



FALL 2024

groupcircle

Advancing Social Justice: Building a Bridge

Kumea Shorter-Gooden, PhD

EDITOR'S NOTE: Kumea Shorter-Gooden, PhD, is a licensed psychologist. She was formerly a Professor at California School of Professional Psychology at Alliant International University, Director of the Student Counseling Center at the Claremont Colleges, and an Administrator in two Chicago, Illinois, community mental health centers. A decade ago, Dr. Shorter-Gooden became the first Chief Diversity Officer at the University of Maryland, College Park. A Fellow of the American Psychological Association, Dr. Shorter-Gooden is the co-author of *Shifting: The Double Lives of Black Women in America*, a winner of the 2004 American Book Awards. Since spring 2021, she has served as a DEI Consultant to the leadership of AGPA.



Kumea Shorter-Gooden

We're in a conundrum. Many of us are keenly aware of the realities of systemic racism and oppression of multiple forms and their deeply problematic impact on us and on our families, friends, colleagues, students, clients, and communities. We know this needs to stop! Some of us have committed to routing out all forms of oppression in the spaces we inhabit and, in the places where we have influence, power, or privilege.

Yet the harm continues, not only because there are folk who are not on board, but also because even those of us who are committed to social justice stumble and fumble, make mistakes, microaggress, and get it wrong at times. Our words and actions too often belie our good intentions.

In other words, there's frequently a gap between intention and impact. Why? Because from childhood we've been bathed in oppressive ideas and ways of thinking, being, and interacting that are difficult to fully shed. Even when we've tamed our explicit biases, our implicit biases often continue to run roughshod (Banaji & Greenwald, 2013). Racism, sexism, classism, ableism, and other isms are baked into our institutions, our organization's or association's history, policies, procedures, and culture and tend to have a life of their own, even when well-intentioned people show up to participate or lead (Harro, 2013; Kendi, 2019). So, although we know that the isms must stop and the harm must end, sadly and frustratingly, there's no overnight fix. We're forced

to live with the messiness and ugliness of this era, despite our aspirations, good intentions, and efforts.

My aim in this article is to focus on how we, as group therapists and mental health professionals, can navigate this conundrum at a time when many of us are committed to immediate interpersonal and institutional change, yet where the problems are longstanding and deeply entrenched, and where even the most sophisticated of us unintentionally get in our own way. Given all this, how do we set the conditions, develop the mindset, and, importantly, keep from killing ourselves and each other, as we labor, during this complicated and disorderly period, to transform the world? How do we build a bridge that takes us from point A to point B?

My primary focus is on the *how*, rather than the *why* or the *what*—on the culture that we can develop to advance change. In the past few years, there's been a growing interest in intentional culture change, because of its key role in creating diverse, equitable, inclusive, and socially just organizations (Hamedani et al., 2024).

My focus here is on us, as professionals, and our relationships with colleagues, supervisees, and supervisors, in other words, how do we show up in community with each other? Though my emphasis is not on clients, there are implications for our client's work. Many might agree that our capacity to engage

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Introducing Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, New Editor of the *Group Circle*

Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, Editor, *Group Circle*

It is with great pleasure that I introduce our new *Group Circle* Editor, Tony Sheppard, PsyD, ABPP, CGP, AGPA-F. Dr. Sheppard is a clinical psychologist, Diplomate in group psychology, Fellow of AGPA, as well as the Founder and Director of Groupworks Psychological Services in Louisville, Kentucky. He has extensive leadership experience. He is the Co-Chair of AGPA's E-Learning Committee, and from 2014-2022, he served as Chair of the International Board for Certification of Group Psychotherapists, and was a member of the AGPA Executive Committee and Board of Directors. Previously he was also a Board member of the Kentucky Psychological Association Political Action Committee and Board of Directors.

Dr. Sheppard recently co-authored *Group Psychotherapy with Children: Core Principles for Effective Practice*, one of the books included in AGPA's Group Therapy Training and Practice Series. He is also the author of AGPA's book, *Group Psychotherapy with Children* and the chapter "Evaluation & Practice-Based Evidence" in Haen & Aronson, (Eds.). *Handbook of child and adolescent group therapy: a practitioner's reference*.

Dr. Sheppard's background matches AGPA's mission of advancing group therapy practice, research, and providing quality training in group psychotherapy and other group interventions, consultation, and direct services nationally

and internationally. Additionally, he strongly supports AGPA's strategic initiative for the organization to become antiracist and anti-oppressive. Cultural differences and matters of diversity, equity, and inclusion have been important to him. Since 2020, Dr. Sheppard has served on the AGPA Diversity, Equity, and Inclusion Task Force. He is truly dedicated to AGPA's DEI efforts of ensuring that "everyone feels a part of our group."

A devoted family man, Dr. Sheppard has been married to his wife for 30 years. He is the father of two children. His daughter is pursuing her doctorate in clinical psychology at Adler University, and his son will graduate from high school next spring. He and his family enjoy good food, travel, and University of Louisville sports.

I have known and had the pleasure and privilege of working with Dr. Sheppard over the years. He is a natural leader. He demonstrates the highest professional and personal attributes, namely being trustworthy, accountable, humble, insightful, bright, assertive, and big hearted. He has great ideas for the *Group Circle*, and I know the publication is in excellent hands and will grow under his editorship. 🍷



Tony Sheppard



from the
president

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

Perhaps You Have Wondered

What is it like to be the President of the American Group Psychotherapy Association? Many members have asked me this question, and I admit that I had little sense of the answer when I agreed to run for this position. At the time, I thought it meant attending a weekly meeting or two and leading the AGPA Board of Directors' Meetings three times a year. I quickly learned there was far more to the presidency than I realized. Below is a fuller description. As you read it, see if there is new information for you as well.

To start, why did I say yes to the request from Eleanor Counselman, EdD, ABPP, CGP, AGPA-DLE, who, as the Past President, was the Nominating Committee Chair? I first asked my family what they thought of the idea. My husband thought it would be a capstone to my career as a group therapist. My son discussed the position from his perspective as an exceptional business leader. My daughter understood the position from her perspective of her considerable volunteer work with the American Library Association. Each supported the decision for a different reason. For me, the agreement came from a personal place. The field of private practice group psychotherapy has been exceptionally generous to me; I was grateful and wanted to give back. But why AGPA? I believe that groups heal. They can heal our divides, our hurts when we were young, our current conflicts and challenges. AGPA's work gives me hope for healing in the world, and therein lies my passion for our organization and the reason I agreed to accept this honor.

What is it like to be AGPA President? It takes time—time beyond what I devote to my private practice, to my family joys and commitments, to my friendships, and to my other volunteer responsibilities. It takes time to attend multiple weekly, semi-weekly, monthly, quarterly, and annual meetings. It takes time to thoughtfully consider challenging and difficult issues that arise for members, between members, and within the organization, often mimicking what is occurring on the world stage. It takes time to make the calls to members, to write emails. Those elements are easier than the more difficult part, which is continuing to keep a balanced space in my mind for all members and their respective issues. There are older members, younger members, members who work in various venues, members with different and intersectional identities.

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

As I write my last column as Editor of the *Group Circle*, I am filled with gratitude, feeling this role enriched my life both personally and professionally. I am also thrilled that Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, (who is featured in this issue) will be assuming the helm of the newsletter beginning with the first issue (Winter) of 2025. I plan to stay on in the background to assist during the transition.

It has been a privilege being Editor, providing me a unique opportunity to interface with many members, exposing me to the many facets of our organization, and working closely with AGPA leadership. I aspired to promote group therapy research and practice with contemporary and scholarly submissions while endorsing AGPA's much needed paradigm shift into an antiracist, anti-oppressive organization. One of my favorite roles has been to solicit submissions from those members who have never published before and who identify as BIPOC and/or coming from marginalized groups.

I want to thank the very talented and generous editorial team that has worked tirelessly and who I have had the honor of working with and learning from, including: Angela Stephens, CAE, CEO (Managing Editor); Nicole Millman-Falk, Desirée Ferenczi, MA, and Diane Feirman, CAE (Editorial/Production Managers); Lee Kassan, MA, CGP, AGPA-LF (*Consultation Please* Editor); Aziza Belcher Platt, PhD (*Widening the Circle: Racial & Social Justice* Editor); and Cheryl Kalter, PhD, LPC, CGP, and Erica Gardner-Schuster, PhD, (*Affiliate Societies* column Editors).

