

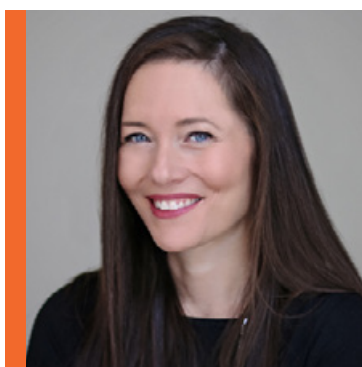


SPRING 2023

# groupcircle

## Cheri Marmarosh, PhD, ABPP, CGP, AGPA-F, Assumes Editorship at *International Journal of Group Psychotherapy*

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



**EDITOR'S NOTE:** Cheri Marmarosh, PhD, ABPP, CGP, AGPA-F, is a Professor at Divine Mercy University, Sterling, Virginia, and the Director of the International Center for the Psychology of Spirituality and Mental Health. She is currently collaborating with researchers at McLean Hospital studying spirituality and mental health, and she is also collaborating with doctors at Mass General and Harvard Medical School on research that will facilitate the wellbeing of patients diagnosed with multiple myeloma, an incurable blood cancer. Dr. Marmarosh has been an Associate Professor of Clinical Psychology at the George Washington University for 18 years where she has been studying how attachment relates to coping with discrimination, ruptures, and their repairs to the therapy alliance, and outcome in individual and group psychotherapy.

Dr. Marmarosh is a licensed psychologist who has been practicing in Washington, DC, for 27 years. She has published more than 50 empirical and theoretical articles that focus on how group and individual psychotherapy facilitate change. Dr. Marmarosh is the lead author of two books, *Attachment in Group Psychotherapy and Groups: Fostering a Culture of Change*. She is the Editor of the book, *Attachment in Group Psychotherapy, a monograph of manuscripts from the special edition of the International Journal of Group Psychotherapy dedicated to attachment theory*. She published a video applying attachment theory to group psychotherapy for the American Psychological Association's (APA) psychotherapy series. She is developing a second video teaching the basics of group psychotherapy.

Dr. Marmarosh was an Associate Editor for *Psychotherapy (Division 29)* and *Group Dynamics: Theory, Research, and Practice (Division 49)*. She is the Past President for Division 49, and the current Domain Representative for Training/Education for Division 29 (Psychotherapy).

**LL:** *How did you know you wanted to be a group psychotherapist? What early experiences led you down this path?*

**CM:** I never thought I would specialize in group psychotherapy when I started graduate school. I was interested in health psychology research and helping people with cancer after witnessing my grandmother die of metastatic breast cancer. I chose Virginia Commonwealth to focus on health psychology research. As a graduate student, I overheard fellow students talking about their group therapy course, so I decided to sign up for the class because I needed another elective that fit into my schedule. My first group therapy experience was when I volunteered to observe a group facilitated by Dr. Jack Corazzini, who was also the Director of the Counseling Center. I had no idea that observation would entail attending 90-minute meetings twice a week, taking all the notes, and processing the group after. Dr. Corazzini was the best therapist I had ever seen (and still is), and I realized that I wanted to do what he was doing—changing people's lives. I could see how transformative the group was for people with many different experiences and needs. The group members were better therapists than I was, given all the time they had spent in the group. Their interventions, insights, and vulnerability were enviable. I decided to get into my own therapy to be more like them. Over time, I fell in love with group therapy and group dynamics. For my dissertation, I studied how members carry the group with them outside of the session. It was based on interventions Jack did in the group. I was lucky to work with him and Don Forsyth, a social psychologist who led the field in group dynamics and started Division 49 of APA (the American Psychological Association). I never in a million years expected to be a group therapist. I was so focused on helping people with cancer and avoiding my own sadness and loneliness. Group therapy opened my eyes to my own struggles and how people can help undo the pain from the past.

**LL:** *You have accomplished a great deal since beginning your career. How does it feel to be offered editorship of the International Journal of Group Psychotherapy?*

**CM:** I feel extremely excited and anxious since I want to do a good job, following the lead of Jill Paquin, PhD, who was an exceptional Editor. I want members to know that I am committed to the mission of AGPA, and I want to continue supporting strong scholarly group psychotherapy papers that benefit group therapists.

**LL:** *Do you have a direction you would like to take the Journal in terms of research areas or methodologies, or areas of clinical practice needing further study?*

**CM:** Collectively, we are in a time of crisis. People are more polarized, devalued, and traumatized. There is systemic oppression and racism, antisemitism, and many are hurting and feeling unsafe. Group therapy research and practice can be a remedy. Group dynamics can be healing. I hope that the *Journal* can help people who are suffering. I would like to expand the focus of group psychotherapy from the traditional private practice office and counseling center to the diverse communities, crisis outreach centers, and international spaces. It was wonderful to hear the perspectives of people like Reverend Ronald Hopson, PhD, Ronnie Levine, PhD, ABPP, CGP, AGPA-F, Vamik Volkan, MD, DFLAPA, and Renée Lertzman, PhD, at AGPA Connect 2023. Each of these presenters described the importance of addressing the leader and the impact of racism, hatred, and denial in groups. I hope we can hear from more diverse voices and bring more people from different cultures, professions, approaches, and passions to AGPA.

**LL:** *Your CV gives the strong impression that you were in multiple places at once, achieving multiple roles simultaneously. With so many accumulated accomplishments, what are you most proud of professionally?*

**CM:** Professionally, I am most proud of my work that has bridged attachment theory to group therapy and challenged some of the other approaches that lose aspects of the patient, which include their histories, oppression, prior

Continued on page 8



from the  
president

Gary Burlingame, PhD, CGP, AGPA-DF

It was a joyful and loving experience to be back among friends and colleagues at our successful in-person AGPA Connect 2023 meeting. I had several exchanges that included long hugs between folks who had not been at an in-person gathering for three years. However, warm greetings were often followed by shared memories of AGPA Connect 2020, including concern for those who became ill after that meeting and feelings of loss for those who understandably chose to stay home this year. Hopefully, many of these members were able to take part in the virtual component of AGPA Connect 2023. Indeed, the post-Connect email thread with the Executive Committee didn't move into full celebration mode until enough days passed for us to be certain we'd truly avoided widespread illness. We're happy to report that there were no significant COVID outbreaks, and the few cases that were reported led to immediate protective measures. Now to some celebratory observations about AGPA Connect 2023.

I'd like to acknowledge our AGPA Connect Co-Chairs—D. Thomas Stone, PhD, CGP, AGPA-F, and Ginger Sullivan, MA, LPC, CGP, AGPA-F—and the members of their committee, along with Eastern Group Psychotherapy Society, our local hosting Affiliate Society, and the Kellen staff team for the enormous work they put in to creating a spectacular six-day in-person conference. I heard from scores of participants who praised the Connect 2023 programming that began with two Special Institutes, followed by our two-day Institute and ending with our three-day Conference. Events that I heard feedback on:

- Two Special Institute Presentations:  
*Restorative Circle Process: Powerful Practice for Individual and Group Transformation* presented by Nina Harris and Duke Fisher

Continued on page 2

## what's inside

From the Editor	2
Our Nation Under the Gun: An Ongoing Community Support Group Following a High-Profile Public Mass Shooting	3
Executive Summary of Listserv Proposal	4
Member News	4
Group Assets	Insert
Widening the Circle	5
Congratulations New Fellows	6
Toronto Institute of Group Studies Receives Harold S. Bernard Group Psychotherapy Training Award	6
Consultation, Please	7





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

A national poll just released by *The Wall Street Journal*/NORC found that traditional American values for community involvement, our common culture, principles, and beliefs are plummeting. The value of individualism and extreme policies to reduce civil rights and civil liberties are on the rise.

