hospitals where she has been employed. Ms. Weiss has published six articles in peer-reviewed journals on group psychotherapy for patients with body image disturbance and obesity. She is a frequent faculty member at AGPA Connect, presenting on such topics as eating dysregulation, developmental trauma and the somatic self and the dynamics of anorexia, bulimia and compulsive overeating in the group setting. She has also presented at the Eastern Group Psychotherapy Society and the Northeastern Society for Group Psychotherapy. Ms. Weiss has served on the Editorial Boards of the *American Journal of Psychotherapy*, where she contributed to a special issue on group psychotherapy, and *Group*, the journal of EGPS. 🍷



FROM THE PRESIDENT

Continued from page 2

Board and Nominating Committees have recently been completed, and we will welcome new AGPA members into these important positions in March 2022. (Please see the story on our election results below.) I am excited about the new governance taking shape under the leadership of Gary Burlingame as our new President. I worked very closely with Gary in his role as President-Elect and couldn't be more enthusiastic about his leadership. I have appreciated greatly the opportunity to serve as President of AGPA over the last two years. These have been demanding times on many fronts. AGPA has addressed many challenges

and opportunities with energy and determination. I am very grateful for the opportunity I have had of doing meaningful work with very good people.

I am very thankful to the Executive Committee with whom I have worked very closely over the past two years: Gary Burlingame, PhD, CGP, DFAGPA, Michelle Collins-Greene, PhD, ABPP, CGP, FAGPA; Hank Fallon, PhD, CGP, LFAGPA; Martha Gilmore, PhD, CGP, LFAGPA; Darryl Pure, PhD, ABPP, CGP, FAGPA; Tony Sheppard, PsyD, CGP, FAGPA; and both Marsha Block, CAE, CFRE,

and Angela Stephens, CAE. Their counsel, friendship and support have been of immeasurable value. Similarly, I am very grateful to Diane Feirman, CAE, Desirée Ferenczi, MA, Katarina Cooke, MA, CAE, Angie Jaramillo, and Tamzen Naegele for the tremendous work and support they provide to AGPA.

Finally, I am grateful to AGPA and our members for their support in our important work. As always, I welcome any comments or questions and can be reached at m.leszcz@utoronto.ca. 🍷

Election Results: Officers, Board of Directors, and Nominating Committee

The Nominating Committee (Eleanor Counselman, EdD, ABPP, CGP, DFAGPA, Chair; Kathleen Ault, NP, CGP, FAGPA; Shari Baron, MSN, CNS, CGP, FAGPA; Chera Finnis, PsyD, CGP, FAGPA; and Keith J. Rand, LMFT, CGP, FAGPA) is pleased to announce AGPA's new Officers, Board members, and Nominating Committee.

President-Elect, 2022-2024

Lorraine Wodiska, PhD, ABPP, CGP, FAGPA

Secretary, 2022-2024

M. Sophia Aguirre, PhD, CGP, FAGPA

Treasurer, 2022-2024

Leonardo Leiderman, PsyD, ABPP, CGP, FAGPA

Board of Directors, 2022-2026

Eri Suzuki Bentley, PhD, CGP
Shemika Brooks, PsyD, CGP
Marvin Evans, MS, MBA, CGP
Marcée Turner, PhD, CGP

Early Career Professionals and Students Board of Directors, 2022-2024

Teresa Lee, MD
Aziza Belcher Platt, PhD

Affiliate Society Assembly Chair-Elect 2022-2024

(nominated and voted on by the Assembly):
Marc Azoulay, LPC, LAC, ACS, CGP (Boulder, CO)

Continuing Board members who will serve with those elected above:

Gary Burlingame, PhD, CGP, DFAGPA, President
Molyn Leszcz, MD, FRCPC, CGP, DFAGPA, Retiring President
Michelle Collins-Greene, PhD, ABPP, CGP, FAGPA, Assembly Chairperson
Darryl Pure, PhD, ABPP, CGP, FAGPA, Foundation Chairperson of the Board
Steven Van Wagoner, PhD, CGP, FAGPA, Certification Chairperson of the Board
Alexis Abernethy, PhD, CGP, FAGPA
Helen Chong, LCSW, CGP, FAGPA
Shunda McGahee, MD, CGP
Ryan Spencer, LMFT, CGP