I hope this edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *Advancing Social Justice: Building a Bridge...* by Kumea Shorter-Gooden, PhD, DEI Consultant to AGPA's leadership, provides guidance for members and comprehensive guidelines to systemically advance social justice ideals. A second feature, *Large Group at AGPA: Can We Broaden the Discussion?* by Dominick Grundy, PhD, CGP, AGPA-F, offers a unique theoretical foundation and explanation of the large group modality. Elizabeth Shapiro, PhD, CGP, AGPA Connect Institute Co-Chair, provides us with two compelling submissions regarding AGPA Connect 2025, including *Process and Possibility—The Power of People in Groups: An Interview with Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF, Plenary Presenter*, and *Healing the Wounds of History Through Drama Therapy: An Interview with Armand Volkas, MFT, RDT/BCT, Special Institute Presenter*. Aaron Black, PhD, CGP, AGPA-F, AGPA Connect Institute Co-Chair, presents an overview of Donna Harris, MA, MSW, LCSW, CGP's Special Institute for AGPA Connect 2025 on *Reflections of Us: Processing the Many Faces of Intercultural Dynamics in Groups*.

In her *From the President* column, Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, provides readers an understanding of

What is it like to be AGPA President? The Consultation, Please column features a clinical dilemma and responses from Carlos Canales, PsyD, CGP, AGPA-F, SEP, and Rosa Lee Emerson, PhD, CGP.

Many thanks to you the readers, for your ongoing support, critical feedback where needed, and contributions. Finally, I look forward to continuing to serve AGPA in other leadership capacities.

Leo

FROM THE PRESIDENT

Continued from page 1

There are members who have a voice, those who speak for others' concerns, and those who are quiet. Each one is important and can present a different challenge.

As President, my focus is always about the members. In my acceptance speech at AGPA Connect 2024, *This is Your Pilot Speaking. Buckle Your Seatbelts, We Expect Turbulence Ahead*, I stated that I am always listening to "ride reports" from various parts of AGPA. Oddly, as I write this, I am on a plane, from my home in Arlington, Virginia, to Portland, Oregon, to have my annual vacation trip with my sisters, each of whom lives in another part of the country. *Unbelievably*, the pilot has indicated we are about to enter a turbulent airspace. He actually says: "This is your pilot speaking; fasten your seatbelts." I listen to him, smile at the coincidence, buckle my seatbelt, and continue to write.

AGPA is dedicated to providing the best training, education, and research in the field. We do this through the annual AGPA Connect meetings, twice monthly e-learning events, and the quarterly *International Journal of Group Psychotherapy*. There are also the publications, including the *Group Circle* and *Group Connections*. Those are the final products. But there are meetings and processes that are needed to get us to each of these member services. Most of these involve gracious and generous volunteers who offer their time and talent to our organization. And always, we receive steady guidance from our CEO, Angela Stephens, CAE.

Without question, the most important part of my job is listening—to the members, to the various committees and task forces, to the previous executives, and to the AGPA staff. Sometimes there are questions, sometimes requests, sometimes complaints, and sometimes there are crises. Each requires an important email to write or phone call to make. I like the direct contact with members and am gratified when I can provide easy or direct answers.

What are the Ride Reports I hear?

Let's start with Angela Stephens.

Angela and I meet weekly and discuss all the issues that have come to our attention during the week that will impact the organization. Sometimes, these are about AGPA policies and procedures, and sometimes they are about our care and concerns of individuals and the various committees and groups.

The Executive Committee

When necessary, an issue will go to the Executive Committee for further discussion. Who's on that Committee? The Executive Committee is comprised of: the President; President-Elect Leo Leiderman, PsyD, ABPP, CGP, AGPA-F; Secretary M. Sophia Aguirre, PhD, CGP, AGPA-F; Treasurer Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F; Chair of the Affiliate Societies Assembly Deborah Sharp, LCSW, CGP, AGPA-F; Chair of the Group Foundation Darryl Pure, PhD, ABPP, CGP, AGPA-F and Chair of the International Board of Certified Group Psychotherapists Steve Van Wagoner, PhD, CGP, AGPA-F. Why listen to these individuals? Each holds a perspective and responsibility for a central part of the organization. Depending on these discussions, the question

or information goes to the full Board of Directors, who offer further discussion and then vote on what is necessary, and then on to the full membership.

What is the Group Foundation for Advancing Mental Health?

The Group Foundation is the philanthropic arm of AGPA that is under the direction of Darryl Pure. It is dedicated to changing lives through group psychotherapy by advancing the most effective and innovative approaches to group therapy education, training, research, and community outreach.

What do I do here? As AGPA President, I participate in their Board meetings and offer a report from the perspective of the presidency. This September, we had a special retreat where we met to bond and consider creative ways to advance the work of the Foundation. There were serious work conversations, mixed with fun, including a pool tournament and a special Ukrainian dinner.

What is the International Board for Certification of Group Psychotherapists (IBCGP)?

IBCGP is under the direction of Steven Van Wagoner, and its work is to certify group psychotherapists according to nationally and internationally accepted criteria and promote these practitioners and criteria to other mental health professionals, employers, insurers, educators, and clients as maintaining the highest standards for group psychotherapy practice and quality care. I participate in IBCGP Board meetings and offer a report of what is happening in the larger organization.

Group Specialty Council

In 2018, the American Psychological Association recognized group psychotherapy as a specialty requiring unique training. The Group Specialty Council, led by Noelle Lefforge, PhD, MHA, ABPP, CGP, AGPA-F, gathers information from university Training Directors to promote group psychotherapy instruction at all levels of graduate education in psychology. I attend its monthly meeting with Gary Burlingame, PhD, CGP, AGPA-DF, Leo Leiderman, Steve Van Wagoner, Alston Le'Marus, PhD, Darryl Pure, Leann Dederich, PhD, and Vinny Dehili, PhD, ABPP, CGP.

Public Affairs Committee

This is a vital AGPA committee, co-chaired by Farooq Mohyuddin, MD, CGP, AGPA-F, and Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, in which the larger legal concerns of group psychotherapy are considered. The committee's focus is to disseminate information about the benefits of group therapy and to insure access to quality group therapy care. I participate in that monthly meeting, along with Diane Feirman, CAE, Public Affairs Senior Director; Martyn Whittingham, PhD, AGPA-F; and Gary Burlingame, PhD, CGP, AGPA-DF.

Special Interest Groups

I meet three times a year with the Special Interest Group (SIG) Task Force Co-Chairs Joleen Cooper-Bhatia, PhD, CGP, and Elizabeth Driscoll, MA, LPC, Angela Stephens, and Kate Monkus, Staff Liaison, and consider how to be

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Large Group at AGPA: Can We Broaden the Discussion?

Dominick Grundy, PhD, CGP, AGPA-F



Dominick Grundy

EDITOR'S NOTE: Dominick Grundy, PhD, CGP, AGPA-F, is a licensed psychologist with a private practice in New York City and currently leads three groups for writing and exploring relationships to writing. Along with traditional formats, he is interested in experiential ways to explore therapy-related questions. He has written several plays that were performed or read at professional therapy conferences in the US and abroad: *erotic boundaries between therapist and patient*; *professional rivalries that split the field of group psychoanalysis*; *personifications of psychodrama and group analysis at a 50th anniversary of IAGP*; and *problems related to avoidance of death as a topic*. He also helped found the AGPA Creative Arts, Somatic Movement and Psychodrama SIG.

The summer 2024 issue of the *Group Circle* contained a fine scholarly article on Large Group (LG) by Joshua DeSilva, PsyD, CGP, which has inspired some brief thoughts. AGPA developed a model to address the trauma of excluded minorities in the rough and tumble of LG (Dluhy et al., 2019). Dr. DeSilva's article (2024) follows this model well. It emphasizes how the social structure of privileged versus devalued groups can be internalized and fade from consciousness. The topic seems especially relevant in today's political we-them atmosphere of nativists pitted against so-called outsiders. I would like to consider what a historical summary can tell us about how models of group therapy, especially sociodrama like LG, evolve in reaction to social trends (Grundy, 2020). Even evidence-based group modalities evolve, over time, often incorporating contemporary societal and sociopolitical stressors. Behind each are broader assumptions derived from our social perspective, chosen or unconscious, on the world around us.