Alternatively, the great majority of polled Americans are against extreme policies that have focused on repressing civil rights, transgender rights, a woman's right to choose, migrant rights, voter suppression rights targeting communities of color, the banning of books, etc. Most believe we need sensible gun laws now to address the epidemic of mass shootings. Many of us were inspired by the national outcry and simultaneous formation of activist movements led by Generation Z protestors after two young Black male representatives were expelled by the Tennessee House for a peaceful protest to change gun laws after the mass shooting and killing of six, including three nine-year-olds. It is estimated that Generation Z, which has now grown up with frequent mass shootings and less rights than their parents, will make up 40 percent of the electorate in 2024. Maybe change is coming.

I hope this edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *Cheri Marmarosh, PhD, ABPP, CGP, AGPA-F, Assumes Editorship at International Journal of Group Psychotherapy*, provides our readers with an in-depth discussion with our organization's new Editor and her aspirations for the peer-reviewed journal. An *Executive Summary of Listserv Proposal* by Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, and M. Sophia Aguirre, PhD, CGP, AGPA-F, Listserv Subcommittee Members, provides an overview of the revised AGPA listserv guidelines. *Our Nation Under the Gun: An Ongoing Community Support Group Following a High-Profile Public Mass Shooting* by Marcia Nickow, PsyD, CADC, CGP, Stanley Selinger, PhD, and Ross Nickow, MA, highlights the power of community volunteerism and a community-based trauma group model after a mass shooting.

In the *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, shares the many accomplishments that were personally and professionally experienced during AGPA Connect 2023 in New York City. In *Widening the Circle: Racial & Social Justice*, Aziza Belcher Platt, PhD, provides a compelling article, *Disability Justice in Groups?*, which enhances the understanding of invisible and visible disabilities. The *Consultation, Please* column features a clinical dilemma and responses from Marlo Archer, PhD, CGP, and Shanon Sitkin, MA, LMFT, CGP.

We also proudly congratulate New Fellows Latoyia Griffin, LCSW, CGP, AGPA-F, Allan Sheps, MSW, RSW, CGP, AGPA-F, David Songco, PsyD, LP, CGP, AGPA-F, and Ryan Matthew Spencer, LMFT, CGP, AGPA-F, who are recognized

for their professional competence and leadership in the field of group psychotherapy. Our *Member News* column illustrates the new manuscript publications by Philip Flores, PhD, AGPA-F, Jeffrey Roth, MD, AGPA-F, DFASAM, FAKRI, DLFAPA, and Barney Straus, LCSW, AGPA-F; Scott Giacomucci, DSW, LCSW, BCD, CGP; and Michael Murray, LMHC, MEd, and Laura Balogh. We also proudly congratulate the Toronto Institute of

Group Studies on receiving the International Board for Certification of Group Psychotherapists 2023 Harold S. Bernard Group Psychotherapy Training Award!

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

**FROM THE PRESIDENT**

*Continued from page 1*

Jeffrey Hudson, MEd, LPC, CGP, AGPA-F, presenting *Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders*

- Institute Opening Plenary Address with Ronnie Levine, PhD, ABPP, CGP, AGPA-F, presenting *Finding Your Self in Group*
- Conference Opening Plenary entitled *Embracing the Other: The Fundamental Work of a Working Group* by Reverend Ronald Hopson, PhD
- Anne & Ramon Alonso Plenary entitled *Large Group Identity Issues, Political Leader-Follower Interactions and Social Well-Being* by Vamik Volkan, MD
- Mitchell Hochberg Memorial Public Education Event entitled *Navigating the Trance of Group Delusion: Connecting the Climate and Community Dots* by Renée Lertzman, PhD
- *Large Group in Transition* co-led by Joshua DeSilva, PsyD, Diane Castañeda, Jacquelin Darby, PsyD, CGP, and Kathleen Isaac, PhD, CGP.

The unanimous praise for our plenary speakers that I heard included comments that these were the strongest and most engaging set of plenary speakers in recent memory. After taking a pause last year, the feedback on the early morning large group was equally positive with our co-leadership reflecting a diversity that aligns with AGPA's strategic mission. In addition to these larger collective experiences, I heard equally strong praise from participants regarding their experience in the Institute and Conference programming they attended. I know I felt some anxiety in coming back to an in-person meeting, but with few exceptions, it was a highlight of my 40 years of coming to AGPA Connect, and plenty of participants shared the same experience with me over the six days. A big welcome to the 250 new attendees who made it to AGPA Connect 2023! We hope you felt the warm, inclusive, and professionally stimulating environment we strive for as an organization and that we'll see you at a future Connect! Also, a big thank you to AGPA Connect 2023 Faculty who devoted countless hours in pre-conference preparation, and to all of our attendees - nearly 950 in all - your participation helped create our successful Connect meeting in New York City.

This year, we conducted an experiment to increase access to AGPA Connect. More specifically, a simultaneous limited virtual program was offered, which was attended by approximately 75 participants. Over the past two years, we've learned that hosting a virtual conference is a costly undertaking, including paying for a virtual conference platform and technical staff labor. Nonetheless, the DEI Task Force and Health and Medical Issues SIG, along with others, have advocated for the important access created by a virtual conference, so we undertook a limited virtual conference program at AGPA Connect 2023. We're still calculating the cost-benefit ratio of this undertaking, which we'll report on more fully in the future. However, early learning revealed the significant costs needed to support simulta-

neous on-site audiovisual for in-person sessions along with virtual broadcasting technical staff time. As the dust settles, we'll be able to share with leadership and members alike what we learned.

We're appreciative of the Joint Board Leadership event that took place on March 6. *The Intersections of Identities: Opportunities and Challenges for Individuals, Groups and Organizations* was led by Kumea Shorter-Gooden, PhD, AGPA's DEI Consultant. The three-hour session focused on helping our leadership better understand topics such as intersectional identities, positionality, and power and privilege. Dr. Shorter-Gooden helped attendees apply these topics to group therapy, knowledge, and skills for everyday interactions and how an understanding of these topics might advance DEI at an organizational level. She demonstrated her acumen as a psychologist and consultant in both the large and small group exchanges. Indeed, I heard uniform praise from those who attended this session, which we view as a beginning step to implement our DEI strategic objectives. Personally, I've learned a lot from Dr. Shorter-Gooden, and from my perspective, we're lucky to have her as an organizational consultant.

This was the first year I served on the Safe Environment Response Team (SERT) at AGPA Connect 2023, and I quickly learned about the importance of this team for meeting attendees. To quote from our AGPA Safe Environment Conduct Policy "we are committed to providing a friendly, safe, respectful, and welcoming environment for all, regardless of gender, sexual orientation, ethnicity, religion, political affiliation, disability, age, appearance or other personal characteristics and socioeconomic status...[thus] it is important that we hear about the affirming and/or harmful experiences of our attendees." The SERT learned that while progress has been made, there is still considerable room for improvement after listening to participants who had witnessed or experienced troubling experiences. We were also encouraged by the affirming experiences we heard. The SERT continues to meet after AGPA Connect 2023 to consolidate our learning and make recommendations for future meetings. One immediate consideration is enlarging the team to serve meeting attendees more quickly and balance the responsibilities of those on the SERT. Stay tuned for future proposals that you will have an opportunity to provide input about.