Nominating Committee

Molyn Leszcz will serve as Chair in his position of Retiring President

Elected Board Member Category, 2022-2024

Helen Hyon Chong, LCSW, CGP, FAGPA
Nubia Llubes, MD, CCHP-MH, FAPA, CGP

General Membership Category, 2022-2024

Cheri Marmarosh, PhD, FAPA, FAGPA
Latoyia Piper, LCSW, CGP

Thank You To Members Leaving the Board

Martha Gilmore, PhD, CGP, LFAGPA
Hank Fallon, PhD, CGP, FAGPA
Tony Sheppard, PsyD, CGP, FAGPA
Kelsey Balaban, LCSW
Shari Baron, MSN, CNS, CGP, FAGPA
Aaron Black, PhD, CGP, FAGPA
Nubia Llubes, MD, CCHP-MH, FAPA
Jeanne Pasternak, LCSW, CGP, DFAGPA
Michele Ribeiro, EdD, CGP, FAGPA
Jana Rosenbaum, LCSW, CGP, FAGPA

Members are invited to contact Lee Kassan, MA, CGP, L FAGPA, 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 Psychiatry Special Interest Group (SIG). The Psychiatry SIG is for those who work in psychiatry departments, have training in psychiatry, or are interested in the application of group psychotherapy in the discipline of psychiatry. The SIG is not limited to psychiatrists. This SIG also sends a representative to the American Psychiatric Association Assembly to represent group therapy interests there. For more information about the SIG, contact one of the Co-Chairs: Joseph Wise, MD, CGP (joseph.wise.md@gmail.com); Seamus Bhatt-Mackin, MD, CGP, FAGPA (bhatt.mackin@duke.edu); or Amy Yang, MD (yang.amy.md@gmail.com). Members interested in joining the Psychiatry SIG can contact the AGPA office at agpamemberservices@agpa.org.

Dear Consultants:

I lead a residency T-group, a weekly hour-long process group that spans the entirety of the second year of psychiatry residency (PGY2) at an academic hospital in a small city in the Midwest. I have a psychotherapy-focused psychiatric practice in the community, and I volunteer my time for the group. Due to my potentially complicated role as T-group leader, I try to limit my interactions with residents beyond that, while they are still in training, but I am aware that there are fewer and fewer psychiatrists who practice psychotherapy on the faculty. A few months after the T-group ended for that year, two residents who were in the group contacted me: one requested individual supervision on a psychodynamic case and another requested individual therapy. I had a positive experience with the group and these two residents, but I wonder how the T-group experience might be influencing these requests. Additionally, I know I want to model psychotherapy by psychiatrists and the importance of self-exploration. How should I proceed?

Signed, T-Group Leader



Dear T-Group Leader:

You are giving voice to some of the frequent binds in which we find ourselves as psychiatrists running T-groups, this one with a psychodynamic bent. In short, proceed with the treatment and the supervision.

Your first question looks into influence. It is not clear from your question what the restriction on process group duration at your institution might be. Does the class continue with a new leader in PGY3, or does the group experience end with the conclusion of PGY2? Either way, until proven otherwise, these two residents have reached out for more contact with you because they have had a positive experience with you and are hungry for more. Your countertransference reaction of not knowing if this next step is allowed, safe, desirable, or at risk of crossing some imagined boundary would seem to be an induced feeling from your residents—that they are not allowed to ask for more and to do so with gusto.

Your second request asks about the motivation to model psychodynamic thinking and action and what the next steps might be. If we step back for a moment and look at the number of roles we are invited to play as T-group leaders, we might easily recall moments when—as agreed upon in the frame and working group agreements for any given group—we acted with the group's consent as a teacher, supervisor, mentor, new positive introject, psycho-social facilitator, source of referrals, urgent triage evaluator for a student in crisis, or even as a treating psychiatrist. With all of that in mind, making yourself available to see either resident in an ongoing way models the developmental framework of raising these young students across the lifespan of training, which has only begun upon their graduation.

