



FALL 2022

# groupcircle

## Spotlight on the Howard University Counseling Service

By **Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, Editor, Group Circle,** and **Maryetta Andrews-Sachs, LICSW, CGP, AGPA-F**

**EDITOR’S NOTE:** We recently spoke with Ayana Watkins-Northern, PhD, CGP, and Reginald Nettles, PhD, CGP, about the Howard University Counseling Service, recipient of the 2022 International Board for Certification of Group Psychotherapists Harold S. Bernard Group Psychotherapy Training Award. Ayana Watkins-Northern, PhD, CGP, is a licensed psychologist in the District of Columbia. Having recently retired from the position of Executive Director of the Howard University Counseling Services where she was appointed in the 1980s by Dr. Carolyn Payton as Director of Group Training, she is currently an active member on the faculty of the National Group Psychotherapy Institute and Group Psychotherapy Training Program of the Washington School of Psychiatry. She is a founding member of the CSREC (Center for the Study of Race Ethnicity and Culture) also of the Washington School of Psychiatry. She has a private practice providing individual, couples, and group treatment. She also provides clinical supervision and consultation and has been involved in group relations work since the 1970s. Reginald Nettles, PhD, CGP, is a licensed psychologist and Certified Group Psychotherapist (CGP) in independent practice in Columbia, Maryland, providing individual, couples, and group psychotherapy and consulting services. He is an alumnus of the Group Psychotherapy Training Program and the Advanced Psychotherapy Training Program at the Washington School of Psychiatry (WSP). He has served as Director, Counseling Center, University of Maryland Baltimore County, Clinical Director of a NIDA-funded research demonstration project in residential substance abuse treatment, and on the staffs of Howard University and American University Counseling Centers. Dr. Nettles is a member of the Maryland State Board of Psychologists, a faculty member of the National Group Psychotherapy Institute, and founding Chair of the Center for the Study of Race, Ethnicity and Culture, both at WSP. He has interests in the roles of culture and identity in practice, and has presented and published on multiple minority identities, the intersections of race, sexual orientation, and physical disabilities, and multicultural and diversity competency in groups (Nettles, R., & Balter, R (Eds.) (2012), Multiple minority identities: Applications for practice, research, and training. Springer Publishing Company).



Ayana Watkins-Northern, PhD, CGP



Reginald Nettles, PhD, CGP

Every year, the Howard University Counseling Service (HUCS) trains three doctoral interns from clinical and counseling psychology doctoral programs from around the U.S. The program also admits two to eight externs from doctoral programs at local universities to participate in the group training component with their interns. Additionally, the three doctoral interns from the Washington, DC, Superior Court Child Guidance Clinic’s internship program participate in the group component with their interns and externs.

Through didactic training in group, students are exposed to the theory and technique of group interventions. Special emphasis is placed on issues such as group contracting, specific purpose and task, and the difference between group counseling and group psychotherapy. The concept of the group-as-a-whole instead of individuals in a group is the theoretical model from which groups are approached. During the second semester, the students facilitate short-term counseling groups until the contracted termination date. Some of the groups that students have co-led in the past have involved interpersonal relationships, adjustment to college, career choices, survivors of sexual assault, LGBTQ+ issues, trauma, etc. Supervision takes place in a peer group format that is led by experienced group training supervisors. In addition to training interns, the staff is encouraged to continue training at the American Group Psychotherapy Association (AGPA), the National Group Psychotherapy Institute (NGPI), and the A. K. Rice Institute for the Study of Social Systems, among other programs. HUCS has also been a leader in the group therapy field, specializing in treatment for the BIPOC (Black, Indigenous, and People of Color) community, and furthering multiculturalism and diversity training.

Up until a few decades ago, Black clients were not viewed as compatible with group treatment. However, the former Director, the late Dr. Carolyn Payton, believed that this was an assumption and should be challenged. Accordingly, she sent several members of her staff to be trained in the Group

Psychotherapy Training Program of the Washington School of Psychiatry. Her vision was that a sound group program would need several staff members who were grounded in the theory and technique of group work. Thus, the group program at HUCS was established. Her important work was then picked up by the following Directors, Dr. Thomas Wessel and then Dr. Ayana Watkins-Northern. They both continued to champion this group training focus.

It has only been in the last 20+ years that changes in the group psychotherapy literature about Black and/or Asian people’s suitability for group therapy were referenced. Prior to this, Blacks and/or Asians were generally not referred to groups. Dr. Watkins-Northern taught the notion of group-as-a-whole was the foundation by which other parts of the world, namely Africa, saw things: The good of the whole has greater importance than individual interests. Another aspect of the Howard training program has been embracing psychoanalytic approaches and linking them to the Black perspective. Dr. Watkins-Northern sees the history of African-centered culture as basing power and importance on the value of the unseen. This is a natural fit for the Black emphasis placed on spiritualism, the Black church, etc. Therefore, all overt and covert behaviors are influenced by the unconscious (or the unseen) and can best be worked through in groups.

HUCS staff members became so well-grounded in group that in the 1980s, HUCS hosted its own two-year group training program that was staffed by HUCS clinicians and was open to other mental health professionals as well as some graduate students.

### LL: What led you to become a group specialist?

**AW-N:** In the early 1970s, the mental health field ridiculously thought that group was not a match for Negros. This false concept was repeated in the mental health research. Group was for individuals of higher intellect. Many of us were insulted to the highest

Continued on page 5



from the  
president

Gary Burlingame, PhD, CGP, AGPA-DF

I’m aghast at the devastation hurricane Ian brought to Florida and those along the eastern seaboard. As always, our Community Outreach Task Force, chaired by Craig Haen, PhD, LCAT, AGPA-F, and Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF, assisted by Diane Feirman, CAE, Public Affairs Senior Director, was and continues to be responsive in the face of these traumatic events. The wildfires, floods, and horrific shootings continue to create loss, dislocation, and heartache for so many in our world, and I pray for strength and healing as recovery follows.

On a more positive note, plans for AGPA Connect 2023 continue to unfold with an enormous amount of work being invested by the planning committees. The level of thoughtfulness and detail that goes into this process is simply amazing, and we owe a debt of gratitude to our Co-Chairs Tom Stone, PhD, ABPP, CGP, AGPA-F, and Ginger Sullivan, MA, LPC, GCP, AGPA-F, and their committee. Mid-October saw the meetings of the Affiliate Societies Presidents and Representatives guided by the Assembly Chair Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F. The full agenda for this meeting included a report on the progress of the AGPA/ASA Task Force o-chaired by Marc Azoulay, LPC, LAC, CGP, and Deborah Sharp, LCSW, CGP, AGPA-F, and building on synergy over the past few years in integrating and supporting our Affiliate Societies. As we enter fall, it signals AGPA and Group Foundation Board of Directors meetings in November that will usher in a review of progress of our strategic plan and potential revisions.

Finally, we’ve received a few inquiries about the listserv. As pointed out in past columns, three list models were provided for review and recommendation. Last month the Executive Committee elected to speed up the process by appointing a subcommittee (M. Sophia Aguirre, PhD, CGP, AGPA-F, Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F) to propose a short-term and long-term plan using models and best practices of other professional

Continued on page 2

## what’s inside

|  |        |
|--|--------|
| From the Editor  | 2      |
| Opening Plenary Speaker To Address the Other and Othering                          | 3      |
| AGPA Connect: Becoming Diverse, Equitable, Inclusive and Anti-Racist               | 3      |
| Hochberg Public Event Speaker To Address Connecting the Climate and Community Dots | 4      |
| AGPA Awards Distinguished Fellowship to Suzanne Phillips                           | 5      |
| Group Assets   | Insert |
| Widening the Circle: Racial & Social Justice                                       | 6      |
| Consultation, Please   | 7      |
| Member News  | 8      |
| Congratulations New Fellows  | 8      |





Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F

The fall of 2022 brings the midterm elections. Many believe our democracy is in peril. A CBS News poll recently found that 72% of Americans believe that democracy and the rule of law are under threat. Several other studies point out that 60 percent of Americans will have an election denier on the ballot in the November mid-terms.