Another new experiment at AGPA Connect 2023 was a separate awards ceremony. Instead of award presentations being scattered throughout the conference (e.g., during plenaries and the Community Meeting), we wanted to acknowledge those receiving Tri-Org recognition and awards at a single event. We had over 100 people in attendance and heard positive feedback. A final comment from the meeting was the beginning of the strategic planning for the next three-year time frame. We're in the initial phases of this process with input

*Continued on page 7*

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**AGPA**  
355 Lexington Avenue  
15th Floor  
New York, NY 10017  
phone: 212-297-2190  
e-mail: [info@agpa.org](mailto:info@agpa.org)  
[www.agpa.org](http://www.agpa.org)

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

**EDITORIAL STAFF**  
Lee Kassan, MA, CGP, AGPA-LF  
Aziza Belcher Platt, PhD

**MANAGING EDITOR**  
Angela Stephens, CAE

**EDITORIAL/PRODUCTION MANAGERS**  
Desirée Ferenczi, MA  
Nicole Millman-Falk, MA

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Contact Nicole Millman-Falk at 201-652-1687 or [nicolemillmanfalk.agpa@gmail.com](mailto:nicolemillmanfalk.agpa@gmail.com) for further details.

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# Our Nation Under the Gun: An Ongoing Community Support Group Following a High-Profile Public Mass Shooting

Marcia Nickow, PsyD, CADC, CGP, Stanley Selinger, PhD, and Ross Nickow, MA

“The traumatized person lives in the three worlds of before, during, and after...” (Blum, 2004)

**EDITOR’S NOTE:** Marcia Nickow, PsyD, CADC, CGP, is a clinical psychologist, group psychotherapist, organizational consultant, and trauma and addictions specialist, who leads 17 psychotherapy groups in her Chicago, Illinois-based private practice. Dr. Nickow is Staff Consultant at F.A.C.E. Race, Organizational and Clinical Advisor at SunCloud Health Residential and Outpatient Treatment Center, and Co-Chair of the Intergenerational Transmission of Trauma and Resilience Special Interest Group of the International Society of Traumatic Stress Studies. Dr. Nickow received the 2016 Group Foundation for Mental Health’s Alonso Award for Excellence in Psychodynamic Group Theory for her co-authored article (A Substance Called Food: Long-term Psychodynamic Group Treatment for Compulsive Overeating) detailing a long-term psychodynamic group treatment model.

Stanley Selinger, PhD, is a clinical psychologist, group psychotherapist, trauma and family systems specialist and clinical supervisor in private practice in Northbrook, Illinois. Dr. Selinger served as Director of Family Therapy at a residential treatment center, Supervisor and Clinical Psychologist at The Family Institute at Northwestern University, Clinical Director of a cancer support center, and Psychological Consultant at hospitals. He conducted crisis debriefings after traumatic events, such as 9/11, workplace deaths, major accidents, and other tragedies. Dr. Selinger is Past President of the Chicago Association of Psychoanalytic Psychology.

Ross Nickow, MA, is a photographer with a background in communications, business leadership, and grass-roots political organizing.



Marcia Nickow



Stanley Selinger



Ross Nickow

The burgeoning regularity of mass shootings in the United States—in schools, churches and synagogues, grocery stores, other establishments, as well as at public events—is shaking Americans’ sense of safety, stability, and trust in everyday society. Gun violence presents an urgent public health threat (Beard et al., 2019). Many survivors and witnesses experience paralyzing panic, terror, and other distress after a mass shooting. Others report psychic numbing (Abrams, 2022). Those peripherally involved may also suffer heightened stress and enduring injuries.

Fear of mass shootings is seared into the public consciousness. One-third of adults report they now avoid certain places and events because of that fear (APA, 2019). The impact is colossal in the sociopolitical context of the COVID-19 pandemic, political polarization and violence, systemic racism, police brutality, war, and other collective traumas. Among survivors and witnesses of mass shootings, studies have documented increases in Posttraumatic Stress Disorder (PTSD), major depression, anxiety disorders, and substance use (Wallis, 2022).

On July 4, 2022, in the Chicago suburb of Highland Park, a man fired an assault weapon during the holiday parade, killing seven people and wounding 48. The authors implemented a group intervention. Nearly a year later, the groups are still running—a testament to the multi-layered and pervasive impact of mass shootings and other catastrophic events. Community violence “casts a shadow of incomprehension, rage, insecurity, and distrust...It really never leaves the collective fabric of the community unconscious or the minds of the individual survivors” (Dembert & Simmer, 2000, p. 252).

As one avenue for community healing, the authors, all Chicagoans, were moved to create a group initiative to help ameliorate the short- and long-term effects and psychic impact of the parade shooting. We hoped to impart knowledge about trauma and trauma recovery, offer coping strategies, and facilitate a supportive group process. The two co-authors who are psychologists decided to co-lead a free ongoing 90-minute weekly group conceptually similar to trauma-focused multifamily groups we co-lead for several years at a nationally known treatment center. The third co-author volunteered to provide administrative support. As Volkan has noted, the “psychological repercussions” of catastrophic events occur on both an individual and societal level (2004, p. 479.) Creative initiatives enacted by mental health workers may reduce symptoms of Post-Traumatic Stress Disorder in those affected and serve as “preventive medicine,” interrupting cycles of transgenerational transmission (2004, p. 479).

## The Trauma Support Group Initiative

Reeling from the shock and horror of the July 4th parade shooting, survivors and community members suffered emotional upheaval. The authors began offering free weekly groups to help address the after-effects and psychic impact of the atrocity. We imparted knowledge about trauma and recovery, offered coping strategies, and facilitated a group process for collective grieving and healing.

Initially hoping to launch the initiative throughout the city, the authors encountered bureaucratic barriers. The city and local agencies focused on providing short-term crisis counseling. We moved forward with the project, announcing it through social media and on fliers posted in businesses, libraries, train stations, at two memorials, and on light posts around town.

The groups began July 9th, the first Saturday after the shooting, in a park gazebo. They moved to donated space in

a church for the cold-weather months. We chose an open-ended model (Marcus & Bernard, 2000, p.198), with open membership. A bilingual therapist, Sheila Mendoza, MSW, and colleagues Shelley Firestone, MD, CGP, PAT, AGPA-F, Kim Dennis, MD, and Joe Whitlock, CADC, CGP, joined us in co-leading some of the early groups.

## Conceptual Framework

Community trauma intervention models for “disasters caused by intent to harm others” (Dembert & Simmer, 2000, pp. 252-260) and Herman’s stage model for complex trauma informed our approach (Herman, 2015; Herman et al., 2018). As leaders, we sought to be emotionally open, and yet appropriately contained and reflective (Greene, et al., 2020). We invited newcomers to share first, integrating them into the group collective from the outset.

Each group session encompasses elements of all three stages Herman outlines: establishing safety, telling the story, and reconnecting with community. Psychoeducation about trauma sequelae and recovery are interwoven into a relational group process. We invite narratives into the group while managing the pace of disclosures and keeping a secure frame. A sense of cohesion emerges as we help link participants’ narratives, insights, struggles, and feelings.

True to traditional support group models, we aim to reduce feelings of anxiety, helplessness, hopelessness, and isolation. We encourage “interpersonal exploration of current life issues, with very little confrontation involved” (Marcus & Bernard, 2000, p. 198.).

“In early groups, members often described being in a state of shock or emotionally numb, fragmented, forgetful, confused, or lost.”

