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

FALL 2023

groupcircle

DEI Considerations in Group Psychotherapy

Teresa Lee, MD, CGP, and Michele Ribeiro, EdD, ABPP, CGP, AGPA-F

I (MR) recently returned from a silent meditation retreat in which change, the present moment, and the continuum of being alone to being connected with others fluctuated depending on the thoughts that entered my mind and the sensations I experienced in my body. We have the same capacity for connection and disconnection outside of any retreat center. Given this wide capacity for both, we often harm, miss each other, or lose sight of what really matters. Indigenous peoples have always known about living in harmony. Why is it so challenging to be in harmony then, across difference, or at times even within similarity?

This is our narrative of being two individuals who are part of a larger group—AGPA—coming together for a shared task (writing), despite not knowing how we would get to our outcome (this article). Although we had never talked or even met each other prior to three months before this writing task, we agreed to have our first meeting on Zoom. We have different life experiences along with a shared interest in authentic interaction. But how does one know whether what someone says or does is authentic? What do we project onto others, real or imagined, that moves us closer or makes us more distant? What are the larger structures in society that keep us from deeper cross-cultural human connections?

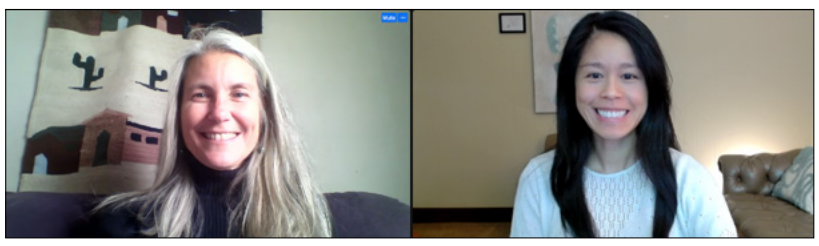
We decided to lean into the curiosity to see where this opportunity would lead us. We are distinctly different people, yet something brought us together. As is the case in any group, something draws each of us into a group, into a space where the unknown awaits. Krishnamurthi (1969) writes about how freedom from fear starts with stepping into the unknown, so it becomes known. Relationships require this as well. How do we show up for ourselves with the care for the other person who has also shown up in all their vulnerabilities, insecurities, strengths, family/communal systems, and with shared and differing histories?

Dominance Externalized

Dominance, invention, and appetite have shaped our lives. It's normal to consume things: buy, eat, swipe, click, and next. While we are filling ourselves with conscientious and healthy products, we are also taking in messaging. For example, the normalcy of online shopping makes it easy to believe that "What I want, I can have NOW." This leaves little time to consider the chain of events that manifest a brown package at your door. How is this related to power dynamics and dominance? When there are systems in place, there can be standards and norms.

What we consider to be normative include the standards of beauty, group therapy procedures, work hierarchies, etc. In AGPA, these power dynamics also appear and have been negotiated into changes in leadership composition and policy updates. Accompanying that change is greater familiarity with the meaning of terms like supremacy, microaggression, BIPOC (Black, Indigenous, People of Color), and whiteness. But if history is of any teaching value, kingdoms fall and new powers rise. We are in a transition period, where a dominant way of being and operating is being overtaken by something else. That something else has the potential to dominate as well.

We want to call out that potential now. The above terms used in group sessions have the potential of becoming an etiquette, instead of an embodiment into personal belief and thinking. For example, land acknowledgements are increasingly made. It's less clear if the person acknowledging these lands has done deeper intrapsychic and interpersonal work; have they embodied it? Some of these organizational and interpersonal changes help us become more enlightened and evolved but is there more to consider about their impact? While we don't have these answers, formed habits are healthy when they are regularly re-assessed.



Michele Ribeiro *Teresa Lee*

Dominance Internalized

We, the authors, are not just commentators or observers. We are living these dynamics, too. We step back now to look at how we have and still can be (mis)attuned or (dis)embodied in our interactions and word choices.

PAUSE, Take a Breath...

This is the moment
Put down what you're holding
everything is changing
listen to the wind
and when you hear it
You don't have to fear it
Now's the time for healing
Everything you love.

By Lu Aya from the Peace of Poets (2020)

Below is an excerpt of our exchange from three meetings within 30 days and the time between meetings when we reflected on each other and ourselves.

First Meeting

I (TL) am fearful and paranoid at first sight of Michele. Who is this person who I've only known by their email signature? What does she want? I'm looking at her through slitted eyes, so that I can see her but she can't see all of me. I don't want to appear obviously frightened, so now I'm going to snap into the present moment. Focus on her and her smiling. Say hello. The social systems, from family to organizational, have trained me to wait, see, and then adapt. The social systems prioritized those who are middle class, educated, and look white. I carry this survival toolkit into new spaces.

I (MR) feel sad to see/learn that you hold fear/paranoia during our meeting. I notice I am holding uncertainty and maybe excitement for the possibility of a connection. Is it my privilege that affords me more excitement than fear? Is there a difference in how a person who holds a marginalized identity enters a group than someone who holds more privileged identities? Is it important to name how we enter a group/relationship and what may cause these differences to help build a sense of trust and transparency? I think yes to both, otherwise this difference could continue to become the fabric of further inequities. Naming how we feel and some of the histories we carry, when entering a new space/group, allows for transparency and can assist in relationship building if we stay curious and open to each other. Societal structures still persist, but in relationship we have the possibility to create something new.

Second Meeting

Michele remembers from our last meeting that my dear uncle had broken his hip, and I (TL) moved cities to help him and his family. I am softened by her earnest recollection. It was a brutal time for me—when Uncle, the male leader of the family, became disabled, the family members also broke down. My energy was spent holding the anger and guilt of the able-bodied members, as well as my own grief for supporting them, which included not questioning the obvious sexism. My primary identity at this meeting is a burnt out, silenced caretaker. Michele's acknowledgement holds me. She sees me. I feel like something has opened up in me, and I want to cry.

Of course, I (MR) remember. I thought how challenging that must be to see someone you love struggle and be torn

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from the president

Gary Burlingame, PhD, CGP, AGPA-DF

In my last presidential column, I cited a few examples of the tumultuous times we live in and acknowledged the grief and horror our global citizens experience daily. Today, after a four-day wilderness mountain retreat where I was off the grid, I realized that a war had erupted in the Middle East while I was away. I was confronted by horrific pictures and news accounts of Hamas attacks on Israel and the war that quickly unfolded with most of the deaths affecting innocent civilians. Reading emails from AGPA members who were directly affected by this war, as they checked in on one another and provided needed support and information, it became even more personal. At the time of writing this column, we are connecting with colleagues directly affected by these events to highlight the paths that AGPA's Community Outreach Task Force can help by providing resources, consultation, support, or training. We are aware that it is impossible to conceptualize or define what is needed in the acute stage of war, but AGPA is engaged in efforts to clarify such needs. This is my second column in a row where I begin by recognizing the suffering created by gut-wrenching acts and acknowledge that our thoughts and prayers are with those who are suffering. As we watch the trauma and loss of life unfolding for both Israelis and Palestinians, it is clear that too many innocent people are facing unthinkable suffering. No one should face this horror.

The update I've been asked to write summarizing activities that occurred over the summer seems insignificant in the context of the events taking place over the past few days. Nonetheless, I'll highlight progress on a few of the activities we've engaged effort in since my summer column.

One of the Strategic Plan initiatives we've been working on this year is the replacement of our membership database/association management platform. Our legacy system was old, leading to unpredictable downtime and the

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what's inside

from the editor

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

As I write this column, unimaginable horrors have unfolded in the Middle East after terror attacks and kidnappings against innocent Israeli and foreign civilians by Hamas and a war that will harm innocent Palestinian and Israeli civilians, including countless children. The enormity of the tragedy for all those impacted is beyond comprehension. I wanted to extend my heartfelt sadness and support to all AGPA members living in the region, or those who have family and friends in the region who have incurred losses, or those of you who are vicariously affected.