Those in power from one of our major political parties are inciting violence against governmental agencies, poll workers, and continue citing conspiracies, false claims of voter fraud, and engage in voter-suppression tactics (i.e., limits on same-day registration and early voting, strict photo-ID requirements, redistricting in many states, the redrawing of maps to empower their political party). This will negatively impact those of color and underprivileged populations. Those threatening violence and retaliation to punish anyone opposing their views go unchallenged and use these tactics to remain in power. Conspiracies also serve one party from admitting loss in fair and free elections—the fundamental foundations of a democracy. Also of concern is the super conservative Supreme Court will soon be addressing affirmative action and voting rights. If these laws are overturned, this will especially restrict the rights of Black voters. We are challenged, as group therapists, to be aware of the contemporary socio-political stressors and how they impact our group members and ourselves.

I hope this fall edition of the *Group Circle*, provides you with meaningful connection to AGPA. *Spotlight on the Howard University Counseling Service* showcases the program’s exemplary and expansive training both in group counseling and diversity training. Maryetta Andrews-Sachs, LICSW, CGP, AGPA-F, and I had the pleasure of interviewing Ayana Watkins-Northern, PhD, CGP, and Reginald Nettles, PhD, CGP, in our feature article. *Order, Disorder, and Othering: A Conversation with the Rev. Dr. Ronald Hopson* by D. Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, Co-Chair, AGPA Connect Committee, previews many of the concepts that will be addressed in the AGPA Connect Conference Opening Plenary. Dr. Stone also overviews many AGPA DEI-focused initiatives that are transpiring in the AGPA Connect planning in his submission *AGPA Connect: Becoming Diverse, Equitable, Inclusive and Anti-Racist*. Ginger Sullivan, MA, LPC, CGP, AGPA-F, Co-Chair, AGPA Connect Committee, overviews the AGPA Connect Hochberg Plenary’s environmental global crisis focus in her article *Renee Lertzman, PhD, To Speak at 2023 Group Foundation’s Mitchell Hochberg Memorial Public Education Event*.

In his *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, AGPA President shares the extensive planning invested in AGPA Connect by the meeting co-chairs, ongoing efforts by the Community Outreach Task Force in addressing national disasters and the aftermath, impending changes to the AGPA listserv, and an extensive overview of our relationship with Kellen, AGPA’s management company. In

*Widening the Circle: Racial & Social Justice*, M. Gabriela Hurtado Alvarado, PhD, and Josephine Serrata, PhD, discuss culturally affirming practices for Latine/x clients and communities in their article *Culturally Affirmative Practices in the Delivery of Mental Health Services to Latine/x Communities*. The *Consultation, Please* column features a clinical dilemma and responses from AGPA’s College Counseling and Other Educational Settings SIG members Shemika Brooks, PsyD, CGP, and Vinny Dehili, PhD, LP-HSP, ABPP, CGP. Our *Member News* column illustrates the new manuscript publications by Victoria Bacon, EdD, CGP, Morris Nitsun, PhD, and Robert Pepper, LCSW, PhD, CGP, AGPA-F.

We also proudly congratulate Suzanne B. Phillips, PsyD,

ABPP, CGP, AGPA-DF, in her receipt of Distinguished Fellowship, the highest honor bestowed by the AGPA, for her outstanding leadership and contributions to the field of group psychotherapy; and New Fellows Charles Pohl, MSW, AGPA-F, and Matthew Tomatz, MA, LPC, LAC, CGP, AGPA-F, recognized for their professional competence and leadership in the field of group psychotherapy.

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](mailto:lleiderman@westchester-nps.com). 🙏

FROM THE PRESIDENT

Continued from page 1

associations. Since the Executive Committee meets multiple times per month, we felt like this would be a more expeditious approach to addressing listserv concerns and potential revisions. Stay tuned to hear more from this subcommittee.

September 2022 marked our one-year anniversary of two important events for the Tri-Organization: Angela Stephens, CAE, stepping into the role of CEO and the beginning of our management contract with Kellen Company. I’ve had the pleasure of working with Angela over the past year and can attest that we’re in great hands. She’s an amazing listener, brings a depth and breadth of wisdom from her multiple roles in our organizations, and has been a steady hand during challenges that no one sees because she resolves the issue before it affects our organization or members. In addition to operational skills, I’ve watched how Angela manages daily decisions, weighing how they might affect our short- and long-term strategic objectives. I have total confidence in Angela and her leadership acumen and am watching us move from strength to strength.

We’ve received several questions about our relationship with Kellen this year, and we thought a one-year update was in order. One of the most important lessons learned and re-learned this past year is that we no longer employ AGPA personnel. Even though we continue to work with faces that are very familiar (e.g., Angela Stephens, CAE, Diane Feirman, CAE, Desiree Ferenczi, MA, Katarina Cooke, MA, CAE, and Angie Jaramillo), all are employees of Kellen, and the Tri-Organization’s work is governed by the Kellen management contract. The way this affects daily activities is that now if we’re asked if AGPA can handle new roles or responsibilities, our response must be calibrated against our management contract. Before anxiety gets too high, we can be very thankful that Marsha Block, CAE, CFRE, former CEO, Angela Stephens, current CEO, and our AGPA staff engaged in painstaking detail to create this contract so that past functions continue to move forward smoothly.

As mentioned in the Spring 2022 column, JerrieLynn Kind is the Kellen Group Vice-President of Healthcare assigned to our organizations. She oversees 15 professional healthcare associations and brings a wealth of experience and perspective. What follows are a few questions that have come to us over the past year with examples of how Kellen has assisted our organizations.

Why did we choose an association management company (AMC)?

- The two factors that moved us away from our CEO model were cost savings and increased resources

provided by an AMC. Over the years, the duties assumed by our AGPA CEO increased to include financial and human resource management (CEO + HR + CFO). As we worked with CEO executive recruiting firms, it became immediately clear that two positions would be needed to cover these CEO responsibilities, and this would outstrip our resources. The AMC also increased our resource base and heft in the marketplace for conference planning and the like.

Why did we choose Kellen as our AMC?

- Kellen ([www.kellencompany.com](http://www.kellencompany.com)) is a global AMC leader that is in its seventh decade of operation, managing 25 healthcare professional associations that are similar to AGPA. Its leadership approach, coupled with a depth and breadth of resources to support the Tri-Org structure, along with a cost-saving contract made them our top choice. They also respected our culture and supported our way of working while offering new perspectives.
- Have we received any benefit from Kellen beyond our old employee structure?
  - Collaboration across Kellen clients and shared knowledge
    - o JerrieLynn Kind is working with the AGPA/ASA co-chairs to propose a best-practice model of how national associations and local affiliate healthcare societies can integrate and support each other’s mission. This includes surveying professional associations outside of AGPA for best practice models.
    - o Kellen’s membership expert is working with Angela, Desiree, and the co-chairs of the AGPA Membership Engagement Committee, reviewing the current committee’s scope of responsibilities to develop a best-practice model for recruitment and retention.
  - Access to technology resources that otherwise cannot be afforded
    - o AGPA’s technology platform is aging, leading to instability and at times, reduced service. We’re partnering with Kellen technology resources to propose a plan to address our most pressing infrastructure issues by early 2023 that will eventually include future website updates.

Have our old AGPA employees received any benefit from Kellen?

- Access to expanded HR resources
  - o Our AGPA Connect and E-Learning Committees are already being served by new Kellen resources to support annual meeting functions (e.g., event planning and negotiation) tapping into the depth of resources and services available in AMC’s shared services model. These resources increase the skill and knowledge sets available and support our AGPA (now Kellen) staff.
- Professional growth, process improvement and learning opportunities
  - o Our AGPA (now Kellen) staff have been the beneficiaries of solution-focused Kellen trainings that target key aspects of our operations. In the near term, our Tri-Organization will be trained in critically reviewing and revising our strategic plans to increase transparency and ease of understanding using key performance metrics to identify acceptable progress and where greater attention may be needed.