## Group Development and Process

Our participants cry, laugh, express anger and rage, recount experiences of past trauma and layers of loss, and share triggers, nightmares, dread, fear, anguish, and pangs of survivor guilt. They savor moments together, take risks with transparency and depth of disclosure, and embrace their own and others’ emotional and cathartic releases. Many unpack deeply disturbing experiences they endured. Remarkably, every participant has shared during each group.

The groups have drawn many parade-goers who were in the line of fire. Some had family murdered or shot or suffered injuries themselves. Some described stepping over pools of blood and dead or dying people on their escape route. One couple spoke of playing dead while lying next to a bullet-riddled body. Some participants weren’t at the parade but were deeply impacted by the shooting. Up to 15 people attend the groups each week. Their ages range from 20 to 80. A flow of newcomers illuminates all the ripple effects and reverberations of a community trauma and reasons to not bury the pain.

## Group Dynamics and Stages

In early groups, members often described being in a state of shock or emotionally numb, fragmented, forgetful, confused, or lost. Their words conjured up the sense of a “shattered self” associated with trauma (Blum, 2004; Freud, 1917).

In one group, three generations of a family described trauma states that represented “affect numbing” or “affect storms,”

terms Freud linked with “massive traumatic anxiety” (1917). An immigrant grandmother whose husband was shot attended with her two children and a grandchild. In a blending of English and Spanish, she spoke of her half-century-long poetic romance. The couple met as teenagers at a parade in their Mexican hometown, and later he serenaded her with mariachi music. The woman searched her phone and held up a photograph taken seconds before the gunfire erupted. Her husband looked peaceful and happy, she noted. The participants and co-leaders rose from their seats and surrounded her to view the picture. She allowed two women who were strangers one hour earlier to hold her hands as she wept. Meanwhile, one of her children reported being tormented by thoughts that the shooter will return to annihilate family members and others who escaped unharmed.

Many group members speak of how they or their children now fear crowds. Some acknowledge hyper-vigilant responses, such as scanning rooftops for a gunman, pulling out mace at the sight of a stranger, closing curtains at the sound of noises, and startling at the sound of sirens or loud automobiles.

In the initial group stages, symptom identification and mastery, psychological stabilization, and self-care were a primary focus. Members were guided toward reinstating sleeping and eating routines, managing intrusive PTSD symptoms, re-establishing social connections, and disclosing substance use and other self-harming behaviors. Some were provided with resources for therapy and 12-step programs. A core of attendees has suffered multiple traumas in their lives, as well as sequelae of intergenerational and historical trauma. Group members have frequently shared about family legacy burdens (Gutiérrez, 2022) and patterns of domination and abuse.

As our groups moved into a middle phase in late 2022, participants who thought they had moved on sometimes resurfaced with new or recurring symptoms. One man returned after months to describe frightening dreams. He and others exchanged accounts of sleep difficulties, distortions of what they hear or see, and repetitive thought loops of that horrifying day.

Each week, the group experience is deeply moving in a unique way. Some participants produce art. One woman distributed to group members laminated photographs of a memorial in town for the seven murdered. A man who had witnessed victims’ blood splattered on children’s clothing as he hid with others in a church collected rocks at the beach and painted them with colorful healing phrases.

Twin sisters who also survived Hurricane Katrina often bring cheese and cookies. Others bring snacks as well. One woman recently wore to the group a fiber art creation—a dress she had on at the parade. She showed how she mended a tear with a mismatched stitch, symbolizing a scar she will always carry. The dress ripped as she fled from the shooter. The sound of the tear is her most salient memory from the parade panic.

## Countertransference Issues and Self-care

Early on, the group co-leaders discovered the benefit of de-briefing after each group and sometimes between groups to help manage countertransference reactions and provide the best holding for the group. “Trauma groups place a heavy burden on the therapist to contain and master very understandable personal reactions to abhorrent material...” (Klein & Schermer, 2000, pp. xiv-xv). It is important to

Continued on page 5



# Executive Summary of Listserv Proposal

Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F; Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, and M. Sophia Aguirre, PhD, CGP, AGPA-F, Listserv Subcommittee Members

## Subcommittee Task & Setting the Frame

Given the many challenges and repeated harm that has occurred on the listserv over the last few years, changes are needed to create more safety for all members. Gary Burlingame, PhD, CGP, AGPA-DF (AGPA President) appointed an Executive Committee Subcommittee comprised of current officers M. Sophia Aguirre, PhD, CGP, AGPA-F (AGPA Secretary), Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F (AGPA Treasurer), and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F (AGPA President-Elect) to create a listserv proposal that would integrate all the feedback we have received from various sources. We began with the work done by the previous Executive Committee, headed by Martha Gilmore, PhD, CGP, AGPA-LF, and added feedback from the Membership Engagement Committee, focus groups, membership renewal calls, the DEI Task Force recommendations, discussions during the Tri-Org Strategic planning meetings, emails leadership has received, etc. The goal of the subcommittee is to provide a revised listserv policy with *built-in safeguards* to preserve inclusiveness for the entirety of the AGPA membership while preventing harm. We have made recommendations using a courteous and positive tone throughout.

Our proposal is an evolving document, and we welcome feedback as our work goes forward.

## Review of Progress on the Short-Term Plan

1. We have reviewed a few listserv models from other professional organizations.
2. We have short- and long-term plans for best-practice membership listserv communications.
3. The Executive Summary Report was shared with the AGPA Board of Directors (BOD) during the January 2023 Board of Directors meeting, asking for their input and feedback.
4. After incorporating AGPA BOD's feedback, we sought time-limited input from leadership in our organization (e.g., DEI Task Force, Health and Medical Issues SIG). The first listserv plan is a living document that will continue to be revised over time.

## Main Points

1. We are recommending two listservs.
  - a. The first is for Referrals.
  - b. The second is for Discussion.
2. At first, both Listservs will be moderated by volunteer AGPA members.
  - a. Moderating the Referral Listserv is a short-term

plan. Eventually, a new listserv with built-in technological advances will be utilized for AGPA members to post referrals and practice resources. We plan to come up with technology solutions to guide AGPA members when posting referrals and practice resources. This includes consultation with improving website accessibility to members with disabilities.

- b. We recommend that the Discussion Listserv will be continually monitored to promote safety and inclusivity for all members.
3. Plans for moderation are suggested below.
  4. Next steps are listed below.

## Signing Up for the Listservs

1. There will be three separate documents that members will be asked to read and two to sign before they will be added to the listserv for the first time.
2. *The first document* (See Appendix A, [bit.ly/3VjCo10](https://bit.ly/3VjCo10)) begins with a courteous message, the AGPA mission statement, the purpose of both listservs, and directions for signing up.
3. *The second document* (see Appendix B, [bit.ly/3AKgp3u](https://bit.ly/3AKgp3u)) will be the updated AGPA's Referral and Discussion Listserv Professional Rules & Recommendations. On the subject of policies, there are guidelines about anti-trust, intellectual property laws, and how we protect AGPA's tax-exempt status. Regarding Professional Recommendations, there are suggestions on ways to most effectively post. Members will be asked to sign this document.
4. *The third document* (see Appendix C, [bit.ly/3LuUCBY](https://bit.ly/3LuUCBY)) will be the AGPA Guidelines for Creating Affirming Experiences, which provides suggestions on posting in a manner that promotes

equity, broad inclusivity, and anti-racism. Members will be asked to sign this document.

5. We recommend an *online registration* that will initially occur during the transition of databases. Subsequently, registration will occur in conjunction with new AGPA membership. Once a member is registered for both listservs, they will receive a virtual copy of these documents for their records.