AGPA has a long tradition of social responsibility and responding, supporting, and providing resources to communities impacted by hate, discrimination, and/or traumatized by natural and manmade disasters both nationally and internationally. That focus emerged from what was originally the Disaster Outreach Task Force formed in the aftermath of 9/11 and today is under the auspices and guidance of the Community Outreach Task Force Co-Chairs Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF, and Craig Haen, PhD, RDT, CGP, LCAT, AGPA-F. They work in close consultation with Diane Feirman, CAE, Public Affairs Senior Director. Due to the frequency of disasters nationally and internationally, this work is tireless and year-round for this team, often with multiple initiatives at the same time.

Community Outreach also relies on trauma group therapist volunteers to address the impact of and interventions for mass trauma upon communities, first responders, community organizations, etc., with initiatives such as the Care for Caregiver groups. For many of us, it has been immensely rewarding to be a member of this Task Force, highlighting the gift of volunteerism, social responsibility, and the power of groups at addressing mass trauma and providing psychological first aid.

I hope this edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *DEI Considerations in Group Psychotherapy* by Teresa Lee, MD, CGP, and Michele Ribeiro, EdD, ABPP, CGP, AGPA-F, provides guidance in supporting our organization's strategic mission to become an antiracist organization. An overview of Adeyinka Akinsulure-Smith's, PhD, ABPP, and Hawthorne Smith's, PhD, Special Institute for AGPA Connect 2024 on *Forced Migrant Mental Health* is provided by Joseph Shay, PhD, CGP, AGPA-LF, AGPA Connect 2024 Institute Co-Chair. Elizabeth Shapiro, PhD, CGP, AGPA Connect 2024 Institute Co-Chair, also features a description of Farooq Mohyuddin's, MD, CGP, FAPA, AGPA-F, Special Institute in her article *Life, Death, Meaning, and Connection. Group in The America Psychologist and in the News*, by Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, in The *Practice Matters* column, highlights exciting updates from the Public Affairs Committee.

In the *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, shares Community Outreach initiatives for those impacted by the war in the Middle East and updates in AGPA since his last column. In *Widening the Circle: Racial & Social Justice*, Aziza Belcher Platt, PhD, provides *Childism, Part I*, which enhances the understanding of childism and practicing anti-childism in one's clinical group work. The *Consultation, Please* column features a clinical dilemma and responses from Kavita Avula, PsyD, CGP, and Gil Spielberg, PhD, ABPP, CGP, AGPA-F. The Affiliate's column, entitled *From Vision to Transformation: How One Affiliate Navigates Toward Inclusivity*, by Shannon Magnis, PhD, CGP, and Enrique Ortiz, PsyD, GPALA Co-Presidents, Cheryl Kalter PhD, LPC, CGP, and Joshua DeSilva, PsyD, CGP, illuminates the success of the Group Psychotherapy Association of Los Angeles' diversification of its Board of Directors, while enhancing its mission to become antiracist.

In *Member News*, we congratulate and showcase the compelling manuscript publications by Adam Leighton, Arnon Rolnick, PhD, Haim Weinberg, PhD, CGP, AGPA-F, and Fran Weiss, CGP, BCD, DCSW, AGPA-F, as well as Martyn Whittingham, PhD, CGP, FAPA, AGPA-F receiving the 2023 Arthur Teicher Group Psychologist of the Year Award by APA Division 49.

I welcome your comments and feedback about this column or anything else about the *Group Circle*. I look forward to your providing us with your article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

FROM THE PRESIDENT

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inability to support information needs for committee and membership initiatives. I'm hoping by now that everyone reading this column has signed onto our new platform. If you need assistance, please review the step-by-step guide on our website (www.agpa.org/home/membership/portal-account-creation); you can also contact the AGPA team at info@agpa.org. Most of the feedback we've received from the 700+ members who have already entered their personal and professional information is positive. In some cases, we've been able to retain information contained in the legacy system, but in other cases, information will need to be re-entered. The new platform will enable us to increase our efficiency in member search by interest, geographical region, and other important facets. This is an essential first step for our organization to support other technology initiatives. For instance, we've been prepared for months to implement the two new listservs that the AGPA Board of Directors approved earlier this year, which have been described in past *Group Circle* columns. However, a new platform was needed to support the new listservs. Now that it is rolled out, we've begun the work to integrate the two moderated listservs that will support referrals and discussion of more in-depth topics.

In this issue of the *Group Circle* is the upcoming election slate created by the Nominating Committee chaired by Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF. We owe a huge debt of gratitude to the members of this committee for creating an exciting list of candidates for key AGPA leadership roles. This slate reflects AGPA's strategic initiatives and has been approved by the AGPA Board for our next election cycle. You'll see familiar names on this list, along with the names of newer members who advance our DEI Strategic Plan.

In my last column, I outlined the pre-work that took place before AGPA Connect 2023 in revision our Strategic Plan for the next three-year cycle. The work on this continues with Executive Committee input and meetings with Kellen leadership. Once this process is complete, we'll invite input from Tri-Org leadership. Also, a topic noted in my Winter 2023 column was the publication of an article in *American Psychologist* by Martyn Whittingham, PhD, AGPA-F (a Public Affairs Committee member) and colleagues Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F, Peter Mallow, PhD, and Michael Scherer. The article made a persuasive data-based case for how group therapy can meet the crisis facing the United States in meeting the mental health therapy needs of its citizens. Diane Feirman, CAE, Public Affairs Senior Director, and Martyn Whittingham, along with members of the Public Affairs Committee continue to widen the impact of this article using new media dissemination vehicles. Once the data are in from these new communication avenues, we'll provide a more complete picture of who has cited this seminal work and the potential impact of these new tools.

Finally, AGPA Connect 2024 plans are well underway, and we owe a debt of gratitude to Co-Chairs Tom Stone, PhD, ABPP, CGP, AGPA-F, and Ginger Sullivan, MA, LPC, GCP, AGPA-F, Co-Chair-Designate Brenda Boatswain, PhD, CGP, and the Institute, Open Session, and Workshop Committees. As we enter fall, it signals AGPA, International Board for Certification of Group Psychotherapists, and Group Foundation for Advancing Mental Health Board of Directors meetings that will usher in a review of progress of an impressive array of activities undertaken by our Tri-Org and its committees. I'll report on that in my next column. Thank you for your support, comments, and feedback. You can reach me at gary_burlingame@byu.edu.

We want your input on what you think about AGPA's quarterly newsletter, *Group Circle*. Please take a few moments to complete a very brief survey by clicking on the link below, related to how you read the Group Circle and the content you are interested in seeing.
https://www.surveymonkey.com/r/GYKSRYR

groupcircle

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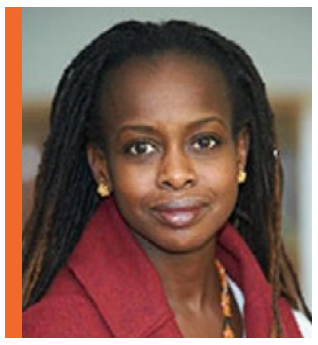
Adeyinka Akinsulure-Smith, PhD, ABPP, and Hawthorne Smith, PhD, To Present Special Institute on Forced Migrant Mental Health