There’s much more that can be said about the transition from a privately employed staff to an AMC model but hopefully this will give you a glimpse into the changes over the past year. Thank you for your support, comments, and feedback. I can be reached at [gary\\_burlingame@byu.edu](mailto:gary_burlingame@byu.edu). 🙏

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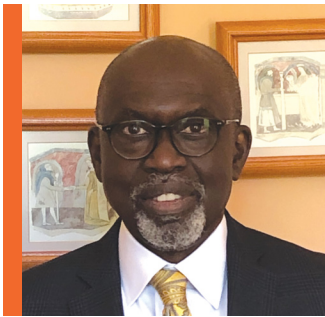
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# Order, Disorder, and Othering: A Conversation with the Rev. Dr. Ronald Hopson

D. Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, Co-Chair, AGPA Connect

**EDITOR’S NOTE:** Reverend Ronald Hopson, PhD, is Associate Professor of Psychology and Divinity at Howard University. He holds a joint appointment in the Department of Psychology and in the School of Divinity. Dr. Hopson has a private practice in the Washington, D.C. area. Dr. Hopson received his doctorate in clinical psychology from Michigan State University. He attended Garrett-Evangelical Theological Seminary at Northwestern University and was ordained to Christian ministry in 1988. Dr. Hopson has published in the areas of psychotherapy, substance abuse, Christian fundamentalism, sexuality and the Black Church, and pastoral care—subjects he also teaches at Howard University. His most current work is in sexuality and the Black Church, and the psychological implications of atonement theology. Dr. Hopson has presented his professional work and conducted workshops in the United States, as well as in Europe and Africa. He is the Conference Opening Plenary Speaker for AGPA Connect 2023, to be held March 6-11 at the Sheraton New York Times Square Hotel.



Rev. Ronald Hopson, PhD

I had the opportunity to visit with the Rev. Dr. Ronald Hopson, AGPA Connect’s Conference Opening Plenary Speaker to talk about his address. In this article, I hope to give you a preview of some of the ideas that he will be sharing at AGPA Connect 2023, as well as an idea of how he will open us up to seeing our journey forward in a new way. Let’s start with his thoughts about how understanding the role of *the Other* in the life of a group can help us better understand the dynamics in our clinical work, in our communities, in AGPA, and in the larger society.

### The Role of the Other and Othering in the Life of the Group

The group begins with the group leader explicating the structure of the group and guidelines, which creates a sense of order, belonging, and identity. Dr. Hopson sees *the Other* as emerging in the group in response to the tyranny of sameness, which is the initial ground for order and belonging in the early life of the group. As *the Other* begins to be heard, with the inevitable resistance to being heard, the group is urged to move to the next level of development. The group leader must firmly hold the group as the struggle ensues within the group to determine its boundaries and identity. Dr. Hopson states that the group members need to accept the group leader’s authority, which deepens over time. The group’s acceptance of the leader’s authority becomes critical to the working through the emerging of *the Other*.

In the beginning, order within the group creates a sense of inclusion and belonging that is false. “It is false if difference is not initially acknowledged and embraced.” (R. Hopson, personal communication, September 21, 2022). It is the articulation of differences by the group members that leads to a critical stage of group development. Chaos erupts as competing visions of identity and belonging are articulated. This creates a sense of disorder. As *the Other* achieves voice, they are at risk of becoming the scapegoat. As we find articulated in group literature, the scapegoat carries the unwanted parts of the self. One of the functions of these projections, in Dr. Hopson’s view, is to bring order back to the group and to subjugate the errant group member(s). The movement back to the original ordered state is a movement back to the false peace, rather than to a true community. Dr. Hopson states that the group “remains false until all of the voices are heard” and that “the beginning of the group is just the starting point” (R. Hopson, personal communication, September 21, 2022). What he seems to be saying is that the group leader needs to be aware of their own need to keep order and that without allowing the emergence of disorder, *the Other*, labeled as disorderly, becomes subjugated and the group does not become a vibrant, transformative experience for all members of the group.

Dr. Hopson asserts that as *the Other* pushes for inclusion and the dominant order resists, disorder ensues. When the

*Other* begins to speak and claim their differences and desire to belong, they are often very passionate. Dr. Hopson points out that when the group clings to order, it is dispassionate. This dispassionate posture is intolerant and critical of *the Other*’s passion. The group wants to settle back into the comfortable order of things. “Their intolerance for the passion of *the Other* leads to further *Othering*, scapegoating, and even at times emotional violence directed toward *the Other*” (R. Hopson, personal communication, September 21, 2022). Healthy leaders and healthy groups embrace disorder and *the Other* as the catalyst for change and the establishing of a new more just order. The dialectic between order and disorder will continue to evolve and emerge over the life of the group to bring about growth and healthy transformation.

### Order and Disorder in Communities

Dr. Hopson applies these concepts to understand the dynamics of larger groups, organizations, or countries. He also utilizes a community model developed by the renown psychiatrist, M. Scott Peck, the author of *The Road Less Traveled* (1978), which was on the *New York Times* bestseller list for eight years. Dr. Hopson trained with Dr. Peck at The Foundation for Community Encouragement. In this model, there are four stages of community that closely resemble other models of the stages of group development (Peck, 1988). In the first stage, an organization is a pseudo-community. In this stage, an organization, community, or group is conflict avoidant. Similarities are emphasized and individuality is barely acknowledged or goes completely unrecognized. In this stage, order is paramount. Without the recognition and acceptance of differences, there is a lack of honesty and intimacy. Generalized ideologies are accepted, and challenges are quickly eliminated.

In the second stage, *Othering* occurs with those who challenge the order, resulting in efforts to subjugate *the Other*. As the challenges to the order of things increase, the organization or community is thrown into chaos or disorder. Typical efforts to resolve the chaos are superficial and often destructive if the emphasis is on the restoration of the old order. *The Othering* and subjugation of *the Other* only result in more chaos and disorder over time. This is a very troubling time, and if the group is unable to achieve fuller inclusivity, it risks dissolution or becoming fractionalized.

Dr. Hopson states that the path through the chaos is a stage of emptiness, which is the third stage of community. In this stage, the community members face the barriers to open communication within themselves and with others. Members reveal and explore their prejudices, biases, preconceived notions about *the Other*, their need to fix *the Other*, and become open about their own brokenness and the false ideal of having it all together. This may involve grief as the group accepts the loss of its fantasied idealizations. These revelations and struggles to be open and more

inclusive help move the community to the next stage of development.

The last stage is true community. There is a continuation of deeper sharing and acceptance of the fact that differences will continue to emerge as individuals and the community evolve over time and changes occur at multiple levels. The community accepts its organic nature and becomes fully adaptable and flexible to challenges, change, and transformation. *The Other* becomes another, and as differences continue to emerge, there can be less conflict disorder and chaos and more facility to enlarge its identity and incorporate the growth, development, and change of all its members. The instinct to reject *the Other* is always there. The task of the community and its leaders is to be “reflective and intentional.” (R. Hopson, personal communication, September 21, 2022).

### Conclusion

These stages and the concept of the dynamics of *Othering* can be seen as pertinent to where AGPA is as an organization. As we commit to reflect and examine ourselves within the organization, we need to acknowledge and change the barriers that have been part of *the Othering* of diverse members resulting in marginalization. Marginalized AGPA community members are passionate about having a full seat at the table. This passion can make other members uncomfortable and wish to quiet their voices. Our commitment to anti-racism and to diversity, equity, and inclusion has taken us into a chaotic period that now requires emptying ourselves as we face our own vulnerabilities and brokenness as an organization, which includes how marginalized members have been harmed.

In the last part of our conversation, Dr. Hopson talked about the fear of the demise of the group. He stated that the refusal to accept the fact that all of us will be replaced keeps us trapped in the denial of death and susceptible to *Othering*. He calls for us to take joy in *the Other* and the process of being replaced. This requires accepting that the old order, of which we have been a vital part, will be replaced with a new order and knowing that our replacements will carry parts of us into the future. 🙏

### References

Peck, M.S. (1988). *The different drum: Community making and peace*. Touchstone Books.