The Group Effect: Good or Bad?

In the 20th century, LG responded to distrust in the large (non-therapy) group that surrounds us all and in democracy itself. Nineteenth century crowd studies by upper-class observers had developed into 20th century studies of the masses, and these in turn influenced the growth of LG (Penna, 2022). Psychology after World War II had struggled to understand what led people to participate in genocide. Was this a group effect? Did the Holocaust occur because groups caused average people to lose their moral bearings? Following Bion's ideas (1961), LG leaders exposed their members to large numbers and minimal intervention to encourage free association. How would individual identity cope with the pressure of anonymity and little direction? Would members appoint a Caesar to fill the power vacuum? Would they form a mindless mass or retreat in disconnection (Hopper, 2009)? What about their reality-testing, their ethics? Results were often contentious, reflecting poles of love and aggression, which psychoanalysis considered the core of human striving. It seemed to confirm the Freudian thesis that human desire and social codes are in conflict (Freud, 1930). The experiments paid scant attention to class, race, gender, age, or leader bias. Such details could (presumptively) be ignored when the heart of the enterprise was so vital: What happens to humans if given free rein in a big group setting? Community or collapse?

Groups Are Good

LG as practiced at AGPA and in other settings continued for years to follow this same pattern. Rutan and Stone (2001) described it as "leader intervention that sometimes has the flavor of non-involvement punctuated by mystic pronouncements" (p. 16). This was not how the model was supposed to work, but there is usually a gap between theory and practice. Their tone suggests how much the social situation changed. Despite Cold War anxieties, confidence in democracy from the 1960s on increased. There was less need to worry about the malign influence of a collective on individual identity—let it all hang out! Goals of large (non-therapy) groups were to enhance self-government with all voices heard and to flatten institutional pyramids. Groups were good: As the Beatles sang it, "Come together now!" Such was the happy confluence of positive group effects and virtuous political goals.

Mental health swims in the same ocean as the rest of us, and it absorbed these values. Writing that spoke to the human condition, i.e., the largest of all possible groups, waxed popular at this time, even if written earlier. Moreno, Perls, Rogers, Yalom, Pichon-Rivière, Foulkes, Buber, Fanon, and Fromm come to mind, and there is nothing, in my opinion, quite like this rich literature today. Group therapists or not, these figures benefited from a widespread faith that a communal experience is healing and benefits individual identity. Here was a potential flaw; Encounter Groups, distantly modeled on Moreno (1960) and Buber (1970), were particularly liable to abuses. Meanwhile, AGPA had become its own LG. Group therapy programs multiplied, and its history teems with excitement, leader rivalries, and dissension among eager followers (Scheidlinger & Schamess, 1992).

The End of History?

When we ignore history, we lose understanding of how and where we have arrived. The world becomes either better or worse, and our perspective changes accordingly. Trust today in the large (non-therapy) group has declined, and democratic institutions are threatened by popular authoritarian trends. The confident rule of liberal democratic man, including neoliberal economics, was hailed by Fukuyama (1992) as "the end of history." It has turned out to be anything but; simmering resentments, especially about globalization, bubbled up. The crowd or (non-therapy) large group appears as "an other," a menacing unknown resembling the 19th century crowd but visible in hate-filled social media postings rather than the streets. Our moment is that of the Angry Subgroup (Cloninger & Leibo, 2017).

A Dangerous World

In its current form, the AGPA model of LG has laudable aims but can hardly escape its historical period and hence what it chooses to address. It is a cry for order and control of society's disturbance through focus on a relatively small, but not necessarily representative, audience of group psychotherapists. Its goals are egalitarian and its means corrective. Because it's a dangerous world out there, it depends on alignment with the brand image of its host organization.

The AGPA model reflects a perception of the world in terms that are experience-near and binary rather than distanced and historical: oppressed and oppressor, marginalized and privileged, us versus them, or even us versus us. One result has been reliance on microaggression as a tool for parsing group interaction, bringing the social into the here-and-now. As it is often unconscious, its role is comparable to the verbal slip in classical psychoanalysis.

Here is a brief example. During a LG program at an AGPA Connect conference, a senior white therapist who had himself written about LGs announced to the other participants that he was happy to be present and invited them to "use me." At one level, he conveyed a wish to participate in the group's work, and he might also have echoed Winnicott's (1971) "use of the object" as a positive developmental stage. In response, a younger Black psychotherapist heard the word "use" as sexual innuendo and, therefore, anti-woman and even racist. He did not respond, perhaps at a loss. Had he protested, he could be accused of resistance; had she piled on, she could become the group's angry Black woman.

We contain intersecting identities, so there is ample opportunity in a group of strangers with no set agenda for hidden aspects of social roles to emerge and perhaps clash, and this is useful. Although LG is sociodrama not psychotherapy, speaking up can be therapeutic and helpful for others, as was potentially the case in the example above. It is an opportunity for both sides to start a public dialogue from divergent roles and identities.

The Courtroom or the Group Room?

LG can wear many faces, but it is not a courtroom or political action committee. The literature often uses the language of the prosecutor. In the example above, the senior member would be described as the established white male perpetrator who commits a microaggression against a younger Black female target. But like any relational projection, a microaggression is in the eye (or soul) of the beholder not an objective fact. It may be a wound, but it is not a crime. The literature also uses language of political liberation; however, in this setting, liberation occurs if all sides are heard without shutting down. If there is an atmosphere in the room pulling for perpetrator and victim, crime and punishment, the senior member will withhold his perspective in response to the younger Black woman, and an opportunity will be lost for both (and others) to engage fully.

Calling In and Calling Out

In this respect, a thoughtful article by Lefforge et al. (2020) outlines a module for training group leaders to appreciate microaggressions as an opportunity when they inevitably occur. The authors distinguish between calling out and calling in. While leader roles in LG and a therapy group are somewhat different, the contrast fits both. Calling out is like

a reprimand or attack, while the other invites exploration. Calling out is "akin to finger pointing...and does little to offer a work through.... It may perpetrate the 'othering' in a situation," whereas calling in "...acknowledges the value of maintaining the relationship through the rupture" (p. 12). In LG terms, this would mean encouraging all sides to expand on their awareness of, and sensitivity to, cultural enactments.

The leaders of the AGPA model are conscientious professionals, and it is not my intention to second guess their methods. My concern has been to broaden the discussion by tracing how feelings about the (non-therapy) large group are registered in group models, notably LG, often out of awareness. In our bitterly tense period, preserving safety means developing a forum for all sides to speak up, especially if they are unpopular in the room.

Conclusion

Post-World War II, groups sought to explore the conflict between personal desire and social codes, to contain potential for evil in words not deeds. The next phase of confidence in groups energized members to rally to the flag of a collective, often honoring a leader. In our phase today, maintaining vigilance against the aggrieved mob helps codify decent behavior while under public observation, but it may block full emotional engagement. What will the next stage look like? 🤖

References

- Bion, W.R. (1961). *Experiences in groups and other papers*. Routledge.
- Buber, M. (1970). *I and thou*. (W. Kaufmann, trans.). Scribner's.
- Cloninger, S., & Leibo, S. (Eds.) (2017). *Understanding angry groups: Multidisciplinary perspectives on their motivations and effects on society*. Praeger.
- DeSilva, J. (2024). Large group work at AGPA and beyond: Finding ourselves in a global context. *Group Circle*. American Group Psychotherapy Association.
- Dluhy, M., Watkins-Northern, A., Segalla, R., Paparella, L., Avula, K., Lovett, H., & Nettles, R. (2019). The large group experience: Affiliation in a learning community. *International Journal of Group Psychotherapy*, 69(1), 287-307.
- Freud, S. (1930). Civilization and its discontents. *Standard Edition*, 21, 57-146.
- Fukuyama, F. (1992). *The end of history and the last man*. Free Press.
- Grundy, D. (2020) Large group: A brief historical and personal account. *International Journal of Group Psychotherapy*. 70(1). 117-138.
- Hopper, E. (2009). The theory of the basic assumption of Incohesion: Aggregation/Massification. *British Journal of Psychotherapy*, 25(2). 214-229.
- Lefforge, N., McLaughlin, S., Goates-Jones, M., & Mejia, C. (2020). A training model for addressing microaggressions in group psychotherapy. *International Journal of Group Psychotherapy*, 70(1). 1-28.
- Moreno, J. (1960). Concept of the encounter. *Journal of Existential Psychiatry*, 1(1). 144-154.
- Penna, C. (2022). *From crowd psychology to the dynamics of large groups: Historical, theoretical and practical considerations*. Routledge.
- Rutan, J., & Stone, W. (2001). *Psychodynamic group psychotherapy* 3rd ed. Guilford.
- Scheidlinger, D., & Schamess, G. (1992). Fifty years of AGPA 1942-1992: An overview. agpa.org/home/about-us/agpa/50-year-history.
- Winnicott, D. (1971). The use of an object and relating through identification. *Playing and reality* (pp. 86-94). Tavistock Publications.