Joseph Shay, PhD, CGP, AGPA-LF, AGPA Connect 2024 Institute Co-Chair



Adeyinka Akinsulure-Smith

Hawthorne Smith

EDITOR'S NOTE: *Adeyinka Akinsulure-Smith, PhD, ABPP, is a licensed psychologist who is originally from Sierra Leone. She is a tenured professor of psychology at the City College of New York, City University of New York (CUNY), and at the CUNY Graduate Center. Dr. Akinsulure-Smith has cared for forced migrants, as well as survivors of torture, armed conflict, and human rights abuses from around the world at the Bellevue/NYU Program for Survivors of Torture since 1999. A proud co-founder of* Nah We Yone, *a non-profit organization created to proactively respond to war survivors from the African Diaspora. She is the recipient of New York City's prestigious Union Square Awards. She has participated in human rights investigations with Physicians for Human Rights and the United Nations Mission in Sierra Leone, Human Rights Division and served as a joint expert on gender crimes and Post Traumatic Stress Disorder for the International Criminal Court. She provides forensic evaluations, human rights consultations, and frequently works with attorneys handling cases involving torture, and trauma. Dr. Akinsulure-Smith has conducted workshops addressing vicarious trauma, compassion fatigue, and the importance of self-care for mental service providers nationally and internationally.*

Hawthorne Smith, PhD, is a licensed psychologist and Program Director of the Bellevue Program for Survivors of Torture. He is also an Associate Clinical Professor at the New York University School of Medicine in the Department of Psychiatry and serves as the President of the National Consortium of Torture Treatment Programs. Dr. Smith has facilitated a support group for French-speaking African survivors of torture for the past 26 years. He also has extensive experience as a presenter at professional conferences and seminars about providing clinical services for survivors of socio-political violence and enhancing cross-cultural clinical skills among therapeutic service providers. He has been recognized for his work with such awards as: the Robin Hood Foundation's Hero Award; the Frantz Fanon Award from the Postgraduate Center for Mental Health; the W.E.B. DuBois Award from the International Youth Leadership Institute; the Distinguished Alumni–Early Career Award from Teachers College; the Man of Distinction Award from the National Association of Health Service Executives; and the Union Square Award for Community Advocacy from the Fund for the City of New York.

JS: ***Both of you are very accomplished though may not be known by some of our group therapist audience. Can we begin by hearing about the thrust of your work?***

AA-S: Our mission is to provide culturally and trauma-informed mental health services to forced migrants, who are defined as refugees, asylees, asylum seekers, and survivors of armed conflict and human rights abuses.

HS: We are also interested in helping to reduce or eliminate health disparities for racially, linguistically, legally (i.e., concerning immigration status), and economically marginalized individuals and communities. Our work has focused on helping forced migrants to overcome their past trauma and to start new, viable lives in a context of safety and mutual support. Reconnecting to community and feeling part of something larger is a key ingredient to this healing process. Group therapy plays a huge role in facilitating survivors' ability to not merely survive but thrive in their new society.

JS: ***How did each of you get involved in this important work?***

AA-S: I'm originally from Sierra Leone, West Africa, a country that endured years of armed conflict. Once here in the United States, I started seeing survivors of the war coming to the US and I worked to support them through the Bellevue Program for Survivors of Torture (PSOT) and then later through an organization we co-founded with some friends—*Nah We Yone*.

HS: I studied at Cheikh Anta Diop University in Dakar, Senegal. When I returned to finish my studies and start my career in Washington, DC (during the heights/depths of the crack epidemic), I noticed that many of the same processes that were fueling marginalization and detachment among youth were similar domestically and internationally. It felt important to me to help people see their value and internalize that they belong to something much larger. This goal has been central to my work since then, both educationally (with the International Youth Leadership Institute), and clinically (with *Nah We Yone* and PSOT).

JS: ***How did you decide to work together?***

AA-S: We attended the same graduate program and worked on the same research team. Since then, we have collaborated in numerous ways for more than 30 years. We also happen to be life partners!

HS: One might say that this was ordained well before we met. Our shared passion for helping traumatized and marginalized populations, coupled with our shared vision of the cultural inclusivity and synthesis possible within the African Diaspora (whether from Africa, the Caribbean, Europe, or the Americas), has led to fruitful collaborations in therapeutic, educational, research, cultural, and familial domains.

JS: ***In your work with these populations, how did you use group processes to achieve your goals?***

AA-S: Sadly, along with many mental health challenges, the trauma of forced migration, torture, and armed conflict often leaves individuals with a deep, lingering sense of isolation—both based on their immediate reality of being cut off from family, friends, the known, and psychologically. The beauty of group work and group process is that it allows the individual to see that they are not alone, that there are others who have had similar experiences, to share, to support and be supported, to learn healthy coping strategies, to connect to others, and above all to build new communities. As our colleagues who do group work know, it can be very powerful!

HS: Many of the African survivors I worked with early in my career let me know that individual psychotherapy was either unknown or perhaps stigmatized in their original cultures. Survivors may seek answers to problems in a communal fashion, perhaps asking advice from elders, but they would seek solace in a community-based fashion. The Francophone African group was born from these insights, where members could not only benefit from communal support, but would be part of the healing experience for others as well. There are multiple vectors of empowerment and healing.

JS: ***That's fascinating and creative. How would you say your work relates to the group therapy interests of our membership?***

AA-S: With the increase of armed conflict, human right abuses, etc. forcing people around the globe into flight, we have found group therapy to be a powerful tool to support and assist those who have lost community and connections and are isolated and struggling with mental health challenges.

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Life, Death, Meaning and Connection: Dr. Farooq Mohyuddin's AGPA Connect 2024 Special Institute

Elizabeth Shapiro, PhD, CGP, AGPA Connect 2024 Institute Co-Chair

Farooq Mohyuddin

EDITOR'S NOTE: *Farooq Mohyuddin, MD, CGP, FAPA, AGPA-F, is a psychiatrist and an educator. He is the Chair of Psychiatry Training and Director of Psychiatry Residency Training Program at Saint Elizabeth's Hospital, Washington, DC, and maintains a private practice in Alexandra, Virginia. Dr. Mohyuddin is past Chair of the National Group Psychotherapy Institute, Washington School of Psychiatry, and a Past President of Washington Psychiatric Society and the Mid-Atlantic Group Psychotherapy Society. He is an Assistant Clinical Professor of Psychiatry at George Washington University School of Medicine and on the faculty in the Department of Psychiatry at Howard University School of Medicine. His primary interests include medical education and group psychotherapy. He is a member of the Administration and Leadership Committee of the Group for the Advancement of Psychiatry, a national think tank. He is also the Co-Chair of AGPA's Public Affairs Committee. Dr. Mohyuddin has presented and published on a wide range of topics in psychiatry. In 2021, he was awarded the Harold S. Bernard Group Psychotherapy Training Award for outstanding contributions to group therapy education and training. He was awarded the Exceptional Leadership award from Washington Psychiatric Society in 2021 and named Psychiatrist of the Year by the Washington Psychiatric Society in 2023.*

Farooq Mohyuddin, MD, CGP, FAPA, AGPA-F, will be leading a Special Institute at AGPA Connect 2024 on Monday, February 26, on *Thinking Existentially: Living Authentically in Turbulent Times*. Dr. Mohyuddin notes that this closely tracks with the theme of AGPA Connect 2024: *Turbulent Times: Using Groups to Overcome Divisions and Foster Engagement*—and reflects his firm belief that living authentically is the only way to deal with the impact of our turbulent times. He came up with the title in a discussion with his dear AGPA friends Lorraine Wodiska, PhD, ABPP-F, CGP, AGPA-F, and Maryetta Andrews-Sachs, MA, LICSW, CGP, AGPA-F.

One of the most important things Dr. Mohyuddin would like attendees to take home with them is the idea that we are all existential therapists no matter what our theoretical orientation may be. He is committed to the idea that being an effective group therapist requires being in touch with the existential concerns of our patients, conscious and unconscious. He hopes that attendees in his Special Institute will utilize the day's discussion to further their capacity to look for existential issues in all their patients' individual and group treatments.