### Suggested Reading

Peck, M.S. (1978). *The road less traveled: A new psychology of love, traditional values and spiritual growth*. Touchstone Books.

## AGPA Connect: Becoming Diverse, Equitable, Inclusive and Anti-Racist

D. Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, and Ginger Sullivan, MA, CGP, AGPA-F, Co-Chairs, AGPA Connect

The AGPA Connect Committee has been working diligently to address organizational barriers to BIPOC and other marginalized community members and registrants, which includes faculty who are not members of AGPA. Through the focus and consultation group feedback that was outlined in the report *AGPA and Systemic Racism: Problems, Opportunities and Solutions* written by Kumea Shorter-Gooden, PhD, and Ollie Trac, we have implemented changes to begin the process of removing barriers that impair our organizational health. These recommendations are a result of the November 2021 and February 2022 DEI Strategic Planning Meetings during which there was input from members of the DEI Task Force, Health and Medical Illness (HMI) SIG, and the Racial and Ethnic Diversity SIG. Here are the measures that we have implemented to date:

### National Institute Designate (NID) Training:

- Candidate recommendation/endorsement letters may come from supervisors, consultants, or colleagues who are not AGPA members and are familiar with the candidate’s group experience and competency (previously only senior AGPA member recommendation letters were accepted).
- Group experiences provided in settings other than AGPA and its Affiliate Societies can fulfill NID requirements.
- The NID training was offered during Connect 2022 and was led by Alexis Abernethy, PhD, ABPP, CGP, AGPA-F, with a specific focus on diversity and multicultural issues.
- There were 12 individuals selected to participate in the NID group held during AGPA Connect 2022; five were BIPOC designates, and all will be leading General Process Groups (GPG) in 2023.

- An on-line NID Training is being planned for 2023 to increase the number of BIPOC and underrepresented leaders for Connect 2024.

### Institutes

- To eliminate some of the confusion around the nomenclature, names for the types of Institutes were changed from Process Group Experience (PGE) to General Process Group (GPG), and from Specific Institute Section (SIS) to Specific Focus Process Group (SFPG).
- Coming up to Connect 2022, the Institute Co-Chairs emphasized to Institute faculty the requirement to attend the DEI training offered by AGPA and strongly encouraged that faculty continue to do personal work

Continued on page 4



# Renee Lertzman, PhD, To Speak at 2023 Group Foundation’s Mitchell Hochberg Memorial Public Education Event

Ginger Sullivan, MA, LPC, CGP, AGPA-F, Co-Chair, AGPA Connect

**EDITOR’S NOTE:** Dr. Lertzman is an internationally recognized psychological researcher and thought leader, working to make an impact on climate change with tools that organizations can use to engage, mobilize, and connect with diverse populations. Dr. Lertzman shows that combining the disciplines with environmental science can aid in the path of big changes in the environmental arena. Dr. Lertzman has more than 20 years of experience as a pioneer bridging psychological research and sustainability. She integrates behavioral, social, and innovative design sciences to create a dynamic approach to social change. Dr. Lertzman’s pieces have been featured in publications, including The Sun Magazine, Sierra, Pacific Standard, Orion Magazine, The Ecologist, Climate Access, DeSmog Blog, Sustainable Brands, and Sightline. She has been featured in The Guardian, The New York Times, Bloomberg CityLab, The Washington Post, the Hollywood Reporter, Vice, Huffington Post, The Correspondent (NL), Cambridge TV (UK), Climate One at the Commonwealth Club, Oregon Public Radio, National Public Radio, the TED Radio Hour, and the BBC. Dr. Lertzman produces and teaches university courses for a range of institutions on the psychology of climate change and the environment. She developed and taught the course “Psychology of Environmental Education and Communications” for a master’s program at Royal Roads University (2011-2016).



Renee Lertzman, PhD

In an age of environmental melancholia, psychology is the x factor for unlocking action on climate and ecological crises. Renee Lertzman, PhD, will address *Navigating the Trance of Group Delusion: Connecting the Climate and Community Dots* at AGPA Connect 2023 Group Foundation’s Mitchell Hochberg Memorial Public Education Event.

Her story as a climate psychologist and environmental strategist started while studying psychology at the University of California Santa Cruz. She stumbled into an introductory class on climate and environmental issues. While listening each week to a different ecological crisis, she was deeply troubled yet equally perplexed.

*Why aren’t people moved to protect and conserve our ecosystems and future life on earth? Why isn’t this a high priority for those working in the psychological fields?* She took these questions to her psychology teachers, and no one had satisfactory answers. Likewise, when raising the issue with her environmental professors, she was met with equally blank looks.

The questions—*What does it mean emotionally and cognitively to confront global systemic ecological crises? How can we help engage and mobilize responses?*—led her to pursue a Master of Arts in environmental communications at the University of North Carolina, Chapel Hill, where she worked with researchers in rhetoric, geography, anthropology, and psychology. She completed her doctorate at the Cardiff University School of Social Sciences in the United Kingdom. Her dissertation focused on people living in the Great Lakes region, leading to her premise of the “myth of apathy.”

Evidence suggests that people do care, but our past leadership experiences have not prepared us to engage people on the right terms. Psychology, when combined with strategy and scale, holds a profound and untapped key to engage effectively complex change. Research shows that if people are truly heard, understood, and included, they deliver more quickly on goals. To achieve this, we need to build a new

mindset and skill set as leaders. These inner capabilities drive our outer goals.

Dr. Lertzman developed the topic for her 2019 TED Talk ([https://www.ted.com/talks/renee\\_lertzman\\_how\\_to\\_turn\\_climate\\_anxiety\\_into\\_action?language=en](https://www.ted.com/talks/renee_lertzman_how_to_turn_climate_anxiety_into_action?language=en)), speaking on why we need to focus first and foremost on attuning to the very real anxieties, ambivalence, and aspirations many of us are experiencing.

### The Three A’s—Anxiety, Ambivalence, and Aspiration

We first need to consider what *anxieties* may be active for people. Ideally, we learn to listen and attune to these anxieties, then name and acknowledge them. Any climate work or change process that doesn’t take stock of anxiety is not an effective approach.

Dr. Lertzman also proposed that *ambivalence*—the experience of competing desires, goals, values, and motivations—is at the heart of much inaction. This is not the same as not caring, even though we often confuse ambivalence with apathy. Ambivalence is a normal and natural part of change, and we all navigate some form of ambivalence on our way towards deep, profound, and transformational shifts. Many of us in this space may not have much ambivalence; we know what needs to get done. However, we can lose touch with how others are experiencing this. The key? Create conditions where people can name, identify, and express their ambivalence. What happens is surprising: Often, we can move through it. We just need to have it brought into the open in a non-judgmental way. This requires a lot of skill and practice, but it’s possible.

Each human being has *aspirations* for our lives in this world. These aspirations might vary, but we all have them. Often, those working on change only want to shine the light on aspirations and get people over there quickly. However, if we bypass anxiety and ambivalence, we fail to gain traction with aspirations. It is extremely important that we stay anchored

by aspiration. If we skip it, our work is undermined. However, the big take-away here is that we can all learn how to bring these together.

Dr. Lertzman’s work is all about transformation. Foremost, if we want to change the trajectory of the world, we must first change the way we lead. Transforming the way one shows up as a leader and handles strategy to foster change is key. Because it’s only when you acknowledge the complex emotions people have when considering a sustainable behavior change that change takes place. It’s her mission to partner with others to start a process that engages the resilience, mindsets, and well-being of each individual involved.

Dr. Lertzman is a firm believer in the power of containers and small group work to drive exponential change. She believes in partnerships for building and developing people because small group work that fosters a container can provide the conditions to go deep and fast. This can range from a micro-dose approach to deep dives. Regardless, creating containers and contexts for group learning and sharing experiences, learning from each other, and tapping into collective intelligence is a fundamental part of her approach.

As we rush to counter the climate and ecological crises, it’s hard to avoid feeling overwhelmed and paralyzed. Dr. Lertzman has been designing tools, guidance, and resources to help us meet the moment with resilience rather than reactivity. Much of this draws on best practices in neuroscience, clinical psychology, motivational interviewing, strategic communication, organizational development, and more. Dr. Lertzman believes that we have so many insights to draw on: It’s a matter of integrating it for our specific context. We’re in a unique moment right now as an organization, as group clinicians and as individuals.