## Moderation Process

1. We have a proposed plan for how the moderation process would be set up.
2. The primary goal of moderation is to educate, lead, and guide in a manner that promotes broad inclusivity, humanity, decency, and safety for the entirety of AGPA members using the listserv.
3. We propose a total of six volunteers, recruited from the Board of Directors, the DEI Task Force, members from SIGs representing marginalized groups, and the general membership. We believe that this may well align with their commitment to assist AGPA in becoming an antiracist organization and provide them with an opportunity for positive action.
4. We are proposing two-member teams, each serving for one month. Each team will overlap with the previous one. For example, In January, Person A and Person B would be a team. In February, Person B and C would be a team. And so on...
5. When needed, the two-member teams will refer posts to the Secretary of AGPA, who would consult with the Executive Committee when necessary.

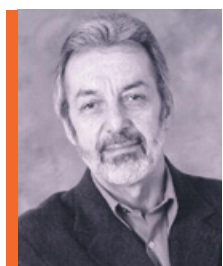
(Please refer to Appendix D, [bit.ly/42aYqig](https://bit.ly/42aYqig))

## Next Steps

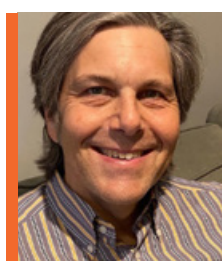
1. We will create a Moderation Team training protocol.
2. We will establish selection criteria for Moderators.
3. We will create and train Moderation Teams.
4. We will gather further information about possible IT solutions to reduce the labor of the AGPA staff and the Moderation Team volunteers.
5. A training program for Moderators will be created based on past listserv challenges in consultation with AGPA's DEI consultant and AGPA's identity-related SIGs. 🗣️

**“The goal of the subcommittee is to provide a revised listserv policy with built-in safeguards to preserve inclusiveness for the entirety of the AGPA membership while preventing harm. We have made recommendations using a courteous and positive tone throughout.”**

## Member News

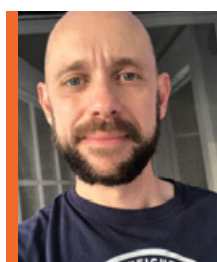


Philip Flores, PhD, AGPA-F, Jeffrey Roth, MD, AGPA-F, DFASAM, FAKRI, DLFAPA, and Barney Straus, LCSW, AGPA-F, have updated their book *Group Psychotherapy with Addicted Populations* (Routledge, 2023). The book provides strategies for combating alcohol and drug addiction through group psychotherapy. The interventions discussed in the book build on a foundation of addiction as an attachment disorder rooted in the understanding of addiction as a family disease. An appreciation of group and organizational dynamics is used to address the complex experience of developmental trauma that underlies addiction. Having identified the essential theoretical underpinnings of supporting recovery from addiction in part one, the second half of the book gives a nuts-and-bolts description of constructing a psychotherapy group and engaging productively in the successive phases of its development from initiation of treatment to termination. The book concludes with specific recommendations for group psychotherapists to increase their competence with groups, deepen their appreciation of group and organizational dynamics, and develop a community of support for their own well-being.



Scott Giacomucci, DSW, LCSW, BCD, CGP, is the author of a new book, *Trauma-Informed Principles in Group Therapy, Psychodrama and Organizations: Action Methods for Leadership* (Routledge, 2023). The book includes guidelines, detailed instructions, and diverse examples for facilitating both trauma-informed and trauma-focused groups in treatment, community, and organizational leadership. Chapters focus on safety, empowerment, social justice, vicarious trauma, and leadership. Organizational leadership is approached through the lens of SAMHSA's guidance and the framework of group work leadership.

The book also includes a focus on sociometry and psychodrama as strengths-based and experiential group approaches. Chapters contain a blend of theory, research, practical guidance, and examples from the author's experience.



Michael Murray, LMHC, MEd, and Laura Balogh have co-authored *The Therapeutic Inclusion Program: Establishment and Maintenance in Public Schools* (Routledge, 2023), which describes a program to support students with significant social, emotional, and behavioral challenges in their public schools. While there are many aspects to the program, the cornerstone is group psychotherapy. The largest chapter of the book describes an approach to process-oriented group psychotherapy with students in schools. Additionally, the central program classroom is a therapeutic milieu, which is described in a different chapter.



## Disability Justice in Groups?

Aziza Belcher Platt, PhD

The first several months of the year have several international awareness days related to disability and chronic illness. For instance, World Braille Day is in January; March has World Tuberculosis Day, and World Down Syndrome Day; World Health Day, World Autism Awareness Day, Autism Acceptance Month, World Chagas Disease Day, and World Malaria Day are all in April. These and other days bring awareness to different topics and causes that affect people around the world.

Awareness is the first step to addressing an issue and/or supporting those affected. How aware are you of others' visible and invisible disabilities? How aware are others of your visible and invisible disabilities if you have any? What do you do with that awareness as a group therapist? If someone sought your group counseling services and they used a mobility device or had low or loss of vision or hearing, would they be able to access your practice and services? Would they feel welcome, comfortable, and included? Would they be able to experience the full benefits of group therapy in your groups?

Before we explore your awareness and actions in the present day, I invite you to engage in this exercise designed by Kathleen Nash (Davis et al. 2014, p. 199):

- Think back to your early childhood experiences that include family and friends, as well as people you knew in your school and your community. Try to think of the earliest experience you remember having with a person with a disability. After reflecting for a few moments, answer the questions below.
- Who was this person with a disability, and what was the nature of their disability?
- What was your relationship to this person, and how old were you when you met this person?
- What were some of the feelings you remember about meeting this person for the first time? What questions did you have?
- Did you talk with anyone about your questions or concerns? How did they respond?
- Do you remember how this person's disability was explained to you? If it was not explained to you, what were you thinking about and feeling toward them?
- Did others use inappropriate names for or narratives about this person?

One point of clarification: I am not a person who identifies as disabled. I write this from the viewpoint of someone who hopes to be increasingly better informed and anti-ableist in my daily life and clinical practice, including group work. I welcome all corrections, additions, and feedback from those who do identify as disabled.

As per the World Health Organization (WHO), "disability results from the interaction between individuals with a health condition...with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support" (para. 2). Disability may come in many forms including vision, hearing, movement, communicating, thinking, learning, remembering, mental and physical health, and social relationships. An estimated 1.3 billion people, approximately 16% of the global population, currently experience disability (WHO, para. 1) and the number is increasing "in part to population ageing and an increase in the prevalence of noncommunicable diseases" (para. 1). WHO goes on to say

that "inaccessible environments create barriers that often hinder the full and effective participation of persons with disabilities in society on an equal basis with others" (para. 3).

Given my knowledge to date, I am intentionally using the word disabled, instead of differently abled or other language. While we should always be led by the identified community and the individual with regard to what language and terminology is preferred, disabled is not a bad word. Similarly, I opt for the words accommodations, adaptations, and modifications as opposed to "special needs." I have been taught that the term special needs was created by non-disabled people to other the needs of disabled people. A more inclusive way of thinking about this is that disabled people have human needs.

I recall reading something that said, "ableism is centering the non-disabled" and that feels like a guiding perspective. More specifically, ableism is "the intentional or unintentional discrimination or oppression of individuals with disabilities" (The National Conference for Community and Justice, n.d., para 3). Personal ableism, in part, manifests as viewing disabilities as wrong or as something that needs to be fixed, in our language and actions toward people with disabilities, and in our participation in excluding them by way of our actions or lack thereof. Systemic ableism is in part subjecting people with disabilities to inequity due to policy and laws or lack thereof.