When I asked Dr. Mohyuddin what he finds most daunting about running a Special Institute, he replied, "That I will not do it right." That reply is a welcome reminder to all our membership that anxiety doesn't just disappear, even with years of experience leading groups; it is a part of the human condition. However, what can change is bringing one's experience and perspective to bear on the present situation. He reminds himself that if he were to focus on doing everything right, he would never speak! He also holds in his mind that running a group is an interactive experience for everyone, including himself; he is always learning. This perspective helps him to stay in the present moment and to make the most of what each person is bringing to the experience.

There is often confusion about what it means to use an existential framework in our practices. Dr. Mohyuddin clarified that his therapeutic approach is psychodynamic, primarily interpersonal. He considers psychodynamic technique a uniquely useful model in helping people gain insight into deeper conflicts but, with years of experience behind him, he has become much more comfortable including psychoeducational, cognitive, and behavioral techniques in his work. He prefers to let each group member determine the interaction, rather than strictly adhering to one theoretical orientation. But to return to the existential framework, Dr. Mohyuddin believes that attending to existential concerns is a

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Notification of the Election Slate: Officers, Board of Directors, and Nominating Committee

The Nominating Committee, comprised of Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF, Chair, Helen Hyon Chong, LCSW, CGP, AGPA-F, Latoyia Griffin, LCSW, CGP, AGPA-F, Nubia Lluberes, MD, CCHP-MH, FAPA, CGP, and Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F, announces the election slate for the forthcoming term. The ballot for this slate of candidates will be forwarded to voting members in good standing at least 90 days before the Annual Membership Community Meeting to be held at AGPA Connect 2024. Candidate biographies and statements will be included with the actual ballots. Additional candidates may be nominated by the petition of five percent (approximately 60) of members in good standing. Names by petition must be received at the AGPA office no later than November 12, 2023.

The Nominating Committee was guided by a commitment to broad and inclusive representation. Geographic location, gender, and discipline of potential candidates were considered in forming a balanced and representative slate. The Nominating Committee was also guided by direction from the Board of Directors, in consultation with the Diversity, Equity and Inclusion Task Force, and the Racial and Ethnic Diversity SIG to ensure representation by members of our BIPOC communities.

The Nominating Committee's selection for Officers (2024-2026 term) and Board Member candidates (2024-2028 term) are as follows:

President-Elect
Leonardo (Leo) Leiderman, PsyD, ABPP, CGP, AGPA-F (South Salem, New York)

Tony Sheppard, PsyD, ABPP, CGP, AGPA-F (Louisville, Kentucky)

Secretary
M. Sophia Aguirre, PhD, CGP, AGPA-F (Atlanta, Georgia)

Treasurer
Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F (Hamden, Connecticut)

Robert Hsiung, MD, AGPA-F (Chicago, Illinois)

Board of Directors (listed alphabetically; six candidates for four Director positions)
Laura Bruco, MSW, (Seattle, Washington)

Jackie Darby, PsyD, CGP (Washington, DC)

Nadia Greenspan, LCPC, NCC, CGP (Buffalo Grove, Illinois)

Alison Howard, PsyD, CGP (Washington, DC)

Rachelle Rene, PhD, BCB, HSM, CGP (Philadelphia, Pennsylvania)

David Songco, PsyD, LP, CGP, AGPA-F (Milwaukee, Wisconsin)

Student/Early Career Professional Board of Directors, 2024-2026 (listed alphabetically four candidates for two Director positions)
Lisa Daniels, PhD (Hyattsville, Maryland)

Jonathan Lewis, PhD, CGP (Minneapolis, Minnesota)

Jessica Monsour (Hammond, Louisiana)

Brandon Diggs Williams, Sr., MSW (McLeansville, North Carolina)

Nominating Committee Candidates, 2024-2026 term

Current Board of Director Category (listed alphabetically; four candidates for two elected positions)
Marvin Evans, MS, MBA, CGP (Chicago, Illinois)

Teresa Lee, MD (Albany, California)

Shunda McGahee, MD, CGP (Roslindale, Massachusetts)

Deborah Sharp, LCSW-S, CGP, AGPA-F (Buda, Texas)

General Member Category (listed alphabetically; four candidates for two elected positions):
Carmen Burlingame, LCSW (Mishawaka, Indiana)

Chera Finnis, PsyD, CGP (New York, New York)

Donna Harris, MA, MSW, CGP (Drexel Hill, Pennsylvania)

Michele Ribeiro, PsyD, CGP, AGPA-F (Corvallis, Oregon)

Affiliate Society Assembly Chair-Elect Candidate for the 2024-2026 term (nominated and to be voted on by the Assembly)
Donna Harris, MA, MSW, CGP (Drexel Hill, Pennsylvania)

Board of Directors after March 2024
Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, President

To Be Determined, President-Elect

To Be Determined, Secretary

To Be Determined, Treasurer

Gary Burlingame, PhD, CGP, AGPA-DF, Retiring President

Darryl Pure, PhD, ABPP, CGP, AGPA-F, Foundation Chair of the Board

Steven Van Wagoner, PhD, CGP, AGPA-F, Certification Chair of the Board

Deborah Sharp, LCSW-S, CGP, AGPA-F, Assembly Chair

To Be Determined, Assembly Chair-Elect

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Marcèe Turner, PhD, CGP (Fairburn, Georgia)

ADEYINKA AKINSULURE-SMITH, PHD, ABPP, AND HAWTHORNE SMITH, PHD, TO PRESENT SPECIAL INSTITUTE ON FORCE MIGRATION MENTAL HEALTH

Continued from page 3

HS: Many of my clients from Africa have spoken about how individual psychotherapy is unheard of, or perhaps stigmatized, in their home communities. It is much more likely that one would turn to the extended family or community for support and guidance. Conceptualizing and adapting group processes so that they address our clients' cultural proclivities, as well as being grounded in effective group theory and practice, is a delicate balancing act that would be of interest to group therapists working with marginalized populations from differing cultures.

JS: Will your Special Institute include both a didactic component and experiential components?

AA-S: We plan to provide information and experiences that will expand and enlighten, particularly around issues faced by this unique population.

HS: We can't speak too much about this or it will spoil the surprises!

JS: That's fair. I note for our readers, be ready to be surprised! On that note, are you aware that AGPA has been trying for several years to pay more attention to DEI issues, especially to issues of inclusion and belonging? Will your efforts, especially if they are experiential, address that?

HS: We hope that the information shared in our session will not just be pertinent for the particular groups we are conducting but will be translatable to other marginalized populations with whom group therapists may be working. There are complex ways in which the human, the societal, and the personal spheres interact with one another.

AA-S: For forced migrants (an issue very much in today's news), these issues are of particular significance, and we hope to challenge them to engage in this multilogue.

JS: What are your hopes for what the attendees will take from the Special Institute?

AA-S: We hope attendees will understand that no one chooses to be a forced migrant and that group work on numerous levels can contribute to significant healing—something all of us who do group work already know!

HS: We hope that attendees will learn from the wisdom that group members have shared with us over the years. For example, realizing that "Nothing is easy, but everything is possible." Also, learning to focus on possibilities, as well as limitations. In essence, we hope that attendees will be engaged and inspired to continue along their paths of healing—not just despite the challenges we face, but because of them.

Relevant Publications

Akinsulure-Smith, A.M. (2012). Using group work to rebuild family and community ties among displaced African men. *Journal for Specialists in Group Work, 37*(2), 95-112. DOI: 10.1080/01933922.2011.646086

Akinsulure-Smith, A.M., Ghiglione, J., & Wollmershauser, C. (2009). Healing in the midst of chaos: Nah We Yone's African women's wellness group. *Women & Therapy, 32*, 105-120. DOI: 10.1080/02703140802384602.

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Smith, H., & Impalli, E. (2007). Supportive group treatment with survivors of torture and refugee trauma. In H. Smith, A. Keller & D. Lhewa (Eds.) *Like a Refugee Camp on First Avenue: Insights and Experiences from the Bellevue/NYU Program for Survivors of Torture, 336-374*. Jacob and Valeria Langeloth Foundation.