We look forward to learning more about Dr. Lertzman’s unique and wise approach to our stirring climate anxieties at AGPA Connect 2023. 🌍

AGPA CONNECT: BECOMING DIVERSE, EQUITABLE, INCLUSIVE AND ANTI-RACIST

Continued from page 3

to prepare themselves to effectively lead and meet DEI and anti-racist challenges in their Institutes. At the recommendation of the DEI Task Force, the Call for Proposal Form includes a requirement that potential faculty address this area.

- The Institute Co-Chairs have asked that Anne McEneaney, PhD, ABPP, CGP, AGPA-F, be appointed as the lead for an in-depth review of the recommendations of Dr. Shorter-Gooden’s report to see what actions can be taken to accomplish the recommendations that have not already been put into place.

**Faculty**

- For AGPA Connect 2022, we developed a new training event addressing DEI and anti-racism in concert with the E-Learning Task Force entitled: *Diversity, Equity, and Inclusion in Group Leadership: DEI Consultants Respond to Excerpts of the Video Series “GROUP.”* All faculty were required to take the training and pass an exam with a score of 80% or better. Attendance was monitored, and faculty were contacted to ensure the training was completed.
- For AGPA Connect 2023, we are working with the initiative taken by the DEI Task Force and the HMI SIG to produce a training that will have two separate parts addressing how to competently manage AGPA Connect offerings with DEI/anti-racist sensitivity in one training and sensitivity to accessibility for those with medical and health issues in the other. These trainings will be required

to be completed by all faculty prior to AGPA Connect 2023. We are explicitly encouraging proposals for AGPA Connect that will address de-colonization of historical theoretical perspectives in group work. We also are requesting proposals on topics addressing diversity, equity, inclusion, and anti-racism. Our Plenary and Special Event speakers incorporate individuals from varying racial and cultural backgrounds with demonstrated expertise in DEI and Restorative Justice.

One of our Special Institutes will be a training on Restorative Justice with Nina Harris and Duke Fisher, two internationally known experts. This offering is in response to the large number of requests from membership to offer more programming on the Restorative Justice model.

**Conference**

After taking a pause from the Large Group during AGPA Connect 2022, we initiated a process to explore a format for AGPA Connect 2023 that is culturally sensitive, responsive, and minimizes harm to BIPOC and marginalized community members. This initiative entailed conducting four focus groups with AGPA membership in the summer and fall of this year. Out of the four, there was one specifically for BIPOC members and another scheduled at a time convenient for international members. Based on the data we received from the focus groups, we will be formatting the Large Group event.

**Future Action Steps**

There are several action steps we will address over time. Some of these, though not exhaustive, are:

- Create an anti-racism/DEI track within AGPA Connect that is comprised of workshops, courses, and open sessions.
- Designate DEI/anti-racism events as introductory, intermediate, and advanced.
- Develop links on the website that are more user-friendly in the explication of the requirements for applying to be an Institute leader.
- Have a separate link for the NID Training that clearly explains the criteria and process for applying for the training.
- Encourage, recruit, and facilitate the development of BIPOC and marginalized community members for the role of Institute leaders.

We will continue to make changes over time within the structure and process of AGPA Connect to remove barriers and build a meeting experience that helps to move us toward full integration of DEI principles. It is a process of change and growth to which we are fully committed. We look forward to your input to help us as we walk this path of building an AGPA Connect experience that is fully diverse, equitable, inclusive, and anti-racist. 🌍



# AGPA Awards Distinguished Fellowship to Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF

**A**GPA awarded Distinguished Fellowship to **Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF**. Distinguished Fellowship is the highest honor bestowed by the AGPA, recognizing outstanding leadership and contributions to the field of group psychotherapy. Dr. Phillips will be formally recognized at AGPA Connect 2023.

Suzanne Phillips, PsyD, ABPP, CGP, FAGPA-DF (Northport, New York), has been a member of AGPA since 1991 and a Certified Group Psychotherapist (CGP) since 1994. In 2005, Dr. Phillips became a Diplomate in Group Psychotherapy, an assignation from the American Board of Professional Psychologists (ABPP). She has maintained an active practice as a psychologist, psychoanalyst, and group therapist for 45 years.

Education, professional participation, and commitment to communities in need have been hallmarks in Dr. Phillips' career. Her long-standing teaching positions include her service as Adjunct Full Professor in clinical psychology at Long Island University, Adjunct Faculty Supervisor at the Derner Institute's postdoctoral program in group, Faculty at the Suffolk Institute for Psychotherapy and Psychoanalysis, and consultant for the Fire Department of the City of New York. In addition to her long service to AGPA, Dr. Phillips is involved in more than 15 professional organizations, including the American Psychological Association (APA), Division of Military Psychologists (19), Division of Psychoanalysis (39), Division of Trauma (56),

Division of Psychoanalysis and Group (49), the Eastern Group Psychotherapy Society, Suffolk County Psychological Association Chair Trauma/Response, International Society for Traumatic Stress Studies, International Critical Incident Stress Foundation, and The American Red Cross-Disaster Mental Health.

Dr. Phillips has provided services nationally and internationally on trauma and disaster. In 2008, as AGPA Community Outreach Co-Chair, she testified before Congress about the needs of the military and their families. She has published more than 15 book chapters, 25 articles, and over a dozen book reviews. She has presented over 130 times at various professional organizations on a range of topics including couples' therapy, uniformed services, bereavement, midlife, divorce, depression, psychological impact of medical illness, and healing and recovery in the aftermath of suicide. She has been a consistent contributor at AGPA Connect, giving approximately 40 presentations ranging from facilitating Institutes, leading full-day and half-day workshops, and participating in open sessions and panels. Dr. Phillips has done over a dozen social media interviews, including one appearance on national television. She has been a frequent radio guest and hosts her own weekly show *Psych Up* on CoSozo Radio. She is also a weekly blogger for *Psych Central*.

Dr. Phillips has received several professional awards during her career. She received the Lifelong Distinguished Achievement Award from Rutgers University. She was

recognized with the C.W. Post Adjunct Faculty Recognition Award for Extraordinary Commitment to Excellence in the Classroom. As part of AGPA, she received the Social Responsibility Award from the New York Society of Association Executives for Outstanding Service Community, and she also received the Group Foundation for Advancing Mental Health's Inaugural Social Responsibility Award. She was acknowledged as Psychologist of the Year 2012 by the Suffolk County Psychological Association, New York.

In the 19 letters of recommendation that wholeheartedly supported her recognition as Distinguished Fellow, Dr. Phillips was described as an authority in trauma, a hands-on clinician, and a leader when it comes to responding to disaster. Wrote AGPA Past President Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF: "I know of no one who has made a larger contribution to improve the quality of life of our communities in the aftermath of trauma, be it related to 9-11, interpersonal violence, or pandemics than Dr. Phillips has." 🙏



Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF

SPOTLIGHT ON THE HOWARD UNIVERSITY COUNSELING SERVICE

Continued from page 1

degree. They had the same misconceptions about Asians. I found my way to group and consciously became a group specialist because of that insult. I understood culturally how incorrect this stereotype was and that groups were a natural fit for Blacks. In the 1980s, Dr. Payton sent a small group of us to the three-year group training program at the Washington School of Psychiatry. We broke the mold; before us, they had never admitted Black people.

We were very conscious of the racism in the practice of group therapy. In all the training in the beginning of our program, we always gave special attention to the whole person. Today, that is called diversity. For us as psychologists, it was the ethical duty. What is today called microaggressions was not addressed. For example, someone in one of my training programs said, "If you were not Black, you'd be blushing." There were questions about my hair. These were common stereotypes by White faculty that Black doctoral students would expect. Because of White privilege, there was little understanding of the Black culture and that people have different experiences in this country depending on whether you are White or Black. If you pushed back, those in power would get defensive.