Your questions also raise the delicate subject of endings and how the PGY2 group concluded. Did the group know they were welcome to contact you at any point afterwards? What kept the group from insisting that they find some meaningful way to keep up all the good work they only began with you a year before? In any case, if the attachment system wants more contact, then unless there is some objective, ethically driven reason that you are unable, the most sensible next step is to ask each of these students what they had in mind, and did they have doing that in mind with you? From that vantage, all of the larger questions of resistance, transference, and whatever else might be unconscious at the moment have a new home in which to live and breathe.

A final word on pleasure: working with residents can provide the highest integrated order of pleasure meeting the task of giving to the next generation that which was so freely given to us while we were in training ourselves. So have fun and find meaning!

Chap Attwell, MD, MPH
Dobbs Ferry, New York



Dear T-Group Leader:

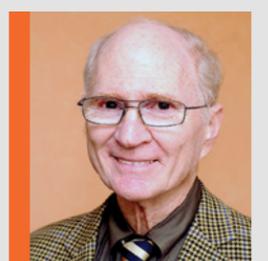
The successful and ideal running of a process group (also referred to as a T-group) depends on a variety of factors. These include, but are not limited to: 1) an administration and faculty that value and are supportive of process groups in word and deed; 2) a process group leader who has no contact with administration except for being hired or in rare situations that involve resident safety; 3) available and competent process group leadership; 4) an agreement that clearly spells out objectives, especially distinctions between training and therapy; 5) residents who are at least somewhat conversant with psychodynamic theory; and 6) the particular mix in a given process group of personalities, their strengths, level of pathology, and psychological-mindedness.

It should be evident from these requirements that running a successful process group is complicated, challenging, and full of potential pitfalls. Obtaining the trust of the residents is no small achievement. The process group leader is exposed to turbulent emotions, conflicts within and among residents, and issues between residents and administration. The process group leader's ability to maintain and respect boundaries and to stay in role is sure to be tested. This point is relevant to questions posed. Assuming you plan to continue leading one-year PGY2 process groups, what are the implications of you treating or supervising residents in the PGY years three and four while running the PGY2 process group?

Here are a few of the untoward results of your becoming a supervisor of or therapist for residents in the PGY3 or PGY4 years. The PGY2s may imagine, with some justification, that you have had dealings with administration to get such a position. As a result, you may have risked resident trust that you have worked so hard to achieve. Resulting distrust may lead to injurious gossip that spreads on the lively hospital grapevine. Envy of the exclusive relationships that third- or fourth-year residents have with the process group leader/now-also-supervisor may lead to inter-resident tension and conflict. Your supervisees may become uncomfortable with your dual positions, as well.

Some faculty or administrators object to process group because they see it as a form of involuntary therapy. They will take as confirmation of that view that doing psychotherapy with a former PGY2 resident is merely an extension of the therapy that took place in the process group. Process group leadership is lonesome and can engender feelings of vulnerability and powerlessness. To be wanted and liked by former process group members can be flattering and hard to resist. But you should, because in crossing boundaries and stepping out of the role, you could be jeopardizing not only your role as process group leader but the process group experience itself. Remember, there are folks in the program who are not enamored of process groups and may be more than happy to see it eliminated to make space for their pet programs. The perfect is the enemy of the good and, in some instances, one must adapt to the imperatives of the local situation. You should proceed with caution and consultation.

Jerome Gans, MD, DLFAGPA
Boston, Massachusetts





groupcircle

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See *Group Assets* insert

Member News



John Schlapobersky, BA, MSC, CGP, is the author of a new book, *When They Came for Me: The Hidden Diary of an Apartheid Prisoner* (Bergham Books, 2021). The memoir focuses on the year 1969. While a student in South Africa, Schlapobersky was arrested for opposing apartheid, tortured, detained, and eventually deported. Interrogated through sleep deprivation, he later wrote secretly in solitary confinement about the struggle for survival. Those writings inform the book in which the author reflects on the singing of the condemned prisoners, the poetry, songs, and texts that saw him through his ordeal, and its impact. This sense of hope through which he transformed his life guides his continuing work as a psychotherapist and his focus on the rehabilitation of others. 🌍

Correction

In Member News in the Fall 2021 issue, **Ali Kimmell, LCSW, CGP**, was inadvertently omitted from the list of AGPA members who were contributing authors to chapters in the book *Women, Intersectionality and Power in Group Psychotherapy*.