Smith, H., Keatley, E., & Min, M. (2019). Group treatment with French-speaking African survivors of torture and its effects on clinical engagement: Can hope be operationalized? *International Journal of Group Psychotherapy, 69*(2), 240-252. DOI: 10.1080/00207284.2018.1504295

LIFE, DEATH, MEANING, AND CONNECTION: DR. FAROOQ MOHYUDDIN'S AGPA CONNECT 2024 SPECIAL INSTITUTE

Continued from page 3

vital part of the work we do in psychotherapy, no matter the type of treatment we practice; and group therapy is the most natural place to elicit, highlight, and address those existential concerns. What better place than group to address loss, absence, death, intimacy, presence, authenticity, connection, and isolation?

When asked about his own Institute experiences at AGPA, he replied, "Where else can we have an opportunity to immerse ourselves in two full days of process with a group of brilliant clinicians to learn together and grow? Not only have AGPA Institutes contributed to my professional growth, but they have provided an opportunity for personal growth as well. The encounters were so amazingly meaningful that I will remember them for years." In particular, he recounts an Institute early on in his career when other group members helped him overcome his reticence to talk. Now, he says, he must remind himself to stop talking! Dr. Mohyuddin also noted one of the unique gifts of experience groups: They offer an opportunity to observe experienced clinicians in action, an opportunity that trainees and practicing clinicians are so rarely offered.

AGPA has been a professional home for Farooq. He has enjoyed learning from many amazing leaders from around the world, being mentored and encouraged by them, and developing important personal relationships with many AGPA Connect attendees. In particular, he notes, "They have taught me to do all of this work while having fun!"

Dr. Mohyuddin is an immigrant from Pakistan, and he brings this life-altering experience to his work. The transition from membership in the majority to membership in the minority taught him much about groups and the experience of belonging. Moving to the United States gave him the perspective that finding meaning in life and learning to deal with loss are two fundamental, and of course, existential concerns. Learning to grieve old connections and forming life-affirming new ones is just one of the many challenges he has come to accept because of his strongly held belief that there is no growth without challenges.

What many people may not know about him is that he had almost four years of neurosurgical residency training before switching to psychiatry. As one of his earliest analytic supervisors said to him, "You are still trying to get into the brain." We look forward to joining him in that perpetually compelling journey at AGPA Connect 2024.

Childism, Part I

Aziza Belcher Platt, PhD

Childism?! Is that a real term? Yes. Is that a new term? No. This may be a new term to you, and it may seem like a modern term, but it is not. Chester Pierce, the psychiatrist who first coined the term *microaggression*, and his colleague, Gail Allen, were the first to use this term in a 1975 article, noting that childism puts the child-victim in a position to accommodate the adult-aggressor and the child is rarely if ever permitted to initiate an action or control a situation thus lowering their "self-esteem, dignity, and worthiness by means of subtle, cumulative, and unceasing adult deprecation" (p. 18). Pierce and Allen's concept and terminology were subsequently revived by the late psychoanalyst and child advocate Elisabeth Young-Bruehl, who defined childism as "a prejudice against children on the grounds of a belief that they are property and can (or even should) be controlled, enslaved, or removed to serve adult needs" (Young-Bruehl, 2012, p. 37).

The theoretical framework of childism helps us to understand that childism is like other-isms—racism, sexism, ageism, classism, etc. Additionally, childism is intersectional as children can additionally be discriminated against due to their race, gender, ability status, gender identity, sexual orientation, language, and class. As with those systems of oppression, we are all capable of perpetrating this oppression and complicit in the systemic forms. Additionally, we are also responsible for adjusting our beliefs/behaviors and dismantling this oppression in societal institutions and systems. As practitioners, we also should be mindful of the way our field is used to pathologize children versus their circumstances. As social worker Danna Bodenheimernotes "we have become consumed by the diagnosis of childhood, rather than the diagnosis of society" (Bodenheimer, 2016, para. 5).

If the theoretical framework as presented above feels abstract, let us consider some practical ways that childism manifests.

- Believing that adults deserve automatic respect/obedience simply by virtue of their age and not actions.
- Asserting that children should be seen and not heard.
- Dismissing children's emotions in favor of adult comfort and/or lacking empathy for children's emotions.
- Ignoring children's bodily autonomy in various ways, including but not limited to:
    - Demanding physical affection despite a children's reluctance; withholding basic needs/affection until children perform niceties. Also, using punishment/rewards to manipulate children's behavior to meet adult needs.
    - Making decisions about cosmetic procedures to children's bodies without their consent, including circumcision, ear piercing, etc. This can also include blocking affirming procedures to children's bodies.
    - Physically punishing children because of their age even in accordance with legal guidelines.

As it relates to children's bodily autonomy and all the above, legal guidelines would not permit disregarding consent. Moreover, the above behavior might be considered reprehensible toward an adult.

If any of the above feel incredulous, ridiculous, and/or outrageous, it begs self-reflection. Bell Hooks (2000, p. 77) posits that "Whenever domination is present, love is lacking." Yes, children are dependent by virtue of their being less developed and less mature; however, dependency does not mean ownership of a person, nor does it relinquish their existence as people, their human rights, and their being deserving of equality and respect.

Inspired by the work of Barnor Hesse who delineated *The 8 White Identities* (2013), Kimberlee Stokes (2020), a neurodivergent parent and child advocate, created The Anti-Childism Scale. Her scale articulates the following increasingly anti-childist identities and actions in opposition to childism (para. 6):

1. **The Dominator:** Believes children must be controlled by adults and must be respectful of adult authority; grants only minimal rights to children.

2. **The Inquirer:** Questions the power dynamic between children and adults and is open to discussion; continues to behave as Dominator-lite.
3. **The Convert:** Accepts that children face discrimination at the hands of adults but may be uncomfortable acting beyond discussion.
4. **The Critic:** Regards children as deserving of protection from discrimination. Expresses beliefs when safe but may not speak out when the cost is too high.
5. **The Embracer:** Recognizes children as equals in humanity and chooses inclusion whenever possible, even in the face of open criticism; retains unexamined *childism*.
6. **The Subverter:** Elevates children in word and deed, believes children deserve equal rights as adults, understands that children have varying capacities to manage freedoms, meets children where they are, and encourages others to do the same; seeks out and actively resolves internalized *childism*.

The practice of childism can be traced back to historical societies. The term childism and anti-childism efforts have been ongoing for decades. The issues of children's rights have been considered by many countries and international bodies, including the United Nations. The United Nations Convention on the Rights of the Child (CRC or UNCRC) is an international human rights treaty that addresses the social, cultural, health, economic, civil, and political rights of children (United Nations, 1989). As of July 2022, all members of the United Nations, except the United States, have ratified and/or accepted the rights articulated in this treaty. Additionally, children are included among the American Psychological Association's list of vulnerable populations (2016).

How does this apply to group? Well, many of us work with children directly in our groups and practices, but even if not, we work with adults who have various relationships with children. Further, as mental health practitioners, we have a responsibility to recognize -isms, acknowledge our role in the perpetuation of marginalization, and address systemic maltreatment. Young-Bruehl's (2012) chapter *Anatomy of a Prejudice* catalogs the history and impact of childism in society. Young-Bruehl (2012) asserts that "childism could help identify as related issues child imprisonment, child exploitation and abuse, substandard schooling, high infant mortality rates, fetal alcohol syndrome, the reckless prescription of antipsychotic drugs to children, child pornography, and all other behaviors or policies not in the best interest of children" (p. 7). She also asserts that when adults choose to take the perspective of children, we can improve the world for children, adults trying to heal their inner children, and our future as a society.