Our program offered an opportunity to get to know people differently. Therapists needed to pay attention to differences in culture, age, gender, sexual orientation, race, socioeconomic status, etc. How can you do psychodynamic treatment if you do not see the whole person? Our training program was like the United Nations. We trained students from all different races and cultures, which provided us a rich, diverse group process. It was a safe program to make mistakes and to speak about the unspeakable.

**RN:** After graduating from Howard University, I took a counseling job at Lehman College in the Bronx. They gave me a caseload of 50 students. With no group training, I created five groups as a way to engage and connect with students so that they would not come to see me individually. One of my students had a psychotic break. I had to personally drive him to be admitted into a psychiatric hospital. That was a very emotionally horrible experience for me. It, however, convinced me that I needed more training, so I went to graduate school.

**LL:** Can you share what is unique in the group training curricula at Howard University Counseling Services?

**RN:** What is unique is the focus on group. Dr. Payton would lead those of us who worked there as faculty in groups. She

theoretically and strategically emphasized the concept of the group-as-a-whole. If someone speaks in group, it represents something meaningful for the entire group. I began to feel the dynamic of the group—that when someone says something it reveals the dynamic of the group. Dr. Payton was a master at it. She could connect what one individual would say to the rest of the group-as-a-whole. We also received group supervision from Dr. Payton.

**LL:** What group theoretical approaches are taught to doctoral students and licensed mental health clinicians? How is that approach different or similar to traditional Eurocentric group theoretical approaches?

**AW-N:** The reason why we embraced a group-as-a-whole approach was because culturally it was a natural fit. Group-as-a-whole has an ancient foundation in many African cultures. The idea of unconsciousness similarly is a natural fit culturally; that there is an important part of a person that is unseen comes straight out of the African culture. Unfortunately, a lot of us do not know much about our own African cultures or origin as the result of slavery.

**RN:** There is a notion that Blacks will not join groups, and yet what I saw at HUUS was that groups were filled with Black students all the time. Despite an apparent stigma, the majority of staff and students were Black. Our groups were filled from the early morning until late at night and even on the weekends. We focused on what a Black student was carrying: The full diversity of Black people was accepted in groups. A Black student brings a unique kind of comfort with Blackness, feeling a part of their Blackness. Since this may have been the first time students were with a mainly Black student population and faculty, they finally felt that they were accepted, belonged to a Black culture. Because Howard University has the highest percentage of international Black students from all over the country, Africa, and the Caribbean, our groups were made up of Blacks from all over the United States and, indeed, all over the world.

**LL:** Can you address stereotypes that often prevent mental health clinicians from referring Black and Asian individuals to group therapy and any suggestions to address these stereotypes?

**AW-N:** Stereotyping still exists today and comes from fear and ignorance. It is based on projection, projective identifications, fear, anxiety, and guilt over White privilege. Many believe that Blacks are not bright enough to be in

therapy or Asians are raised to be silent and not speak. To help someone out of that, they need to have a willingness to know more about themselves. Our process groups addressed this. Howard University Counseling Services had two APA-accredited programs at one time. We are the first Black university to ever do so. I am grateful and honored to have trained so many psychologists and know that they received an in-depth three-dimensional training in what many today call diversity. There was also a culture of giving to others: I expect you will do for the next generation what I am doing for you.

**LL:** Can you share the important and unique contributions HUUS has made to the group psychotherapy field in terms of the Black perspective and diversity and inclusion?

**RN:** HUUS has a unique perspective. It countered the mythology that Blacks do not join groups. I remember all our groups were full all the time with Black people. If someone did not show up for group, it was not because they were Black. Before our program, I believe there was a lack of diversity in therapy groups. If therapists have a hard time diversifying their groups, and potential group members, they should ask why they do not join your groups, and look to the leaders: What is going on with them and why are diverse members not coming to see them?

**LL:** Do you have any recommendations on how AGPA can collaborate more with HUUS?

**AW-N:** I am well aware of AGPA's efforts to address diversity and justice. What is important to acknowledge is that people have not been valued nor respected the cultural differences of others. One of the most effective ways to address this is through large groups. I have facilitated large groups for AGPA Connect for two years. This is one of the most effective ways to do experiential learning, but facilitators must be willing to take the group there. They need to go towards it in an authentically open way. You cannot learn without being free to make mistakes.

**RN:** I wonder if AGPA could establish a training program at Howard and provide a satellite for training to fund the doctoral interns. I believe AGPA could fund an internship program. Begin a training program there since many of us who trained at HUUS eventually became involved at AGPA. 🙏



## Culturally Affirmative Practices in the Delivery of Mental Health Services to Latine/x\* Communities

M. Gabriela Hurtado Alvarado, PhD, and Josephine Serrata, PhD

**EDITOR'S NOTE:** September 15 to October 15 was National Hispanic Heritage Month, and in this column, the Co-Founders of Prickly Pear Therapy and Training discuss culturally affirming practices for Latine/x clients and communities. Readers are also directed to the International Journal of Group Psychotherapy special edition (Volume 70, Issue 2, 2020) about the Hispanic Migration Crisis for culturally specific group therapy interventions.



M. Gabriela Hurtado Alvarado, PhD



Josephine Serrata, PhD

It is estimated that there are 60.5 million Latine/x living in the United States (U.S. Census Bureau, 2019). This represents approximately 18% of the total US population. Epidemiological studies indicate that mental health issues within Latine/x communities have continued to significantly increase since 2008 (Substance Abuse and Mental Health Services Administration, [SAMSHA], 2018). In addition, Latine/x communities continue to experience significant barriers to access healthcare. This is particularly salient when referring to mental health services. Some of the barriers that have been identified are lack of insurance, limited culturally informed services available, language accessibility, limited knowledge about the health system, racism, and discrimination. These barriers have been significantly amplified by the COVID-19 pandemic as it disproportionately impacted minoritized groups. In the following sections, we will review the considerations that providers should have when delivering services to Latine/x communities to address these barriers to care.

### Considerations When Working with Latine/x Populations

The ecological model (Bronfenbrenner & Morris, 2006) can aid in further understanding the experiences of Latine/x communities as it not only accounts for different contextual factors, but it can also explain how these interactions can change over time. Recognizing the importance of the relationship between an individual and their environment is key to contextualize their experience in clinical settings. Clinically, this can be particularly relevant as it can help us identify sources of distress and factors that can be amplified during treatment to promote well-being. Below we present information on specific factors that pertain to working with Latine/x communities.

**Ethnoracial Trauma.** Mental health illness is more common among US-born Latine/x than in those who are born outside the US (American Psychiatric Association [APA], 2017). Research findings also suggest that second and third generation individuals are at a higher risk of developing mental health problems. Given these findings, it is integral to recognize the intergenerational impact of immigration, as well as the historical and sociopolitical context of minoritized groups. Ethnoracial trauma refers to a stress response related to the experiences of oppression (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). These experiences can have a powerful impact not only in the individual but also in their communities. Chavez and colleagues (2019) describe the Healing Ethno and Racial Trauma Framework (HEART) that is based on an ecological perspective to address individual, family, and community factors using a healing-centered and trauma-informed approach. The individual strategies outlined in this framework can be adapted and used in a group setting. For example, providing psychoeducation about stress and its impact, developing self-care plans to cope with

stressful events, and building active coping strategies. Also, allowing individuals to name and discuss their emotions and thoughts in a group setting can provide them with connection, validation, and support of their experiences. This can be a powerful intervention in challenging self-blame and other internalized beliefs.

**Language Accessibility and Justice.** Language access should be above and beyond being able to provide services using a particular language, translation, and/or interpretation. It is in their native language that individuals can express themselves authentically and fully. A linguistic justice focus is an ongoing learning process where we gain knowledge and understanding of the nuances of cultural context and views. Research has shown that having mental health services accessible in one's preferred language is related to better outcomes. In fact, exposure interventions are most helpful when one can describe experiences, emotions, and thoughts in the language in which they were encoded (Hurtado, Cook Heffron, & Serrata, 2019). Therefore, when sharing experiences in a therapeutic setting, individuals might choose to do so in their native language. Through a linguistic justice lens, we can provide support in ways that are culturally congruent and affirmative, such as welcoming behavior and small talk (Chavez-Dueñas, et al., 2019).