Donna Harris, MA, MSW, LCSW, CGP, To Present Special Institute on Reflections of Us: Processing the Many Faces of Intercultural Dynamics in Groups

Aaron Black, PhD, CGP, AGPA-F, AGPA Connect Institute Co-Chair

EDITOR'S NOTE: Donna Harris, MA, MSW, LCSW, CGP, is an African American, licensed clinical social worker with more than 30 years of practice experience. She is the Director of Intercultural Counselling, which provides culturally responsive individual and group psychotherapy to adults. Certified in relational psychoanalysis and mindful facilitation and group psychotherapy, she facilitates trauma support groups, as well as BIPOC and intercultural training process groups for mental health practitioners. Ms. Harris founded Intercultural Network to address the needs of organizations in their efforts to become more equitable and inclusive by providing customized assessments and training. She frequently presents at local and national organizations interested in cultivating trauma-informed, anti-racist practices. She is a qualified administrator for the Intercultural Development Inventory and has served as clinical faculty at Bryn Mawr College's Graduate School of Social Work and Social Research for 20 years. Ms. Harris is also President of the Philadelphia Area Group Psychotherapy Society and serves on the Board of the American Group Psychotherapy Association.



Donna Harris

AB: Could you offer an overview on the content you'll be presenting during your Special Institute?

DH: In our culturally rich and complex world, group therapists are uniquely positioned to foster understanding and healing across diverse backgrounds, yet most have little training on how to navigate cross-cultural dynamics. This highly interactive Institute equips therapists with trauma-informed techniques to forge connections at a deeper level in working with cultural differences between individuals and within groups. Through practice dyads and small group processing, participants will learn to apply techniques of mindful facilitation and intercultural communication to foster inclusivity and culturally responsive engagement.

AB: Can you tell us something about your journey that led to your interest in this topic?

DH: A few experiences have shaped my path and led me to my work in intercultural group dynamics. Growing up in Brooklyn and then moving to Belgium as a young girl, I encountered starkly different cultural environments. In the US, I was attuned early on to the systemic inequalities facing African Americans, while in Belgium, I became aware of my nationality privilege and the complex dynamics of racial identity and belonging. Navigating these worlds made me acutely aware of the power of culture in shaping our identities, interactions, and understandings of each other.

Returning to the US for college, I experienced the challenge of fitting in while feeling caught between two cultural experiences—too European for many Black Americans, and too Black for many white Americans. These experiences opened my eyes to the complex, often contradictory forces of cultural perception and acceptance. As I entered the professional world, working largely in predominately white spaces, I became familiar with the concept proposed by Ken Hardy, PhD, learning to adapt to environments where one is the exception.

Ultimately, my experiences led me to a deep commitment to fostering understanding of cultural differences. My training with Lee Mun Wah, MS, profoundly impacted me, as I engaged with my own internalized biases and learned the power of mindful facilitation. This work helped me connect to others—and to myself—in a deeply transformative way, and it reinforced my belief in the value of engaging with cultural differences openly and inclusively. This journey of self-reflection and bridging divides is at the heart of why I do the work I do today.

AB: How did you arrive at the title for your Special Institute?

DH: I love this year's AGPA Connect theme: *On Being Seen: The Many Faces of Group*. As a person with marginalized identities, the experience of not being seen or heard resonates profoundly. I also think that groups allow us to see

reflections of ourselves, as well as explore differences if we are truly interested in getting to know one another at a deep level.

AB: Could you describe what you see as some of the central barriers that prevent people from engaging in effective cross-cultural communication?

DH: The challenge is that we all swim in the waters of white supremacy culture. This means that we've internalized various perspectives that are counter to engaging with others around our different but intersecting identities. We are deeply afraid of being perceived as racist, homophobic, or angry and of reinforcing stereotypes. This fear is one of the biggest barriers for clinicians and the main reason they avoid discussing sensitive topics unless the client or patient raises the issue. As a person of color, I'm not going to raise how I feel as a Black person unless I'm sure that the therapist is interested and skilled at having these conversations.

AB: And what are some of the critical elements of mindful facilitation that can address the barriers to positive cross-cultural communication?

DH: Mindful facilitation is a trauma-informed, culturally responsive approach that ensures people feel seen and heard. Through my experience with hundreds of clinicians in my workshops, I've observed that despite our training, many of

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Healing the Wounds of History Through Drama Therapy: An Interview with Armand Volkas, MFT, RDT/BCT, Special Institute Presenter

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

EDITOR'S NOTE: Armand Volkas, MFA, MA, MFT, RDT/BCT, is a psychotherapist, drama therapist, and theatre director. He is the Director of Center for the Living Arts in Berkeley, California, and the Artistic Director of the Living Arts Playback Theatre Ensemble. Playback Theatre transforms personal stories told by audience members into theater pieces on the spot using movement, ritual, music, and spoken improvisation. A Registered Drama Therapist and Board-Certified Trainer with the North American Drama Therapy Association (NADTA), he has been honored by the NADTA with the Raymond Jacobs Award for his dedication to diversity and cultural competence and the Gertrud Schattner Award for his distinguished contributions to the field. He has written chapters in books, including *Current Approaches in Drama Therapy and Trauma-Informed Drama Therapy*. Mr. Volkas is Associate Adjunct Professor in the drama therapy and expressive arts therapy programs at California Institute of Integral Studies. His Special Institute at AGPA Connect 2025 will feature *Healing the Wounds of History*, an approach he developed and is used to work with participants who share a common legacy of historical and collective trauma.



Armand Volkas

ES: Your topic gives many of our members a rare opportunity to see or experience an embodied therapeutic model quite different from the way many of us practice. Can you define the term "drama therapy?"

AV: Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. It is an embodied practice that is active and experiential. This approach can provide the context for participants to tell their stories, set goals, solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored, and interpersonal relationship skills can be enhanced.

In this Special Institute, I will provide participants with the experience of being in a drama therapy group. A variety of drama therapy techniques will be utilized, including improvisation, acting techniques, psychodrama, sociodrama, Playback Theatre, creative ritual, expressive arts, and autobiographical therapeutic performance.

The experiential portion of the Institute will focus on the application of drama therapy as a powerful tool in working with individuals, couples, and groups. The didactic portion of

the Institute will offer a theoretical basis and rationale for the use of drama therapy in multiple clinical situations.

ES: How did you arrive at the title of your Special Institute—Healing the Wounds of History Through Drama Therapy?

AV: *Healing the Wounds of History* (HWH) is a drama therapy approach and is used to work with participants who carry a common legacy of historical and collective trauma. As the son of resistance fighters and survivors of Auschwitz concentration camp, I was moved by my personal struggle with this legacy to address the issues that arose from it: identity, victimization and perpetration, meaning and grief. HWH helps participants work through the burden of such legacies by transforming their pain into constructive action.

During the Special Institute, practice groups will be formed, and participants will begin to explore therapeutic interventions in drama therapy with each other and leave with drama therapy tools they can apply in their practice of group therapy.

ES: Can you tell us about your journey that led to your interest in this topic?

AV: I was born in France to two remarkable people who

had, somehow, managed to survive unspeakable humiliation, degradation, and trauma with their dignity intact. They were both resistance fighters and survivors of the Auschwitz concentration camp. I absorbed their story through osmosis, through my mother's milk, through their silences, through the flood of stories, sense memories, and affective memories poured onto my plate each evening at the dinner table. I swallowed these stories whole. Whether I chose to take on their story or whether I was chosen does not matter at this point. The fact is that their stories are within me. They are part of my very fabric. I can choose to ignore them, which I sometimes do, and need to do, to live my life. But the images of heroism, fear, degradation, humiliation, and death cannot be erased from my mind. What I can choose is how I interpret their story and transform it into constructive action in my own life.