Perhaps you have never previously considered childism. Given the increasing legislation regarding children's education, gender identity, affirming treatment, and similar issues, it seems increasingly important to consider it in our clinical work and societal advocacy. For instance, a recent report by the Human Rights Watch, highlighted that "Children in the US can be legally married in 41 states, physically punished by school administrators in 47 states, sentenced to life without parole in 22 states, and work in hazardous agriculture conditions in all 50 states" (2023, para. 1).

We have an opportunity to think about it, break habits, challenge our biases, change our behavior, and encourage others to do the same. Young-Bruehl's book encourages us to identify our own prejudicial feelings that contribute to childism.

Will you choose to continue with the way many of us have been socialized to view and treat children? Or will you find ways to empower one of the most vulnerable populations in our society? In doing so, we have an opportunity to foster a new generation that knows all humans are equal and will have less to unlearn as adults.

This column is labeled Part I in hopes that clinicians will respond with their reflections, insights, experiences, and suggestions regarding childism and practicing anti-childism in their clinical group work for subsequent parts.

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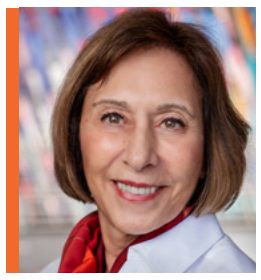
practice MATTERS

Group in *The America Psychologist* and in the News

Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F



The Public Affairs Committee advocates for mental health care issues in relevant public and social policy arenas. We do that in part by disseminating information about group psychotherapy theory and practice.

Lately, the committee has focused on public relations and outreach related to the 2023 *American Psychologist* article, suggesting national implications for group psychotherapy. Working with AGPA colleague, Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F, and a team of other experts, Martyn Whittingham, PhD, CGP, FAPA, AGPA-F, a Public Affairs Committee member, developed an infographic to describe the benefits.

Research Findings

In brief, their research indicated *if only 10%* of the United States' unmet need for mental health treatment in private practice was met by group therapy (and not individual therapy alone), *3.3 million more people* would be able to be seen in therapy.

The US would save *$5.6 billion dollars*. We would reduce the need for more than 30,000 new therapists to meet the current mental health crisis.

How Can Group Therapy Help the Mental Health Crisis?

Group therapy accounts for only 2% of services in private practice. However, 10% of mental health care is conducted in groups. Most groups are offered in critical and more expensive care venues, such as inpatient settings of hospitals and clinics that treat substance use disorders.

Unfortunately, individuals with less severe conditions that might be treatable in outpatient settings in group treatment are shut out because private practitioners have full caseloads and cannot take on new clients. Therefore, the individual's situation worsens, and inpatient care becomes the only and far more expensive solution. However, if all (not just AGPA members) private therapists add just one group, this opens space for more individuals in lower cost, outpatient options.

Why is Group Therapy the Answer?

Gary Burlingame, PhD, CGP, AGPA-DF, AGPA President, who has spent 25 years conducting meta-analyses researching the efficacy of group therapy stated, "We now have dozens of published meta-analyses summarizing hundreds of randomized controlled trials that support group therapy as a Triple E treatment—efficient, effective, and equivalent to individual therapy—for the most common mental health challenges."

How Can Individual Practitioners Conduct Group Therapy?

Clearly, therapists who have not yet offered group therapy will need training. AGPA can offer this training through its conferences and e-learning programming, as well as our *Principles of Group Psychotherapy* course. Additionally, the International Board for Certification of Group Psychotherapists is working on offering consultation to move those therapists towards a Certified Group Psychotherapist (CGP). Thinking about the future, additional therapists earning their CGP brings more attention to our gold-standard credential.

We are indebted to Dr. Whittingham and his team of researchers for their work to bring forward a creative response to our serious national crisis. Let's make this happen!

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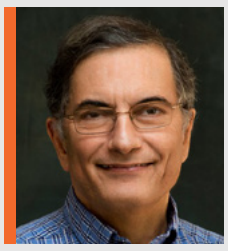
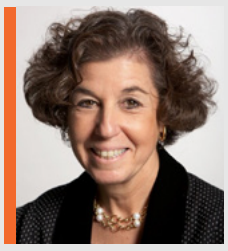
Member News

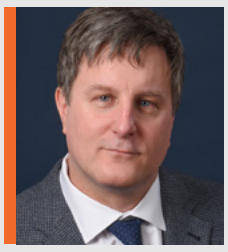


Haim Weinberg

Haim Weinberg, PhD, CGP, AGPA-F, Adam Leighton, and Arnon Rolnick, PhD, are editors of a new book *Advances in Online Therapy: Emergence of a New Paradigm* (Routledge, 2023). This book explores the main challenges and how to overcome them when delivering therapy online. The reader will examine specific issues that anyone who meets clients online should be aware of, like who is suitable for online counseling and who should be excluded, how to overcome resistance to online meetings, how to create online therapeutic alliance, enhancing online presence, and more. This book develops further the ideas and areas explored in the authors' previous book, *Theory and Practice of Online Therapy*.



Fran Weiss, CGP, BCD, DCSW, AGPA-F, was the Guest Editor for the Special Edition on Group Psychotherapy of the *American Journal of Psychotherapy*, published by APA in 2021. This special edition contributed to the *Journal* achieving a high impact factor of 2.5 in 2022, as 30% of the *Journal*'s articles that increased this factor came from this issue.



Martyn Whittingham, PhD, CGP, FAPA, AGPA-F, has been named the 2023 Arthur Teicher Group Psychologist of the Year Award by APA Division 49, the Society of Group Psychology and Group Psychotherapy. This prestigious award honors a distinguished group psychologist whose theory, research, or practice has made important contributions to our knowledge of group behavior.

DEI CONSIDERATIONS IN GROUP PSYCHOTHERAPY

Continued from page 1

between responsibility and family care. I wanted you to know family is a priority. I remember sharing how my mother died when I was in graduate school and my sister left her partner and moved home to care for my mother in her last six months of life. I didn't go because I was in graduate school. I thought I couldn't go. Other than what you shared with me about your uncle, I have no history with you. But, based on the little you told me about yourself, your interest in writing this article, and being involved in AGPA, I sense we have some knowledge of how oppression is alive in the societies we share and do not share. I think we also sense how this oppression has the potential to permeate our relating and what we can be and do together. I want to be authentic and walk gently as I feel a sense of hope that Teresa and I can connect despite the differences we hold.

Third Meeting

I (TL) am the most open to Michele this third meeting. I also conveniently forgot that we were to write a DEI article. When she reminded me, I immediately felt frightened by something. In my personal experience of DEI, ethnicity has been a primary focus. Because I facilitate and present on Asian American therapist affinity groups, a potential hazard is appearing: I can be pigeon-holed as an expert on Asian Americans.

My work with Asian Americans has underlined the impossibility of being an expert on Asian Americans. Not all Asian Americans have felt targeted during COVID's explosion of anti-Asian hate. Not all who look Asian American even identify with this unifying label coined in 1968 (Espiritu, 1992).

I'm cautiously detaching myself from an institution when I say, "I am more than DEI." These past few years, I have been steeped in conversations around my and your (un) privileged status. It's consumed me to the point that I feel reduced to my race. Thus, I am attempting to be seen more fully as a cisgender female, wife, mother, blended cultures, etc. I simultaneously acknowledge that I have power to be seen beyond my appearance. I don't say this as an etiquette. I want us to fully embody the reason to acknowledge our differences. This cannot feel performative for me. As white identified and Asian American identified persons in this relationship, I'm invested in understanding you better by including our privileges.