**Culturally Affirmative Care.** In line with language accessibility and justice, affirmative care recognizes, validates, and respects the identity of the individuals that seek healthcare (Mendoza et al., 2020). These principles were initially developed to outline affirmative care for the LGBTQ+ community. Mendoza and colleagues (2020) highlight how this can be applied to other minoritized groups. Cultural competence refers to learning about the norms, values, language, sociopolitical history of a particular group. Culturally affirmative care goes above and beyond cultural competence such that it recognizes the importance not only of learning more about different cultures but contextualizing our knowledge in an ecological manner to account for the systemic and dynamic changes that provide context to the cultural experiences of the individual. Therefore, providing culturally affirmative care also requires that providers can practice introspection in order to understand their biases and views about different groups and dynamics to prevent stereotyping and inviting expanding their experience of different groups to accommodate for new information. In addition, it is required to heighten the awareness of power dynamics and consider their impact in the therapeutic relationship.

**Evidence-Based Treatment.** Providing this care also means that providers need to be able to contextualize evidence-based practices that are aligned with cultural values of the Latine/x community. These practices would center collaboration and the therapeutic relationship. This means that providers must create an environment that fosters a strong therapeutic relationship, trust, and safety.

Community collaboration is also essential to address the social determinants of health that interfere with healthcare and other needs that individuals might have that are integral to the success of therapeutic interventions. In addition, interventions that center cultural values, such as narrative therapy can be particularly effective in these communities as it will allow them to validate their identity and gain insight about their own values and skills. This can then impact their ability to identify solutions and apply coping skills effectively.

### Conclusion

We aimed to provide information that is helpful in delivering services to Latine/x communities throughout this article. We encourage providers to consider the information presented above to implement the therapeutic strategies and culturally responsive interventions. Although we included some direct recommendations, we'd like to highlight that these approaches stem from an ongoing process of learning, introspection, self-reflection, and collaboration with the individuals to which we provide services. 🌱

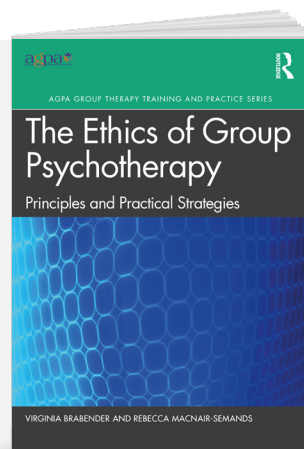
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\* Latine came to mainstream use in the late 2010s as another gender-neutral alternative endorsed by the LGBTQ community.

## AGPA Releases New Book: *The Ethics of Group Psychotherapy*

AGPA has published *The Ethics of Group Psychotherapy: Principles and Practical Strategies*, by Virginia Brabender, PhD, ABPP, AGPA-F, and Rebecca MacNair-Semands, PhD, CGP, AGPA-F. The book is part of AGPA's Group Therapy Training and Practice Series. The 192-page book provides group psychotherapists with the ethical and legal foundation needed to engage in effective decision-making in their everyday practices. The authors explore those problems emerging most routinely in group practice, among which are safeguarding members' personal information, protecting members' autonomy, and helping members to process differences—particularly those related to privilege—in a way that furthers interpersonal relations and social justice. Featuring questions for discussion and items to assess the reader's mastery of the material, training group psychotherapists will find this text to be a valuable tool in classroom and small-group learning. The book can be purchased through Taylor and Francis.





Members are invited to contact Lee Kassan, MA, CGP, AGPA-LF, 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](mailto:lee@leekassan.com).



# consultation, please!

The College Counseling and Other Educational Settings SIG focuses on applying group therapy theory to counseling settings; developing positive communication within the school community; building trust between academic and non-academic personnel; and developing and carrying out research projects using group dynamics and group therapy constructs. For information about the SIG, contact one of the Co-Chairs: Kristina Hansen, PhD, CGP, [kristina\\_hansen@byu.edu](mailto:kristina_hansen@byu.edu); Niki Keating, PhD, CGP, [nkeating@colgate.edu](mailto:nkeating@colgate.edu); or Markie Silverman, PhD, LP, [markie.silverman@gmail.com](mailto:markie.silverman@gmail.com). You can join the College Counseling SIG by emailing [info@agpa.org](mailto:info@agpa.org) or calling (212) 297-2190.

## Dear Consultants:

I work at a college counseling center in a school of medicine where I co-facilitate several groups, including a men's therapy group that has had a stable membership even during the pandemic. Toward the end of the last cycle of the therapy group, some of the members requested a WhatsApp chat group. They had shared vulnerably their experiences and emotions, allowed themselves to be seen, and had also shared important things about themselves.

For some, this was their second cycle of the group, and they were committed to returning the following semester. They wanted to remain connected between semesters and to keep abreast of each other's lives. Some argued for a sense of community and bonding beyond the time boundaries of the semester and thought it artificial to suspend and then re-commence the process. The members agreed that the chat would not be the primary forum of communication during the semester for several reasons. Primarily, they did not want new members to feel excluded or othered, and they understood that the work within the group session was therapeutic in nature above all else and could not be compromised. They were prepared to suspend the chat during the semester.

Part of me wants to encourage the bonding that feels so important to these men. At the same time, I am concerned about preserving confidentiality and about the members moving away from the core functions of the group. I feel torn and I am open to feedback about how I might handle this dilemma.

Torn Group Therapist



Dear Torn:

You face a dilemma that many in college and university counseling and other similar settings have faced, directly or indirectly. In seeing the growth and progress of our members, especially those coming from the types of cultures or identities that often do not promote emotional expression (e.g., men), we can be pulled to support their desire for continued connection. But the question that came up for me in reading your dilemma is: What was the frame that was set from the group's outset?

It is important that all clinicians set clear guidelines and boundaries for and holding the frame of any counseling group. My guidelines for therapy groups, for example, state that members will not be brought into group together if they have previously established relationships with one another outside of the group. In addition, relationships between members are not to be pursued outside of the group while members are in group together. My therapy groups are also continuous; despite being bound to the fall and spring semesters, they are considered a continuation of the previous semester with the same day and time, as opposed to a new group.

How did you set up your group? Do your guidelines specify considerations for relationships between group members outside of group? Is the pull to support their connection indicative of a need to shift the group planning for the next semester from a therapy group, which has the purpose of addressing an identified mental health concern and bringing about psychological change, to a support group, which would have the sole purpose of providing a space where members connect and support one another around a shared identity or experience as men?

If this were to occur in one of my therapy groups, I would hold the frame and enforce the boundary. The members could still decide to connect outside of group, but it would be clear that the relationships that they establish outside of group would prevent them from being readmitted to the group together in subsequent semesters. This would be consistent with what would have been communicated to all group members upon their joining that particular group. In an extreme circumstance, I would end the therapy group and start a men's support group moving forward to allow space for that outside connection.

Ultimately, you must decide what is the frame of your group, and what are the needs of your population? The answer to those questions will guide your response—whether that results in staying the course or charting a new path.



Shemika Brooks, PsyD, CGP  
Ellicott City, Maryland

Dear Torn:

This case encapsulates a paradigm shift in the approach group processes may take in a modern era. Traditional modern analytic thought highlights the importance of adhering strictly to a group contract and exploring resistance to purported deviation from that contract. As therapists engage in more diversity-conscious, anti-oppressive practices, you might want to consider a Zen ethics approach, bringing the ethical precept to light

and inquiring about the subjective needs in this moment, taking into account the sociocultural context at play.

Oftentimes, we view an ethical choice point as two paths, one that will lead to pleasant outcomes and another that will lead to suffering and poor outcomes. The argument to keep the group from engaging in contact is to maintain the purity of the experience, allowing everything that occurs within the group to be present equally for all members, thus reducing the noise from hidden outside moments of connection and/or conflict that may take place within subgroups or between members. It also allows group members to know that, regardless of what happens in the group, they do not risk losing a major support system in their life, having the reassurance that they will be able to process through moments next week that may allow them to take more risks emotionally within the space.