Anti-ableism is thoughts, practices, and actions that challenge and counter ableism, inequalities, prejudices, and discrimination related to developmental, emotional, physical, or psychiatric (dis)ability. The Disability Rights Movement established essential civil rights for people with disabilities so that they could more fully participate in society. "Disability justice" is a term coined in 2005 by a collective of disabled, queer, women of color, which recognizes the intersectionality of people who are disabled and have other identities that are marginalized, including people whose ancestral lands have been stolen, people of color, LGBTQIA+ people, immigrants, and people who are homeless and/or incarcerated (WID, paras. 4-5).

So back to the question: What is your awareness and action as a group therapist around group members' disabilities?

Personal ableism is embedded in much of our language, including mine. As a presenter, I previously used the term "blind spot" when sharing how I use the Johari window (Luft & Ingham, 1955) to explore lack of awareness and unconscious biases around race. During a presentation, it was brought to my attention how that phrase was ableist. Admittedly and embarrassingly, that had not occurred to me before. I have stopped using it and am now excruciatingly aware of how often that and other phrases are used (e.g., tone deaf, falling on deaf ears, etc.). These words may mischaracterize a disabled person's experience, and using language that equates disability to something negative perpetuates stereotypes and contributes to systemic ableism. Changing our language is integral to dismantling the ableism ingrained in ourselves or our society.

One of the reasons that disability justice has become a priority to me was based on learnings since the start of the COVID-19 pandemic. I was fortunate to encounter people who spoke about the increased accessibility that came from online access to previously in-person only activities, including jobs, and protocols such as masks that provided previously absent protection for those who are immunocompromised and/or are



Aziza Belcher Platt

caregivers to people who are immunocompromised. My awareness has grown exponentially about my own ableism and a level of obliviousness to some of the ways that our fellow citizens who are disabled were isolated. It is also one of the reasons I am a proponent of not going back to normal because that excludes some of our community members. As a member of several group therapy organizations, it has been frustrating and disappointing to see our field gleefully return to normal without much, if any, consideration for our disabled and immunocompromised community members. One of the brilliant aspects of group therapy is that it can be a powerful antidote to feelings of isolation and exclusion that clients may experience in their daily lives. If we are not aware and action-oriented, we deny people with disabilities that experience. With commitment and creativity, we could create a new normal that everyone can gleefully and safely participate in.

Able-bodied is a temporary condition. Per WHO, "almost everyone will temporarily or permanently experience disability at some point in their life" (para. 1). Given that, what can we do to make our groups, group conferences, and other group therapy-related activities fully accessible and interactive experiences for all participants? 🌍

### Resources

- Roth, J. (2013, August 1). Inclusive group facilitation strategies for all abilities. *Counseling Today*. <https://ct.counseling.org/2013/08/inclusive-group-facilitation-strategies-for-all-abilities>.
- Seligman, M., & Marshak, L. (2004). Group approaches for persons with disabilities. *Handbook of group counseling and psychotherapy*, 239-252.
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- Davis, S.D., Bean, R.A., & Davey, M. P. (Eds.). (2014). *Clinical supervision activities for increasing competence and self-awareness*. John Wiley & Sons.
- Luft, J., & Ingham, H. (1955). The Johari window, a graphic model of interpersonal awareness. *Proceedings of the western training laboratory in group development*, 246.
- National Conference for Community and Justice (NCCJ). (n.d.). Ability. National Conference for Community and Justice. <https://nccj.org/resources/ableism>.
- World Health Organization (WHO). (n.d.). Disability. World Health Organization. [https://www.who.int/health-topics/disability#tab=tab\\_1](https://www.who.int/health-topics/disability#tab=tab_1).
- World Institute on Disability (WID). (n.d.). Moving From Disability Rights to Disability Justice. World Institute on Disability. <https://wid.org/moving-from-disability-rights-to-disability-justice>.

## OUR NATION UNDER THE GUN

Continued from page 3

"counteract secondary post-traumatic stress and vicarious traumatization" (Phillips & Klein, 2011, p. 499).

### Reflections

In retrospect, we believe we could have provided more support for front-line workers intensely impacted by the mass shooting and its aftermath by establishing a separate group for them. We observed that some emergency workers who attended our groups appeared guarded in disclosures

and shared primarily from the context of professional roles. Most only came once or twice. Front-line workers intensely impacted by the parade shooting would have benefited from a weekly group of their own. Some reported vicarious trauma and compassion fatigue but struggled to be vulnerable; they tended to share from a professional role context. More research is needed to discover how group interventions can best support front-line workers, as well as survivors, families, and affected communities following a mass shooting. 🌍

### References

- Abrams, Z. (2022, September 1). Stress of mass shootings causing cascade of collective traumas. *Monitor on Psychology*, 53(6). [www.apa.org/monitor/2022/09/news-mass-shootings-collective-traumas](http://www.apa.org/monitor/2022/09/news-mass-shootings-collective-traumas).
- American Psychological Association. (2019, August 15). One-third of US adults say fear of mass shootings prevents them from going to certain places or events.

Continued on page 8



## Congratulations New Fellows

AGPA salutes its newest Fellows. Fellowship indicates outstanding professional competence in leadership, and AGPA Fellows visibly represent the highest quality of the association. The Fellowship and Awards Committee takes five areas of activity into consideration and expects candidates to have shown excellence in leadership in at least two; one of which must be leadership in the AGPA and/or its Affiliates, as well as leadership in the field of group psychotherapy, clinical practice and/or administration, teaching and training, and research and publications.

**Latoyia Griffin, LCSW, CGP, AGPA-F (Las Vegas, Nevada)**



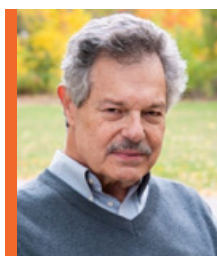
received her master's degree from Syracuse University in 2001, with concentrations in family mental health and women's studies. That same year, she became a Certified Group Psychotherapist. She started her career working at community mental health settings, quickly assuming positions of leadership within these institutions. When she moved from New York to Las Vegas, in 2008, she served as the Clinical Director of Harmony Healthcare, an outpatient mental health clinic. In 2009, she started her private practice. In 2013, she became a Registered Mental Health Facilitator. She is currently pursuing the designation of "trainer" from the National Board for Certified Counselors International and becoming a Certified Mindfulness Instructor.

Latoyia has taught at the University of Phoenix Colleagues of Social Sciences, University of Las Vegas School of Social Work, Widener University School of Social Work, and Cabrini University Social Work Department. In addition to her teaching experience, she has contributed 11 publications to the profession and has been an active presenter and speaker at AGPA Connect and at several Affiliate Societies. She led the DEI focus groups for leadership and members at AGPA Connect 2022.

Latoyia developed the Young Adult Group Therapy Program for Strong Hospital in NY. Since 1998, Latoyia has been facilitating multiple clinical groups with a variety of emphases, including groups for those diagnosed with mood disorders, people of color, Black/African American women, group therapists, early career professionals, leaders, and sexuality educators and reproductive health counselors. In addition, she facilitated psychotherapy groups for adolescents and adults.