Am I (MR) trying to practice some sort of etiquette? I don't think so, but you may think I am. So where does that leave me, us? I am conscious of trying to see what we both feel ready to share, expose, and learn from with our interest in writing together. Maybe something can evolve from the writing that will lead to furthering interaction, a relationship even. But for now, I am open to being organic and not scripted in this article. I come from a childhood where families of many races and cultures were in my neighborhood, worked at or attended my school, and held positions of power in my community and state. I come from a military family where at least one parent often was born in another country and held English as their second language not their first. This experience continues to permeate my openness that relationships, even in their struggle, can superimpose what society's structures dictate. But in groups, we have to name that these structures exist, that they have inequitably privileged some and marginalized others and this will take time to understand, work through, and unpack how we are with each other. When we make mistakes, when we harm through our words or assumptions that can be overt or covert, we must take time to dismantle the harm, repair the rupture, and re-start the relationship. This is the same parallel that we are attempting and at times failing to do in US society. Groups give us the opportunity on a small scale to be in relationship, so we have the practice to do it in our everyday lives.

I (TL) am thinking about being in a microgroup with you to write this article. But I feel a pull to get it done right. Maybe scientific articles can be a role model. In every peer-reviewed issue, the authors gain objectivity by explaining the study's limitations. As the reader, I feel more trusting of the article when it acknowledges another facet of reality. As a light complected Asian American, I have the privilege to express why I feel limited writing about race, which melanin richer persons may not. I'm realizing I can't write "There's a fire in the theater!" because I have an audience to think about. The power dynamic here shifts when I consider what the reader might be thinking and desiring to (dis)engage with me.

Teresa, I (MR) hear you feel the need to get this article right. I feel scared now because I don't know if I can produce for you what you need from me, from this shared task. I know I am here to work with you, but I also am aware that something might get in the way. I am ready to write interchangeably with you. Can we do it? We can only represent ourselves. We care about equity and inclusion. From this care, we seek to be culturally humble and sensitive to the harm that can happen in our groups as it happens every day in our society. Whether in the US or elsewhere, there are people who hold power. The differences lie in the orientation to this power from either power over to power with. I want a power with relationship with you, but as much as I want to create this, we have to be aware of how we navigate our interactions, respect and honor our distinct histories and seek a way forward that is equitable and feels healing. Maybe even moves towards liberatory as well. In my mind, one path forward is by setting a framework of naming the inequitable structures that have told us a lie about who matters and who doesn't, who is normal and who isn't. The truth is we all belong, but we need to create space to find that belonging. I can't do it alone. We both must create this new space together. Are we ready to expand our group? Do you think anyone else is ready or wants to join?

Stop.

We don't expect this article to be complete or resonate with every person who reads this as our identities are as White Euro American and Asian American cisgender females, with other salient identities as well. We are here to share our thoughts in the conversation on DEI, and we want to acknowledge that we can't, nor can any one person, hold the full perspective as we are always limited to our experiences. We, therefore, hold our piece in the whole. We welcome others to join us by sharing personal thoughts/experiences to add their piece to ours, by clicking here: https://oregonstate.qualtrics.com/jfe/form/SV_572LftOeEdDa0wm.

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consultation, please!

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.

Dear Consultants:

I am thinking about asking a member to leave my virtual community health center complex trauma survivors outpatient group. One group member (I'll call them X) has occasionally made micro-aggressions, and racist statements. Despite my addressing this behavior in and outside of group, the behaviors persist. Group members have addressed X's inappropriate behavior, other members struggle with confronting X. X's disruptive behavior has enabled other group members, at times, to learn to speak up and engage in healthy conflict. At least two members have left the group. At other times, X has been so disruptive that other members have logged off. X lives alone and is isolated. Perhaps half the time, X has been appropriate, supportive, and kind. This past week, members were able to confront X with all their frustrations. X appeared to listen, while occasionally defending their actions, but historically they have struggled to integrate feedback and follow through. I am considering one last chance or suggesting that it might be time for X to move on to another group and/or individual therapy. What do you think?

Signed, Baffled

Dear Baffled:

Many of us can relate to the experience of having a difficult group member. In your case, it is reassuring that the member is capable of being appropriate, supportive, and caring half the time.

It is important to meet with this member separately because they may not be aware that they are making racist comments. That education can happen in the group, with care not to overburden people of color who are in the group for a therapeutic experience. This conversation might involve devising a plan to address and interrupt racist comments such that the co-leaders take accountability for guiding the group and not allowing this member to dominate.

Co-leaders can also both support the member in question by meeting separately with them to discuss what is and is not acceptable. For example, I think it is important to convey that, while everyone has a different level of intercultural development and awareness and we have all likely internalized societal racism, overtly racist comments won't be tolerated.

Part of the work of the group might be to comment to that member: "It's happening now, or it seems like you're there now." The co-leaders can guide the group to another topic or help the member reflect on what might have happened moments before they had less tolerance and control. Helping them have insight into their behavior is the goal, while also making sure they are not being prioritized over other members.

Because the member shows capacity for feedback and growth, I would be inclined to work on it and be more active in addressing the overt or covert bias. Most members come to group because they have unpleasant or off-putting behaviors that keep them stuck relationally. This does not give them free rein to harm others. The group leaders can model how to interrupt and shift to someone else. Helping targeted group members take their share of the talking time, recognizing and removing barriers they may face, is one of the key roles of the group leader.

If you decide it is time for them to go, avoid shaming them by kicking them out. Rather, hold a separate conversation with them to share your concerns and work collaboratively to find a resolution that will help protect their ego and sense of self. Because this member is socially isolated and has complex trauma, it is important not to abandon them or to oust them without a lot of care and finesse. You don't want them to be harmed.

Ultimately, this seems like an opportunity for growth for both the co-leaders and the group, including the member who makes offensive statements.

Kavita Avula, PsyD, CGP
Edmonds, Washington

Dear Baffled:

This is a disturbing dilemma for group members and therapists alike. There may not be a comfortable outcome, but what can be achieved is a situation where the therapists are free to operate at their best, and the group is free to make progress.

As often happens, patients who fit the membership criteria for a group can function in quite unexpected ways under the pressures of group membership. While X fits the criteria for complex trauma, they may not possess sufficient ego strength and self-observational capacity to succeed in this type of group. When group goals are more interpersonally oriented (greater use of internal group process as an essential learning tool), the pressures put on individual self-protection to deal with more complex affect is intensified.

The dilemma in this group centers on member X. A dualism has been created within the group of doer and done to. X is in the position of aggressive doer, although X is also communicating about having inhabited done to roles during their life. Being a victim of complex or relational trauma, these positions of done to and doer are familiar and painful. The doer–done to dualism stimulates rigid self-states and roles. Little exploration is available from this dualism.

Racial microaggressions cannot go unnamed. This undermines group safety and leader respect. It seems the group and the leaders have made sincere efforts to reach X, with fleeting success. Members of this virtual group have taken to walking out in exasperation. X is disastrously succeeding in driving people out of their life.

Two opportunities for intervention stand out. The leaders' report that X functions less problematically and then slips up. The slip-ups are not random, but meaningful and stimulated by the interaction of X's internal state and group affects or tensions. Is X the consummate displacer, willing to self-sacrifice to lower tension within the group? Does X function as an emotional barometer signaling a potentially disruptive concern not yet verbalized?

The leaders shared their concern with X about their continued participation; the members did so, too. The safety of the group is ultimately the leader's responsibility. The group (including X) seems not to have held the leaders responsible. When there is a group resistance and little appreciation of the leaders' contribution, it is helpful to remind the group of the leaders' central role in establishing safety. We can wonder why the group has not been more direct with the leaders. Maybe X has become an object of aggression displaced from the leaders.

The group must be allowed to pursue its goals of experiencing (within tolerable limits) and reflecting on those experiences. Safety is highly subjective; both leaders and members need a reasonable expectation that the group is more often safe than not.