SURVIVING THE SUICIDE OF A GROUP MEMBER—15 YEARS LATER

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group that survived the suicide of a participant was a good fit for the new participant who survived a suicide attempt. Perhaps our pain as survivors intensified compassion and warmth towards the new member. Perhaps he felt the gratitude the group felt because he had survived the attempt to end his life, giving us a chance to get to know him. His suicidal ideation remained in remission, and he quickly became a valued and active group participant. This was more remarkable since he carried with him a distant history of criminal behavior of a kind that is highly stigmatized in our society. When he opened up, the group, I believe, recognized his suffering, welcomed him, and helped him bear his shame, breaking free from his isolation.

A decade after the suicide, recollections of the group member's suicide and loss rarely surfaced any longer for me. This changed abruptly, however, in March 2020 in New York, when I facilitated a general process group Institute at AGPA Connect for the first time. One of the participants, Mendel Horowitz, MS, CGP, an Orthodox Jew, participated in his first AGPA Institute. He was unaware, I anticipated, that my name is German. Within a minute of the beginning of the Institute, my accent gave away my origin. I felt the impact of the shared murderous history of Germans and Jews. As I was sitting in the Institute group and in Mendel's presence, I remembered an afternoon 20 years prior, when I was a visiting foreign exchange student at Albert Einstein College of Medicine in the Bronx. During a day off, I browsed the section of travel guides to Germany in a bookstore on the Upper East Side. A guide to sites of Jewish heritage in Germany caught my attention, and I took it off the shelf. Even after the Holocaust, I read, the sites of Jewish heritage in Germany, horrendous destruction notwithstanding, still outnumber sites in Israel. As I flipped through page after page that described places in every part of

my home country—relics of 1,700 years of shared life: shuls, Jewish cemeteries, places of cultural significance, almost all desecrated, partially, or completely destroyed during the Nazi reign—I sat down on the floor of the bookstore and started to cry.

The memory of that afternoon—my surprise and forceful encounter with the ruins that bore witness to the attempt of the generation of my grandparents to annihilate the generation of Mendel's grandparents and parents—flooded back into my awareness as group members introduced themselves. How was I to respond? How much of my own distress and disturbance could I share? How much should I hold back?

As I was pondering how transparent I could be (and how an effort at opaqueness would undoubtedly distract me), I thought back repeatedly to sitting with my group many years prior in the aftermath of a participant suicide. "Compassion is the contagion, the contact of being with each other in this turmoil," as Jean-Luc Nancy (2000, p. xiii) put it. The group that survived the suicide of one of its members and I, its leader, managed to deepen our contact then, turmoil notwithstanding. I reminded myself that I'd struck a balance between acknowledging my own devastation and maintaining sight of the needs, hopes, and expectations of individual participants and the whole group before. We had come through the experience, if not whole then perhaps less fragmented, and with a deeper sense of our shared vulnerability. I resolved that at this Institute group, I would follow a similar path.

I still remember the member who ended his life, who could no longer hold on, or trust, and whom I wasn't able to help. He lives on, I imagine, in the memories of the members of that group, which has since disbanded. We remember. 🌍

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FORGING DEEPER UNDERSTANDING OF THE "WITHIN" AND THE "BETWEEN"

Continued from page 4

Integrating Identity and Broadening Belonging as MWe (Me + We = MWe)—will examine the notion of connection and its correlation with mental health. According to Dr. Siegel, when we feel disconnected from our inner life, we suffer; when we are disconnected relationally—from people and nature—we can become anxious, depressed, despondent. What is this powerful connection actually made of? What

is it? How can we use the science of connection to inform the practice of psychotherapy? In many ways, the experience of a separate, solo self may underly the challenges we face, from racism and social injustice to environmental destruction. The field of mental health can play a pivotal role in how we help our human family move toward a new way of living on Earth by addressing the modern cultural

excessive focus on individuality in the separate sense of self. These questions and their personal, professional, and public implications will focus our discussion on the nature of both interconnection—the links between parts of a system—and intraconnection—the wholeness of the system. We are excited to be able to bring this experience to you at AGPA Connect 2022! 🌍