While living in Las Vegas, Latoyia has served on the Board of the Northern California Group Psychotherapy Society (NCGPS) since 2016. She was elected Secretary in 2020. She was the Co-Chair of NCGPS Biennial Training Institutes in 2018, 2019, and 2022; Co-Chair of NCGPS 50th Conference in 2021, Chair of NCGPS DEI Committee in 2017, 2018, and 2021; Chair of NCGPS Policy and Procedure Committee in 2019 and 2020; Chair of NCGPS Bylaws Committee from 2016 to 2019; and Chair of NCGPS Fall Training Event for Group Therapists in 2018. Within AGPA, she has served as a Co-Chair of the DEI Task Force since 2022 and Nominating Committee member in 2022. She is also a member of AGPA's Racial and Ethnic Diversity SIG, Private Practice SIG, and served as a member of the AGPA Connect Workshop Committee.

**Allan Sheps, MSW, RSW, CGP, AGPA-F (Toronto, Ontario)** has been an active member of AGPA since the 1980s. He received his MSW from the University of Toronto and completed a two-year diploma with the Ontario (Canadian) Group Psychotherapy Association.



In his 20 years working at the Jewish Family and Child Service of Metro Toronto, he supervised the Group Therapy and Family Life Education programs, developed programs in conjunction with lay, community, and senior agency committees, did in-depth teaching, training, and supervision of staff, students and group workers and oversaw and coordinated program development in various areas including group therapy, divorce mediation, Men's Wife Abuse Program, and agency policy materials. As a member of the Wife Abuse Team, he was co-leader of the men's group. He has been in private practice since 1995 and has continued providing workshops and trainings for Canadians and, since the Covid-19 pandemic, online for an international community. He participates in two peer group psychotherapy consultation and supervision groups.

In addition to more than a dozen presentations at AGPA Connect, Allan has presented in multiple Canadian cities and provided supervision and training programs for the Canadian Group Psychotherapy Association, as well as the Calgary, Edmonton, Vancouver, and other Canadian group psychotherapy societies. Since 2012, he has been co-director, lecturer, and trainer at the Toronto Institute of Group Studies, a provincially registered institute providing training in group therapy and group facilitation to mental health professionals.

In addition to dozens of workshops presented at conferences and in consultation, Allan has been a group psychotherapy consultant and trainer at Jewish Family and Child Toronto, Muskoka Youth Counselling Centre, Caritas Treatment Centre, and several other Canadian clinics, organizations, and training centers. For the Canadian Group Psychotherapy Association Toronto Section, he has served as a Process Group Leader, as a lecturer in both their Diploma Program and Short-term Program and provided supervision of trainees, time limited groups and group development. Allan served as Co-Director of the CGPA Toronto Section Training program for five years. In AGPA, he served for six years as Co-Chair of the Groups in Private Practice SIG.

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



graduated with his doctoral degree from the Chicago School of Professional Psychology, where he received two master's degrees, one in clinical psychology and the other in clinical counseling. From his practicum experiences, David received training in the clinical field and in organization and program development. His group psychotherapy practice started 14 years ago.

David has taken numerous professional leadership roles. He has been Co-Chair of AGPA's E-Learning Task Force since 2020 and is an active member of the Internet, Social Media, and Technology SIG (iSIG), where he has served as Co-Chair since 2017. He has been a Board member and Executive Committee member on the International

Board for Certification of Group Psychotherapists (IBCGP) since 2020 and serves on its Clinical Professional Relations Committee. He is part of APA's Division 38 (health psychology), Division 49 (group psychotherapy), and Division 39 (psychodynamic psychotherapy), where he serves as Program Chair.

David works at New Insights, a community mental health clinic in Milwaukee, where he began as a staff psychologist and later became an owner. He offers clinical services, executive coaching, leadership trainings, and psychoeducational workshops. He also serves as the Director of Behavioral Medicine at the Medical College of Wisconsin, Department of Family and Community Medicine in Milwaukee.

He teaches group psychotherapy to practicum students, developing the group program for the Wisconsin School of Professional Psychology. After receiving his CGP, he started offering consultation and supervision groups to six advanced practice social workers (APSWs). He also offers four diverse groups: Medication Assisted Treatment and Trauma Group, a Skills Based Group for Depression and Anxiety in Primary Care, an Intern Support Group, and a Balint Group for Senior Residents. In the past year, David's emphasis shifted to working with underserved populations. His commitment to diversity, equity, and inclusion is extensive. He has presented on anti-Asian racism, the minority myth, and healing spaces for people of color. He currently serves on the Anti-Racism Committee for the Department of Family Community Medicine for the Medical College of Wisconsin.

**Ryan Matthew Spencer, LMFT, CGP, AGPA-F (Austin, TX)**



has been active in group psychotherapy work and organizations since he graduated with his master's degree from Fuller Theological Seminary. Upon graduation, he became involved with the Group Psychotherapy Association of Los Angeles (GPALA), where he served as a board member and eventually its President. After moving to Austin, he became a board member with the Austin Group Psychotherapy Society (AGPS). He served on AGPA Connect's Workshop Committee and is currently in the middle of a four-year term on the AGPA Board of Directors. Most recently, he has also taken on the position of Membership and Engagement Committee Co-Chair for AGPA.

While in the Los Angeles area, Ryan trained therapists in an evidenced-based practice model, supervised case managers, led group and individual therapy on three inpatient psychiatric units, provided consultation for on-going therapy groups, and helped clinicians to form new groups in various clinical settings. In Austin, he has been in private practice, specializing in group psychotherapy, anxiety and depression in adults and adolescents, and couple's therapy.

Ryan has facilitated numerous workshops and trainings in group psychotherapy and couples work for GPALA, AGPS, and AGPA, including a two-day Institute on *Exploring the Multidimensional Aspects of Group: Intrapersonal, Interpersonal, Group-as-a-Whole and Co-leader Dynamics in Group*, which he co-lead with Deborah Sharp, LCSW, CGP, AGPA-F, and an AGPA Connect workshop on *Developing and Maintaining the Co-Leader Relationship*. 🌟

## Toronto Institute of Group Studies Receives Harold S. Bernard Group Psychotherapy Training Award

The International Board for Certification of Group Psychotherapists presented the 2023 Harold S. Bernard Group Psychotherapy Training Award to the Toronto Institute of Group Studies (TIGS). The presentation took place during AGPA Connect 2023 in New York City.

This award, established in 2001, is given annually to an individual or organization whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. It was renamed through a legacy gift provided to the Group Foundation for Advancing Mental Health by Dr. Bernard. Dr. Bernard's legacy bequest and this award ensure that individuals and programs meeting a high standard of training quality are identified and honored for their contributions to the field.

TIGS was recognized for trainings that are noted for their breadth and depth, which range from four intensive weekends to day-long events, as well as no-cost consultation groups. Attendees are exposed to various therapy models, from the traditional psychodynamic approach to system-centered theory and interpersonal neurobiology. In addition to traditional training, TIGS provides customized trainings specific to institutions, as well as training in emerging areas of need, such as the trainings in leading online groups it started during the COVID pandemic. TIGS also recognizes the critical importance of social justice and integrates anti-racism and anti-oppression work into all its trainings.

Past recipients of the award can be found on AGPA's website at [www.agpa.org/cgp-certification/training-award](http://www.agpa.org/cgp-certification/training-award). 🌟





# 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](mailto:lee@leekassan.com).

Dear Consultants:

I have a weekly therapy group that's been meeting for eight years. Since the pandemic began, we've been meeting on Zoom. It's challenging but manageable so far. Part of the group contract is an agreement that members will not have contact outside the group, and I think they've been pretty good at keeping that agreement. Obviously, meeting on Zoom has made that easier because people aren't leaving the office together.