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

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See *Group Assets* insert

a view from the affiliates

From Vision to Transformation: How One Affiliate Navigates Toward Inclusivity

Shannon Magnis, PhD, CGP, and Enrique Ortiz, PsyD, GPALA Co-President

The Black Lives Matter movement and the killing of George Floyd resulted in significant introspection for many organizations, mobilizing them toward increased diversity and inclusivity. The Group Psychotherapy Association of Los Angeles (GPALA), an AGPA Affiliate, began working toward diversifying its membership prior to 2020 but with little success. However, these events set GPALA on a new course.

GPALA's then-President, William Whitney, LMFT, led the Board of Directors to begin a new chapter of having a diverse, equitable, and inclusive association. It all started when the Board met to process the impact of the anti-racism movements happening in the world and discuss how GPALA could be agents of change. The Board was already aware that its presenters, Board, and community were predominately white and middle to upper class and that its trainings catered to the interests of therapists with psychoanalytic and psychodynamic orientations who had the privilege of being in private practice. The Board was also aware that therapists with marginalized identities who came to trainings often reported being harmed and oftentimes didn't return. There were few BIPOC members, and Dr. Ortiz was the only BIPOC member on the Board.

To begin, the Board read a book that Whitney believed would help everyone get mobilized in a similar direction. The book, *White Supremacy and Me* by Layla Saad, gave Board members a common language and a container for their self-examination, which set an initial foundation for organizational introspection. They also met periodically in groups to share their insights, realizations, and, at times, resistances while reading the book.

During those conversations, the Board began to deepen its commitment toward changing how it operated, who it served, and its direction for the future. It focused on looking at and taking accountability for its shortcomings, the ways in which it had created harm, and the reality of how complicit it had been in upholding systems of oppression. Its homogenous culture didn't invite diversity or create inclusivity and safety for BIPOC therapists and people with other non-dominant identities.

GPALA's next step grew out of this introspection. It hired an organizational DEI consultant, Shawan Worsley, PhD, LMFT, LPCC, Founder and Executive Director of Culture Ally. Dr. Worsley helped GPALA have a direct, sobering look at who we were and designed a plan for how to move toward our goal of inclusivity. She guided GPALA to look at every aspect of the organization and recognize how all operations needed revisioning. One of the early steps was to ask every Board member to write their own vision statement for the organization, based on the Board's goals. She then helped the Board consolidate those individual visions into one collective vision statement. (https://www.gpala.org/mission-vision).

The Transformation

After Drs. Magnis and Ortiz became Co-Presidents, they led GPALA from vision to implementation, ultimately resulting in a redesign of all aspects of the organization, beginning with its culture. They began by tasking themselves with assembling a Board of diverse, and socially and racially aware group therapists. They believed that by creating an infrastructure that would support their active engagement, inspiration, and empowerment, the new Board could navigate GPALA toward the pursuit of becoming an anti-racist, anti-oppressive, diverse, equitable, and inclusive association. Because of limitations on the length of this article, we'll focus on one aspect of the successful transformation that our Affiliate Board implemented during its term—forming a diverse, social justice-oriented Board to lead the change GPALA aimed toward.

Envisioning a Diverse Board of Directors

To achieve their greater vision for a diverse membership and inclusive culture, Drs. Ortiz and Magnis needed to create a vision specifically for their Board. They needed to work from the inside out, beginning with the assembly of a diverse Board, comprised of at least 50% BIPOC members who were passionate about group work and social justice.

Creating a PowerPoint

Drs. Magnis and Ortiz knew of the incalculable barriers that prevent non-dominant folx, including BIPOC, from having a seat at the table. They also understood that to attract diverse Board members, they needed to focus on creating a safe, non-harming community and demonstrate their commitment to it. So, they created a PowerPoint presentation to present to prospective Board members. They shared GPALA's vision, its organizational structure, the available chair positions corresponding responsibilities, and the reasons that someone might want to join the Board. They described a new Board culture in which a portion of each meeting would be focused on intersectionality and how differences showed up in their Board group. Fundamental values of the new Board culture included: open communications; authenticity; calling in (as opposed to calling out); being safe-enough and non-harming; taking accountability; and commitment to personal and collective growth. Everything, including the images in the presentation, represented diversity.

Grieving Losses

The next step was to have individual meetings with all members of the existing Board who were interested in staying on. The new vision and direction were self-selecting, and those who would continue were ready for a new chapter in the organization. At times, there were difficult conversations that led to folks stepping down. Drs. Ortiz and Magnis consistently took time to process departures with sensitivity, while staying true to their vision and mission.

There was also a significant amount of criticism from people who did not agree with the organizational changes that were being made. Some members experienced the changes as a disruption of a secure base, a community that had been relied on, the source of deep relational safety, and a refuge for deep connection with others. The new Co-Presidents had empathy for the fear and grief that some members were experiencing yet stayed focused on the association becoming a secure and nurturing community for therapists of every race, sexual orientation, ability, and identity.

GPALA did lose members in this change. New members have joined, however, and GPALA has increased its membership by more than 35%.

Support for the Co-Presidents

Leading the organization at a moment of such drastic change is a big responsibility, and it was important for Drs. Ortiz and Magnis to feel that they weren't alone. A three-person Advisory Committee was implemented and comprised of experienced Board members and group therapists who supported the vision. This turned out to be a wise decision as the Co-Presidents turned to them many times to guide them and provide perspective in navigating many of the bigger decisions they encountered.

Outreach to the Larger Community

"Our vision of making our Board diverse and with 50% BIPOC members took a lot more effort than expected. We sent out numerous emails, including a video of us describing our new direction to the membership—and had no responses. We reached out to our contacts and friends, asking BIPOC persons if they were interested in serving on the Board and had some responses, but few," said Dr. Ortiz.

"We were advised not to seek Board members outside of our membership. But we weren't finding potential members to fulfill our vision, so, we had to look outside of our membership. We spent significant time searching online for BIPOC group therapists who aligned with our vision. We scoured the internet and began cold calling. We asked people we met in Facebook groups and who had online profiles, and we spread the word about what we were doing and how joining our association was an opportunity to collaborate on social justice with like-minded therapists. That together we'd be taking an activist stand as therapists to create racial and social justice through group therapy," he continued.

Drs. Ortiz and Magnis found that if they looked hard enough and shared their vision, they could find the people they were looking for. And they did. Bringing together a group of diverse people with different life experiences and perspectives to lead GPALA has disrupted old, predictable, and tired ways of thinking and infused our Affiliate Society with life, vitality, and creativity. We are more collaborative, engaged, thoughtful, and knowledgeable about all things social/racial justice than we could have imagined.

Creating a Safe and Non-Harming Culture

After building a new Board, ensuring its members would be as safe as possible became the next focus. The Co-Presidents set out to create a Board culture of openness and calling in, however, a protocol on how micro and macro aggressions would be handled needed to be operationalized. GPALA's Diversity, Equity, and Inclusiveness Chair, Charles Zeng, MFT, CGP, created rupture and repair protocols for the Board, members, and everyone who attends our DEI trainings. A DEI section was implemented in every monthly Board meeting, which Zeng leads. It gives Board members a chance to process and repair any harms that occur among them, as well as to discuss identity-related current events that are impacting their members and the larger community.

Transformation of One Affiliate

Drs. Ortiz and Magnis accomplished their goal of building a 50% BIPOC Board by retaining members from the previous term who felt passionate and aligned with their vision and then turning toward the larger community. They opened their aperture to all therapists engaged in any kind of group work who also had a passion for social justice, and then spent the time and energy getting them fully integrated into GPALA and its new direction. This led to an expansion of who GPALA is and is serving—therapists of all identities, working from all theoretical orientations and in diverse contexts.

Making these systemic changes when our organization is run by a group of volunteers isn't easy. The work is laborious; it takes time, perseverance, and dedication. However, as group therapists we are in a unique position to use our relational strengths and expertise for social activism—to build bridges between our differences and to create a more diverse, equitable, and inclusive world.