In my work as a psychotherapist, drama therapist, and theater director, who has incorporated psychodrama and playback theatre into my practice, I help people from diverse cultures integrate a legacy of historical trauma. This has been part of my attempt to master and accept what I cannot erase or change. I have sought to use my historical wounding to inspire

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Process and Possibility—The Power of People in Groups: An Interview with Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF, Plenary Presenter

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

EDITOR'S NOTE: Suzanne Phillips PsyD, ABPP, CGP, AGPA-DF, is a licensed psychologist and psychoanalyst with a private practice in Northport, New York. After 28 years, she is a retired Adjunct Full Professor of clinical psychology at Long Island University/Post in New York. She has provided services nationally and internationally on trauma and disaster. As Co-Chair of AGPA's Community Outreach Task Force, she gave testimony in February 2008 before Congress on the needs of the military and their families. She is the co-author of three books—*The Analyst Pregnancy: Intrusion into the Analytic Space*; *Public Mental Health Service Delivery Protocols: Group Interventions for Disaster Preparedness and Response*; and *Healing Together: A Couple's Guide to Coping with Trauma and Post-Traumatic Stress*. She hosts a weekly radio show "Psych Up Live" on Voice America Radio and writes a blog, "Speaking About Trauma," for Psychology Today.



Suzanne Phillips

ES: Can you tell us how you came up with the title of your Plenary?

SP: For at least 40 years, I have never stopped being amazed at the power of group to make a difference in people's lives. From frightened young girls holding their babies in the group I was running as a doctoral student at a family learning center, to firefighters sitting with arms crossed, tears in their eyes, unable to find the words in the early days after 9/11, to my ongoing private practice groups, I have seen how group process opens possibilities for healing and growth.

ES: You have been very involved in AGPA outreach during times of crisis. What have you learned from those experiences and how does it inform your work as a leader of Institutes?

SP: I have been privileged to be involved in AGPA outreach for so many years with wonderful colleagues. Responding to traumatic events is underscored by the wish to help—to make it better but you also learn something invaluable for Institutes and any clinical work—humility, patience, respect, and awareness of the courage and strength of people facing the unthinkable. Shortly after 9/11, I got a call from the Fire Department of New York (FDNY) Counseling Office to meet 20 young widows at a location in Queens; the press and city officials would meet me there. I showed; the young women showed; the press and the diplomats got lost. The women asked me who I was. I said I was a psychologist there to listen if they needed me. They cried and assured me they didn't need me. I stayed sitting on the side. One question was asked, "What about the children?" I replied, "They will stay close. They have you." AGPA forged a connection with the FDNY, and we went on to do years of outreach with them. The lesson learned is that it is not what the leader needs. It is what the group needs. These same women were in groups with AGPA and me for many years.

ES: What has been meaningful about leading Institutes and being an Institute member at AGPA Connect?

SP: I love the opportunity to spend time with fellow AGPA members who want to expand their sense of self and other, their group skills, or their recognition of diversity or life issues they have never dared disclose in group. I also love the experience of working with co-leaders. In every Institute, the members and co-leader have given me valuable feedback, and the opportunity for connection that has made a real difference in my life journey.

Participating in Institutes provides an invaluable opportunity to be a member of the group and experience the connection with the other members, as well as the interventions, expertise, and person of the leader. I was once in a theme-focused group that was startled by the revelation that a member had suffered a traumatic incident outside the group at the meeting. The leader was both responsive, thoughtful, and transparent in the balance of concern, boundaries, and inclusion. It was a good example of how the leader remained present to the ongoing process as well as the group members in the face of the unexpected. What happens to one group member happens to the group, but it did not overwhelm the group.

ES: Who are/were some of your most influential mentors at AGPA?

SP: I want to say that there are so many people at AGPA that have been friends/mentors that the names would fill the page. I will start with Robert (Bob) Klein, PhD, ABPP, CGP, AGPA-DLF, with whom I wrote and presented and offered Institutes more times than I can count. Bob was probably the smartest and funniest friend I ever had. He would open any presentation by saying "Sue knows everything about trauma, and I know everything else!" Let's just say he knew more than anyone I know.

I had the privilege of working with Cecil Rice, PhD, CGP, AGPA-DLF, as Co-Chair of the Community Outreach Task Force for several years. Cecil was quietly and impressively brilliant in understanding and addressing group dynamics. As Co-Chair, Cecil often helped me by slowing down the process. He would say "Sue, can we catch our breath before we go forward?" His quiet and insightful pauses were always golden.

Richard Beck, LCSW, BCD, CGP, AGPA-F, has been an invaluable partner in outreach over the years. He is remarkable in picking up languages and unlike me is willing to eat any food offered. Richard once told me, "When in doubt, lead from behind." What he was suggesting was letting the group move where it needed to go. Both in trauma work and ongoing group work, this is crucial.

I can't say enough about my present Co-Chair of Community Outreach, Craig Haen, PhD, LCAT, CGP, AGPA-F. Craig is as smart as he is humble and caring. He has modeled for me a true respect for diversity and inclusion that has lowered my anxiety and fostered my efforts to self-reflect and keep learning.

ES: What are the key points you want attendees to take away from AGPA Connect?

SP: Our Institute program is one of the crown jewels of AGPA Connect. When do any of us have a chance to stop for two days to participate as members and leaders in groups? When do any of us have this incredible opportunity year after year to learn more about what we do and don't understand or accept about self and others in conscious and unconscious ways? These are important self-growth steps because as Robert Grossmark (2018) suggests, to run a group you need to expect that at times you will feel like the group is at the "edge of chaos." They are! But you will hold on with them, knowing and believing that something will shift, because the real therapeutic action happens not in the group but by the group. 🧡

Reference

Grossmark, R. (2018). *The unobtrusive relational analyst: Explorations in psychoanalytic companionship*. Routledge.

FROM THE PRESIDENT

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helpful to SIG development and functioning.

Diversity, Equity, and Inclusion Task Force

The DEI Task Force, led by Co-Chairs Vincent Dehili, PhD, CGP, and Latoya Griffin, LCSW, CGP, AGPA-F, is dedicated to creating an anti-racist AGPA, focusing on BIPOC issues, as well as those of other marginalized groups. I seek their consultation and listen closely to their experience and perspective. The Co-Chairs, Angela Stephens, Leo Leiderman, and DEI consultant Kumea Shorter-Gooden, PhD, meet bi-weekly.

AGPA Board Meeting

The AGPA Board meets three times a year and listens to reports from key committees. We discuss and make decisions on key issues that have come before the Executive Committee before we bring them to the entire membership. I lead this meeting, appreciative of the many volunteers on the Board.

Joint Board Meeting

Members of the three Boards (AGPA, IBCGP, and Group Foundation), the Affiliate Societies Assembly presidents and representatives, Committee, Task Force, and Special Interest Group (SIG) Chairs, as well as AGPA Past Presidents meet annually at AGPA Connect. At that time, we participate in a training that applies to all parts of the organization.

While I do not attend the following meetings regularly, these are worth listing here as I hear routinely from these remarkable individuals. These components comprise

essential elements of our organization. If interested, think about asking to join them. We are open to new members and the diverse ideas they bring.

- AGPA Connect Committee, led by the Co-Chairs Brenda Boatswain, PhD, CGP, and Ginger Sullivan MA, LPC, CGP, AGPA-F.
- Membership and Engagement Committee, led by the Co-Chairs Carmen Burlingame, LCSW, and Jackie Darby, PsyD, CGP.
- Affiliate Societies Assembly, led by the Chair Deborah Sharp, LCSW, CGP, AGPA-F.
- Community Outreach, led by Co-Chairs Craig Haen, PhD, LCAT, CGP, AGPA-F, and Suzanne Phillips, PsyD, ABPP, CGP, AGPA-DF.
- *International Journal of Group Psychotherapy*, under the editorship of Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F.
- Fellowship and Awards Committee, led by Mitchel Adler, PsyD, CGP, AGPA-F, and Carlos Canales, PsyD, CGP, AGPA-F.
- Nominating Committee, led by Gary Burlingame, PhD, CGP, AGPA-DF.
- E-Learning Committee, led by Tony Sheppard, PsyD, CGP, ABPP, AGPA-F.