That being said, male-identified physicians are 40% more likely to experience suicidal ideation, with 1.4–2.3 times greater chance of completion compared to a normative population. The proportional suicide rate (i.e., suicides divided by all causes of mortality in physician populations) is disproportionately higher in Black male physicians (4.24) compared to White male physicians (2.1). Suicide is a systemic, outside-in phenomenon, not an internal failure of the self. The experience of navigating a medical school program can exacerbate a culture of rugged individualism, increasing feelings of loneliness, fear of failure, excessive guilt, isolation, and irritability. The cultural messages from traditional masculinity may further push male-identified people to reduce emotional contact and expressed vulnerability, limiting systems of support to help lift them up when feeling the weight of the medical school grind.

Providing support to one another through this process in the summer may be invaluable to the members of your group, while also leading to emotions of jealousy, envy, anger, and disappointment from those who become closer within the group via chat communication. Rather than viewing these emotions as “bad” or the “poor outcome,” though, I would encourage you to lean into the excitement toward the new dynamics to explore. Treat this experience with equanimity, letting go of expectations and being open to experiment, and explore the phenomena alongside group members, reflecting on the meaning made from the emotional experiences that occur from this divergence from traditional group norms.



Vinny Dehili, PhD, LPHSP, ABPP, CGP  
Poughkeepsie, New York

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NEWSLETTER OF THE  
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See Group Assets insert

## Congratulations New Fellows

**EDITOR'S NOTE:** AGPA recognizes professional competence and leadership in the field of group psychotherapy. Charles Pohl, MSW, AGPA-F, and Matthew Tomatz, MA, LPC, LAC, CGP, AGPA-F, were recognized as new Fellows by the AGPA Board of Directors.



Charles Pohl, MSW, CGP, AGPA-F



Matthew Tomatz, MA, LPC, LAC, CGP, AGPA-F

**Charles Pohl, MSW, CGP, AGPA-F** (Boise, Idaho), a member of AGPA since 1993 and a Certified Group Psychotherapist (CGP) since June 1996, has been involved in group psychotherapy for over 30 years, attending more than 25 AGPA Connects. He has worked at the Boise VA Medical Center providing psychotherapeutic services, coordinating its MSW Intern program and currently serving as a clinical instructor for its Psychiatric Residency Program. In his role as Clinical Instructor, he has facilitated the training groups for psychiatric residents since 2008. He also has a private practice with an emphasis on group psychotherapy supervision, consultation, and group facilitation. Since 2008, he has also been an instructor at the University of Washington, Psychiatric Residency Program and an Adjunct Faculty at the Boise State University, Graduate School of Social Work. Mr. Pohl received the Boise State University, Graduate School of Social Work, Field Instructor of the Year Award in 2010. In 2013 and 2018, he became the University of Washington, School of Medicine, Clinical Instructor with Boise Psychiatric Residency Program, Outstanding Faculty Award. Mr. Pohl has served actively in the Idaho Society of Clinical Social Work, serving as its Treasurer, and twice serving as its President. He is currently AGPA's Open Session Committee Co-Chair and serves on the e-Learning Task Force; he was on the Workshop Committee. He also served as Chair of the Membership Engagement Committee for four years and Co-Chair for another four years. He has led two-day Institutes at AGPA Connect, presented in Open Session panels, and offered several workshops. He has also presented workshops at the Houston Group Psychotherapy Society and the Puget Sound Group Psychotherapy Network.

**Matthew Tomatz, MA, LPC, LAC, CGP, AGPA-F** (Boulder, Colorado) has been a member of AGPA since 2008 and a CGP since 2010. Mr. Tomatz is a Licensed Professional Counselor and Licensed Addictions Counselor in Colorado. He arrived at graduate school with a strong background in the arts, having obtained a bachelor's and prior master's degrees in music before he earned his MA in psychology. Using that combined background, he spent many years working with and developing therapeutic programs for musicians, and he has shared his knowledge and ideas in his role as faculty

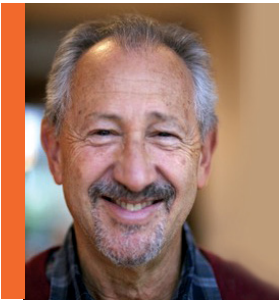
at Colorado University at Boulder, as well as at AGPA and the Four Corners Group Psychotherapy Society (FCGPS). Mr. Tomatz became active in leadership positions almost immediately upon joining AGPA and the FCGPS. He has presented workshops, open sessions and three successful Institutes at AGPA and FCGPS, bringing new material by presenting on his models of integrating body/somatic methodology and, more recently, working through a performance model. He has served on AGPA Connect's Workshop Committee, served as its Co-Chair, and has been Workshop Senior Co-Chair since 2019. In addition to his work in formal group organizations, Mr. Tomatz was honored with the Torchbearer Award, recognizing "His unique contributions with the Oasis program [recovery group], and his unconditional support of so many students on the path of recovery, sobriety, and well-being at the University of Colorado Boulder" by the CU Collegiate Recovery Center. He was also a member of the Editorial Review Board and published an article in the *Journal of Groups in Addiction & Recovery*—"Hell to hope and back again: Uncertainty in navigating the landscape of a correctional substance abuse group." Mr. Tomatz runs multiple groups each week, using his music experience and clinical expertise in leading Developing the Whole Musician, weekly therapy groups for music students. He also facilitates multiple other weekly therapeutic groups. In addition to significant group experience in clinical settings, he developed non-clinical applications of group intervention that are meaningful to participants and reflect ways to use group expertise to foster community, provide support, and address issues where social isolation can be a contributing factor. He developed and facilitated Oasis, a group for students pursuing a sober lifestyle while providing adjunct support to those in recovery, which became a dynamic community of support and evolved into the CU Collegiate Recovery Center. He also created, promoted, and developed the Live Free Weekend, a 96-hour sobriety challenge that functioned as a group-level community intervention. The program grew over time to include over 2,000 participants and 18 sponsors, including community involvement within the City of Boulder. 🍷

## Member News



**Victoria Bacon, EdD, CGP**, Kristen Anderson, PhD, LPC, and Maureen Boiros, RN, MEd, are the authors of *Conducting Wellness Groups for Veterans and Older Adults: The Legacy Model* (©2022, Routledge). The book offers a wellness group model for mental health practitioners.

Two curricula developed by the authors are explored, the Process-Focused Legacy Group curriculum for members who are high functioning and motivated adults, and the Activity-Based Legacy Group curriculum tailored for persons with disabilities and/or cognitive impairments. Detailed steps, prompts, and legacy activities are provided for each stage for both curriculum formats. This book provides clinical examples from the facilitator's group experiences using the Legacy Model. The appendices provide further detailed resource materials that include descriptions of potential legacy projects and a vast assortment of legacy activities.



**Morris Nitsun, PhD**, is the author of *A Psychotherapist Paints: Insights from the Border of Art and Psychotherapy* (©2022, Routledge), an account of his struggle to bring together his psychological experience and his interests and talent as an artist. This book describes a body of painting that was

responsive to a major existential challenge, the COVID-19 pandemic, but which also comes from deeply personal experiences. The paintings, 50 of which are included in full color, mirror life through the decades and were mainly presented online to groups both small and large, who were invited to participate in a dialogue that became a vital part of the developing project. The value of this dialogue is reflected in the author's concept of the "Artist's Matrix," describing the social context in which an artist produces and presents their work.



**Robert Pepper, LCSW, PhD, CGP, AGPA-F**, is the author of *Marriages Are Not Made in Heaven. They're Made in the Unconscious*. To be published by Gray Productions in the spring, the basic premise of the book is that the unconscious mind rules. The chapters cover both group psychotherapy and

couple therapy. Sample chapter titles are: "Go Away, But Don't Leave Me Alone;" "If the Good Outweighs the Bad Stay, But Under One Condition;" "Sea Turtles will Never Need Group Therapy;" and "The Four Questions of Love." 🍷



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