- Science to Service Task Force, led by Les Greene, PhD, CGP, AGPA-DLF, and Rebecca McNair-Semands, PhD, CGP, AGPA-F.

Special Project

Amid these responsibilities, I have a presidential theme—to increase quality training for group therapists who work in agencies. I believe the work of this project will benefit clients, group therapists, and the membership of AGPA. I am encouraged by those who have expressed interest in assisting in this project. I am forming a task force, so please let me know if you would like to join in this important endeavor. Progress can move slowly. Within AGPA, we progress within a structured process and ideally with fairness and always in good faith. Again, please join us to guide the organization to improving our mission. Groups heal.

In sum, my job is to pay attention, listen, discuss, seek guidance, and make decisions. There is much to pay attention to, much to hold, much to discuss. I am grateful for the many who have and are currently guiding me to continue to develop a superior organization, offering unique friendships, experiences, and career training. I end this column with an invitation to each of you to *Connect* with AGPA.

Any questions, requests, or comments? Let me know at lwodiska@gmail.com. 🧡

therapeutically with clients around issues related to social identities and isms is intricately tied to our capacity to engage effectively with colleagues and peers on these same issues.

There are three areas that I believe are critical to building a bridge between where we are and where we want to be: 1) Doing our own work; 2) Creating a professional culture that supports the path to social justice; and 3) Developing our skills in calling-in.

Doing Our Own Work

If you take issue with my assertion that systemic racism and oppression of multiple forms are rife in our interactions and institutions, then I recommend that you spend time reading, learning, and reflecting (or continuing this work, if you're already engaged in it). There are many resources. One of my favorites is *Readings for Diversity and Social Justice* (Adams et al., 2018), an edited volume that addresses isms across an array of social identities.

Championing social justice is not just about how we interact with and do unto others. It emerges from our understanding of ourselves, our multiple identities, our power and privilege, our positionality, and how all of this impacts how we engage with others. To become anti-oppressive involves deep, often uncomfortable, inner work to explore our backgrounds, socialization, experiences, and identities. It requires us to figure out, work to mitigate our assumptions and biases, and examine the systemic forces that contribute to our power and privilege. There's no shortcut. Nor is it one and done.

This work is for all of us, whether we have many privileged identities (for example, in the US context: white, male, cisgender, straight, upper middle class or wealthy, Christian, living without a disability, documented, or young to middle-aged adult) or whether we have many marginalized identities (for example, person of color, female, LGBTQ, working class or economically disadvantaged, Muslim, Jew, atheist, living with a disability, undocumented, child, adolescent, or senior).

Most of us have a combination of privileged and marginalized identities, and it's important to reflect on and explore *all* of them, not just our marginalized identities, which generally are more salient to us.

As an example, I am an African American woman, and my race and my gender—both marginalized identities—are central to my identity. But I am also straight, cisgender, Christian, upper middle class, documented, and relatively able-bodied—all privileged identities. My commitment is to regularly wrestle with the following questions: How might my privilege shield me from fully seeing and understanding others' experiences? What am I not seeing? Am I unintentionally contributing to others' marginalization? How am I leveraging my privilege for equity and inclusion?

When we center doing our own work, we develop cultural humility, which includes an awareness of the limits of our knowledge based on our experiences and positionality, an orientation to provide space for and listen deeply to others to enhance our understanding, and an ongoing commitment to reflection and self-evaluation (Foranda et al., 2016). Cultural humility is important in bridge building.

Creating a Professional Culture that Supports the Path to Social Justice

A robust body of empirical evidence indicates that effective teams are characterized by a high degree of psychological safety, defined by Edmondson (2019) as “a climate in which people are comfortable expressing and being themselves” and where people “feel comfortable sharing concerns and mistakes without fear of embarrassment or retribution” (p. xvi). Psychological safety promotes engagement, helps people overcome defensiveness or the learning anxiety that emerges when people are presented with information or data that disconfirms their expectations or prior beliefs. Teams are more innovative and better poised to address and solve complex problems when there's a high degree of psychological safety. (I would submit that working towards being a socially just organization is a very complex problem!)

Roberts (2023) highlights the “freedom to fail,” in other words, knowing that one will be given a chance to recover, as a particularly important aspect of psychological safety, enabling employees to fully engage, contribute their diverse talents, and thrive.

Psychological safety does not mean inattention to harm or immunity from consequences, but neither is it a climate of interpersonal fear and dread (Edmondson, 2019).

Psychological safety doesn't mean a lack of tension or conflict, but rather it creates a container, a holding space, for different viewpoints and opinions and the conflict that sometimes

ensues. When people are afraid to speak or to share, we lose out on their experiences, perspectives, and wisdom. In a psychologically safe environment, instead of pivoting to shame and blame, there's an orientation to vulnerability, personal growth, and accountability.

Roberts (2023) points out that, in the workplace, people who have privileged identities typically (and historically) have more access to the experience of psychological safety than those who have marginalized identities. She flags the importance of considering identity and positionality when working to heighten psychological safety in order to create a culture that works for all.

Research confirms that people thrive and flourish where failure is met with both grace and accountability (Roberts, 2023). Grace can be defined as “courteous goodwill,” the kindness and understanding that we offer if things don't go right, with the recognition that people can grow and change. Grace and accountability can sound like an oxymoron, and I believe that we've too often treated it as such. It requires us to hold up two seemingly contradictory ideas: People make mistakes, and when that happens, we don't vilify; instead, we offer space for the person to learn and improve, and people should not harm others because of their biases, ignorance, or missteps; we expect people to be better and do better. There's a dialectical tension in grace and accountability that we must live with to build the bridge between where we're at and where we hope to be.

We need to meet ourselves, not just other people, with grace and accountability. Can I forgive myself when I stumble and fumble? Do I recognize that my mess-up doesn't mean I'm a bad person, but instead a person (like everyone else) who needs to continue to learn? Can I lean into the experience in order to grow? Am I committed to advance social justice? How is that manifested?

So how do we build a psychologically safe professional culture where folx are met with grace and accountability? Following are a few suggestions:

1. Acknowledge the challenge of intentionally shifting a culture to be a psychologically safe space for *all* people, including those who inhabit marginalized identities and have historically been excluded, as well as those who inhabit privileged identities and have held more power and privilege. Recognizing, naming, and normalizing this challenge is helpful.
2. Connect as human beings. Work diligently outside of the task-oriented meetings that can constrain our capacity to see and learn about the full humanity of our colleagues to get to know others, especially those whose identities differ from our own.
3. Cultivate a shared understanding of how to interact and work with each other by creating norms, community agreements (for meetings and communications), and codes of conduct.
4. Assume colleagues' positive intent and address colleagues' harmful impact. Recognize that intent and impact are both important. Learn to call-in.
5. Recognize and name not only the weaknesses, problems, and deficits, but also the strengths and accomplishments along the road to social justice. An asset orientation and an awareness of accomplishments inspire a sense of hope, which is vital to create positive change (Abramson, 2024).
6. Address and find ways to build psychological safety in a large, dispersed professional community, like AGPA. The existing research on psychological safety focuses on the climate for paid employees in work settings. In professional associations, members are volunteers, not employees, and there are hundreds of members dispersed across the world, with limited opportunities to connect face-to-face or even virtually, except in isolated sub-groups. Research tells us that psychological safety is more difficult to effect in virtual teams than in face-to-face teams, in part because conversations amongst members are less frequent, less spontaneous, and less informal, and there are fewer opportunities to interact as full human beings (Lechner & Tobias Mortlock, 2022). This poses a challenge! But it's the kind of challenge that, I believe, group therapists, with their understanding of individual and group dynamics, have the capacity to take on successfully.

Developing our Skills in Calling-In

Because there's a gap between where we are and where we want to be regarding social justice, interactions are going to happen that do not land well, that will be harmful, and that fly in the face of our purported values. Thus, learning how to

call-in a colleague when we're offended by something they say or do is an important skill. Calling-in means addressing the problematic words or actions in the context of community.

Ross (2019), a Black feminist reproductive rights activist, highlights the value of calling-in, in contrast to calling-out. She describes calling out as publicly shaming someone for their words or actions, which may be appropriate when people deliberately or persistently do harm. But, calling out rarely helps people to learn and grow, as they typically react with defensiveness, embarrassment, hurt and/or anger. Ross sees calling-out as emblematic of cancel culture, where people are silenced or excluded because they've messed up.

Instead, Ross (2019) advocates for calling-in, which she says is “a call-out done with love.” The cultural context for calling-in – sometimes implicit, sometimes explicit (better if it's explicit!) – might be articulated as: “We all stumble at times as we learn and grow in our work towards social justice. We're all in this together.”

Ross (2019) says that calling-in is not tone policing, protecting white fragility, or covering up the problem. Instead, it's leaning into a relationship. It's extending grace and asking for accountability. Because of this, I think of a call-in as a gift, not a gotcha!

The best way to respond to being called-in is to express appreciation for the gift, to inquire and care about the impact of one's words or actions, and to commit to learning from the experience. As Younger shares: “Mistakes are inevitable, but failing to learn from them isn't” (Younger, 2024).

Conclusion

There's a notable gap between where many of us aspire to be with respect to social justice and how our colleagues, we ourselves, and our institutions show up day-to-day. To achieve social justice, we need to build a bridge to guide us over these troubling waters. Doing our own work to advance self-awareness and cultural humility, cultivating a psychologically safe professional culture characterized by grace and accountability, and developing our skills in calling-in are all vitally important to erect a bridge that will enable us, all together, to march towards social justice. 🌉

References

- Abramson, A. (Jan/Feb 2024). Hope as the antidote. *Monitor on Psychology*, pp. 88-90.
- Adams, M., Blumenfeld, W.J., Catalano, D.C.J., DeJong, K.S., Hackman, H.W., Hopkins, L.E., Love, B.J., Peters, M.L., Shlasko, D., & Zúñiga, X. (Eds.) (2018). *Readings for diversity and social justice*. (4th edition). Routledge.
- Banaji, M.R., & Greenwald, A.G. (2013). *Blindspot: Hidden biases of good people*. Delacorte Press.
- Edmondson, A.C. (2019). *The fearless organization: Creating psychological safety in the workplace for learning, innovation, and growth*. Wiley.
- Foranda, C., Baptiste, D., Reinholdt, M.M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210-217.
- Hamedani, M.G., Markus, H.R., Hetey, R.C., & Eberhardt, J.L. (2024). We built this culture (so we can change it): Seven principles for intentional culture change. *American Psychologist*, 79(3), 384-402.
- Harro, B. (2013). The cycle of socialization. In Adams, M., Blumenfeld, W.J., Castañeda, C., Hackman, H.W., Peters, M.L., & Zúñiga, X. (Eds.), *Readings for diversity and social justice*. (3rd edition, pp. 45-52). Routledge.
- Kendi, I.X. (2019). *How to be an antiracist*. One World.
- Lechner, A. & Tobias Mortlock, J.M. (2022). How to create psychological safety in virtual teams. *Organizational Dynamics*, 51(2). doi:10.1016/J.orgdyn.2021.100849.
- Roberts, L.M. (Sept. 14, 2023). Where does DEI go from here? *Harvard Business Review*. Hbr.org/2023/09/where-does-dei-go-from-here.
- Ross, L. (Aug. 17, 2019). I'm a Black feminist. I think call-out culture is toxic. *The New York Times*. <https://nyti.ms/2NcRJZG>.
- Younger, H.R. (2024, October 10). *Giving & receiving grace in response to workplace harm*. <https://heatheryounger.com/giving-receiving-grace-in-response-to-workplace-harm>.



consultation, please!

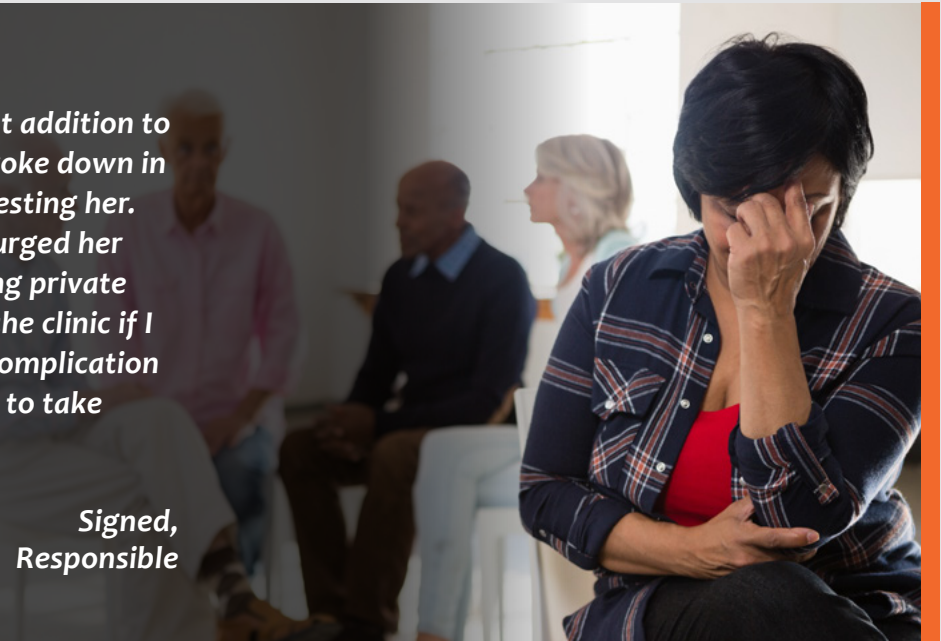
This is my last issue as Editor of the Consultation, Please column, which I've been doing for the past seven years. I've enjoyed the work and hope you have enjoyed reading the wide array of dilemmas we have covered.

Lee Kassan, MA, CGP, AGPA-LF

Dear Consultants:

I'm the supervisor of group therapy at a local mental health clinic. A recent addition to the clinic staff is a female group therapist. In her first staff meeting, she broke down in hysterics and accused a senior colleague, her individual supervisor, of molesting her. The group erupted in anger and came to her support. When one member urged her to report him, she described an arrangement in which he has been referring private patients to her in exchange for sex. One staff member threatened to quit the clinic if I didn't report my colleague to the state ethics commission. An additional complication is that he is a friend and officemate in my private practice. I feel pressured to take action but how do I determine the truth of her accusations? What should I do if they're true?

**Signed,
Responsible**



Dear Responsible:

What a pickle! The stress and pressure to act are well taken, given the seriousness of what has been disclosed, how it was disclosed, and the inherent demand for safety and justice among your colleagues. Sexual improprieties are the most frowned upon of ethical transgressions. I will try to touch on several points to cover the many angles of your consultation.

The importance of establishing informed consent and confidentiality agreements at the onset of therapy and/or supervision to set the frame for the work ahead cannot be overstated. In client care, supervisory groups, and staff settings, ethics and professional standards safeguard the entire endeavor. I was surprised by how quickly the new therapist took charge of the staff meeting, as if there were no leader, and disclosed such sensitive and personal material to new colleagues. The staff meeting lacked leadership and facilitation; it had no container for such a revelation. Consequently, everyone empathically joined in the chaos. Without good management and administration, collegial accountability is also difficult. Your struggle may be part of a problematic system dynamic.

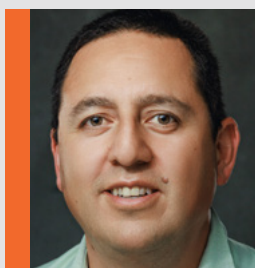
The disclosure of molestation and the malicious arrangement exchanging client referrals for sex are illegal and against the principles listed in the American Psychological Association's and all state and professional mental health licensing board's Codes of Conduct (i.e., beneficence, fidelity and responsibility, integrity, justice, and respect for the rights and dignity of all involved). As a supervisor, you are part of the management hierarchy, so it is your responsibility to talk to your higher-ups about what you heard in the staff meeting. In fact, the staff member who threatened to quit the clinic clearly saw you as in charge or as having some power. Their comment reflects a desperate plea for order. You seem to be making your best effort to contain the many intense feelings around you.

Because you are a friend and officemate of the accused senior colleague, I encourage you to talk to him directly. There is no privacy or confidentiality rule about what you heard in a public staff meeting. His behavior could impact both of your private practices by affiliation.

Finally, you wonder about the veracity of the disclosure and whether to report to the accused supervisor's professional state board. The first step is to address the clinic's management and recompose leadership and organization. You should not be alone in this complex matrix. I advise you form a subgroup, including all supervisors and managers, and the mental health clinic's director, to think collaboratively about the best course of action. As dramatic as this situation presents, it is also a training opportunity. Reach out to your professional liability insurance advocacy program and seek their guidance, both as a supervisor and a private practitioner.

Many times, you can request an anonymous consultation with an ethics specialist. Sometimes state boards offer such a service as well. You have people who can help you think and decide what to do next.

*Carlos Canales, PsyD, CGP, AGPA-F, SEP
West Des Moines, Iowa*



Dear Responsible:

What a complicated situation you have found yourself in! I wish I had more information about your role and the structure of the clinic to help me do a more incisive consultation, but I will work with the information you have given.

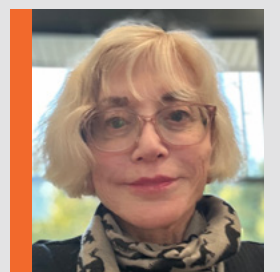
There are several different issues here, both legal and psychological. What may be happening psychologically within the group is that they are angry: first with the alleged abuser, then with the new member, and then with you. Everyone seems reluctant to take action, the others because they believe it is not their responsibility and you because of your friendship with and closeness to the alleged abuser. The abusee seems conflicted, perhaps because of her transactional contract with her immediate supervisor.

A group is created whenever two or more people are connected. Here, old, unfinished business from family of origin is being enacted, and the organization represents the family. In this case, I speculate that, to most members, you are the parental figure in the group, and their transference is that you are not protecting them, are doubting them, and appear more concerned with your own safety than theirs. They might feel helpless and angry with the new staff member for creating a transactional relationship and giving them mixed messages. Perhaps they're feeling that she dumped this on them and are viewing her as the troublemaker in the family, leaving them to clean up her mess. She is conflicted, like an incest victim who can feel special but also horrified.

It is necessary to explore your feelings and thoughts about this, as well as what your role is in the mental health clinic and what your actual responsibility is. Since this is not group therapy, there is a necessity to hold a professional meeting with those involved to discuss their feelings and thoughts after you have decided how you and the new staff member will respond. Another important question is why the new staffer hasn't reported the abuse herself. It is not your obligation to find out what is true or not true, but you do need more information from her.

The pervasive themes are reluctance, fear, and uncertainty within each person, and a failure of the organization, the uber-parent, to have set up a system to deal with this. It feels as if they are all in a dysfunctional family, leaving the supervisor and staffers to feel untethered and unable make informed choices or deal with personal issues.

*Rosa Lee Emerson, PhD, CGP
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groupcircle

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See *Group Assets* insert

INTERVIEW WITH DONNA HARRIS

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us are not naturally strong listeners. Part of this stems from cultural conditioning, where there's often an urgency to connect over commonalities and a need to figure things out. Our society's outcome-focused mindset—and the mental health system's reinforcement of this urgency—can make it difficult to simply be present.

At the core of mindful facilitation is slowing down to observe our emotional, physical, and intellectual experiences. This approach fosters a trust in the process, preventing us from leaping ahead as though playing a strategic game of chess. While it may sound straightforward, this shift becomes crucial in charged discussions, such as when two people are addressing a microaggression. In these moments, group leaders can freeze, immobilized by their own discomfort.

In mindful facilitation, we also recognize that effective communication isn't always comfortable. When managed well, discomfort can be profoundly meaningful. This approach creates a sense of safety by validating the diverse social identities and cultural perspectives. Through structured reflections and inquiries, we help participants feel valued and willing to engage more deeply.

This technique is valuable not only in group psychotherapy but also for facilitating team meetings, board discussions, and mediating conflicts between couples or families. It even has potential benefits for navigating family holiday dinners!

AB: *What are some key points you want AGPA members to take away from your Special Institute?*

DH: If I can convince people to be less afraid of discussing difference and to understand how to initiate and sustain that conversation, I will be happy. We are all too fearful of conflict and discomfort. Who ever said that life should be comfortable?

AB: *Good point! I'm sure you have presented this topic to numerous groups. How is this presentation tailored to our organization composed of group therapists?*

DH: The skill set that I will be teaching applies to both individual and group work. The group skills build on the individual skills and allow for working with disagreements related to social identities and race. Mindful facilitation is a technique that leans into conflict, which is essential for group therapists.

AB: *What are some difficult/challenging aspects of presenting on this topic?*

DH: Have I mentioned avoidance and fear? People tend to tiptoe around the subject of racism, white supremacy, and other isms. They are so afraid of offending someone that they don't say anything. Silence is not a means of healthy

communication.

AB: *AGPA has made a deep commitment to addressing DEI issues at all levels of the organization and in our educational offerings. What do you consider the key elements of your Special Institute that can benefit the membership of AGPA specifically?*

DH: This Institute is highly interactive. Everyone will be an active participant, which differs from most training experiences where only a few people volunteer. My intention is for participants to become more proficient at initiating and processing conversations about race and other marginalized identities, which is important to AGPA leaders and clinical practitioners at all levels.

AB: *What else would you like our members to know about you and your Special Institute?*

DH: You didn't ask whether people would have fun! My response is that while it will certainly cause some initial anxiety, folks will learn something valuable, and most people have fun too! 🤗

INTERVIEW WITH ARMAND VOLKANS

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acts of creation and acts of service in myself, and in the clients with whom I work.

My work with historical trauma is about a search for meaning. It is about memory and remembering. It is about sharing a personal story and being witnessed. It is about how trauma is passed from generation to generation. It is about working through and integrating the complex emotions that arise when we face history in a personal way. It is about exploring what happens when the personal and collective come together—when one person's story becomes the story of an entire people. It is about grief and mourning. It is about remembering and honoring the dead. It is about acknowledging and owning the potential perpetrator in all of us. It is about building bridges between cultures. It is about cultural and national identity and self-esteem, for we all have a need to feel positive about the tribe to which we belong.

ES: *What are some key points you want AGPA members to take away from your Special Institute?*

AV: HWH is a therapeutic and creative process in which experiential techniques are used to work with people who share a common legacy of generational, historical, and/or collective trauma. The process is based on the premise that there can be no political solutions to intercultural conflict until we understand and take into consideration the needs, emotions, and unconscious drives of the human being.

HWH takes a psychological approach to conflict and provides

a map to help groups traverse the emotional terrain to peacebuilding. I invite participants from groups in conflict, who are willing to be emotional pioneers for their cultures, to participate in this encounter.

ES: *How is this presentation tailored to our organization composed of group therapists?*

AV: Although a drama therapy process might have a different development and be more directive than a more traditional group therapy progression, drama therapy is still a powerful form of group psychotherapy with many methods, techniques, and interventions that can be very useful to group therapy practitioners. Participants will learn peacebuilding and conflict transformation techniques to heal generational, historical, and ancestral trauma through drama therapy.

ES: *What are some difficult/challenging aspects of presenting on this topic?*

AV: The topic of my Special Institute can be emotionally triggering for some. I trust in my ability to create a culture of empathy and mutual respect and facilitate a conflict transformation process to a successful conclusion.

ES: *AGPA has made a deep commitment to addressing DEI issues at all levels of the organization, including in our educational offerings. How does the work in drama therapy dovetail with AGPA's commitment?*

AV: In the HWH approach, practitioners seek to understand how nations and cultures integrate and transform a heritage of perpetration, victimization, and collective trauma. Facilitators seek to discover how the mechanisms of historical trauma work and how they are psychologically passed from one generation to another.

Considering the number of seemingly intractable intercultural conflicts that plague the world, it is critical to find innovative ways to address the impact that this trauma has on the personal and collective psyche. The techniques of drama therapy, with their transformative potential, are powerful tools for interfering with the cycle of re-traumatization and perpetration.

HWH, by its very nature and goals, actively promotes diversity, equality, and inclusion. This is evident in our values and in practice. Safety and respect are cultivated by fostering a group therapy training where people from diverse backgrounds feel respected, valued, and empowered. This encourages their participation and reflects the needs of the diverse populations present in the room. I, as the HWH and drama therapy facilitator, with great cultural humility, am committed to emotional and psychological attunement by actively working to dismantle systemic inequalities. Through the group facilitation of drama therapy practices across all levels of participation, I aim to create a truly inclusive environment for all AGPA participants. 🤗