Lately, however, an issue has been raised by one of the members who learned that some members are following each other on Instagram. Welcome to the 21st century! He asked the other members to stop following and delete the accounts. These members have said they don't see any reason to stop, and in addition don't like being told what to do by another member. I don't know anything about Instagram and am not sure I see a problem here. So far, I've been letting them hash it out, but they're turning to me to make a final ruling about whether this violates the group contract.

How should I handle this situation?

Technologically Challenged



Dear Technologically Challenged:

Instagram is a photo-sharing app that sprung onto the scene in 2010; Zoom video conferencing has been around since 2011. Your group was formed about four years later. It is reasonable to expect that a group contract formed in the 21st century would address social media contact specifically.

My first recommendation is that you immediately update your contract to address contemporary modes of communication, such as Facebook, Twitter, and Instagram.

Social media contact is contact. To connect on Facebook, for example, you send a "friend request." On Instagram, you can "follow" people or send "direct messages." On Twitter, you can broadcast your thoughts as "tweets" and also send direct messages to other users. If you have a group standard prohibiting contact outside of group and your group members are connecting through social media, you have group members violating a group standard. You might want to handle this the same way you would if you found out two members of the group were dating, which another member found out about.

The pandemic has been hard on everyone. People are feeling disconnected and lonely. That may be one of the reasons why group members were tempted to violate group norms. However, pandemic loneliness is also one of the reasons alcohol consumption has risen over the past couple of years. We may understand why group members might want to have extra connections or extra alcohol, but that doesn't mean we would automatically support that.

Congratulations for running a group for eight years and allowing safe, therapeutic relationships to be made and maintained. Your attention to boundaries will continue to keep your group a safe place for members to connect well into the 21st century.



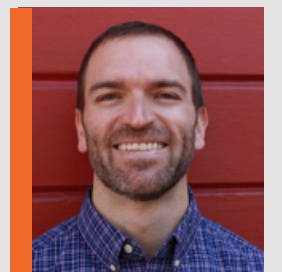
Marlo Archer, PhD, CGP,  
Tempe, Arizona

Dear Technologically Challenged:

Modern technology is confusing the frame for many of us, and when it comes down to group dynamics, this sounds to me like a dressed-up form of resistance. The group members agreed not to have outside contact; what do they think is happening when they're looking at one another's social media accounts? How is this different from their understanding of outside contact? Also, what is it they would feel or stop feeling if they stopped following one another? I would suggest finding some way to join the resistance.

Perhaps you can bring the technology into the room. What sort of fantasies are they having about the members they are following? What sort of Instagram stories would you, their therapist, have? Should you, the therapist, start following people? What about the people who don't have Instagram accounts? What happens to them? For the members who think that it violates the group contract, you might ask them what does it say about you that you're not stepping in to do something about it immediately? Do they have an objection to these types of feelings? Get them interested in their reactions.

I recommend being slow to action in this situation. What are they communicating by making a demand on you to make a final ruling? Why can't this be talked about for as long as it takes to sort out? What else would you be talking about if you weren't talking about this? How would the group want you to feel about it? What if you have a different feeling? Eight years is a good amount of time. I wonder if there is a desire for and fear of intimacy in a group this age: "I want you to get close, but not too close." Is Instagram a way of getting close without saying anything? Is the reaction to the Instagram accounts a counter-reaction to intimacy? It sounds like a rich opportunity for exploration.



Shanon Sitkin, MA, LMFT, CGP  
San Francisco, California

## FROM THE PRESIDENT

Continued from page 2

from the executive committees of the Tri-Organizations and an initial rough draft produced by Kellen Vice President Brad Pryba, which we will circulate throughout the organizations for input and revision.

Please begin to think about AGPA Connect 2024, to be held in the greater Washington, DC, area. The call for proposals will be available shortly, and I hope to see you all back in force next year. We hope that you share your ideas for both in-person and virtual programming. Thank you for your support, comments, and feedback. I can still be reached at [gary\\_burlingame@byu.edu](mailto:gary_burlingame@byu.edu). 🍷



# groupcircle

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

See *Group Assets insert*

## CHERI MARMAROSH, ASSUMES EDITORSHIP AT INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY

Continued from page 1

suffering, traumas (personal and intergenerational), and ways they have adapted to survive in the world. In my experience, the focus needs to be less on intellectual insights gained and more on the difficult and rewarding experiences with other human beings. Empathy, curiosity, and compassion should be the focus rather than experiencing distant interpretations or challenging cognitive/schematic processes. While I do appreciate intellectualization, this is my favorite defense; it is not always the best for patients or my own relationships.

**LL:** What are you most proud of personally?

**CM:** Personally, I am most proud of my daughters, Elan (eight), Audrey (12), and Hanna (26)! Being a mother is my most important life's work. I never thought I would love it as much as I do. I was impacted by my childhood. My grandparents were Jewish and left Russia to escape the pogroms. The trauma impacted my grandparents, my parents, and their capacity to be vulnerable. It was especially difficult when my parents were taking care of my grandmother, who lived with us when she was dying of cancer for many years. I was the first to graduate college in my family. I grew up in a world that was frightening, less welcoming of vulnerability, and often lonely. I think the years of being in therapy and working with patients changed me. Having children was also restorative. It made attachment theory come to life, and it changed my work with patients. I have more empathy for grandparents, parents, mothers, couples, and for family dynamics. Although I grew up Jewish and heard of the trauma my parents and grandparents endured, I was privileged. The increasing antisemitism around the globe and within psychology has had a powerful impact on me; I have become active in addressing group hatred with my children, through activism, and in my writing.

I was also diagnosed with multiple myeloma, an incurable blood cancer in 2016. It changed my life and motivated me to draw attention to the needs of people living with chronic health issues. It motivated my relationship with Divine Mercy University, an APA-accredited clinical doctoral program, that values multiple aspects of the person including spirituality and faith. My collaboration with them has led to connections with amazing researchers who share a passion for helping

people and alleviating human suffering. I am proud of the research, fund raising, and screenplay writing I have done to address life with multiple myeloma. Although it is frightening to say this out loud and in a public space, I think it is important not to keep this secret, and I hope it inspires others to feel safe to share their personal struggles, needs, and vulnerabilities.

**LL:** It is often suggested that the most satisfying career is one in which we can express something important of ourselves in the work we do. What would that be for you?

**CM:** In my own life and in the lives of my patients, I have seen incredible courage, strength, and vulnerability during desperate and painful times. It gives me faith in human beings to do the right thing, to value one another, and to survive regardless of the suffering and loss. I feel lucky to be in a career where I get to hear different stories of survival and try to alleviate the loneliness that often comes with suffering. We can't take away people's pain, but we can be with them, so they are not alone. Fostering resilience and alleviating loneliness are the two things that are important to me as a mother, therapist, group leader, and researcher.

**LL:** AGPA's organizational strategic mission is to become an antiracist organization, committed to diversity, equity, and inclusion. As Editor of the organization's peer-reviewed Journal, how will you incorporate these initiatives?

**CM:** I want to begin by bringing in more diverse individuals onto the Editorial Board. AGPA's CEO Angela Stephens, CAE, and I developed an Associate Editor position for a person of color who may be interested in future leadership as Editor. We have not selected anyone yet, but that will be announced in the next few months. I also welcome papers from members who are examining racism, microaggressions in groups, white privilege, rupture and repair, and addressing intergenerational trauma in groups.

**LL:** Is there a need to provide more publications from authors representing BIPOC and marginal-

ized groups and non-Eurocentric group psychotherapy research and therapeutic approaches?

**CM:** Yes. The *Journal* is planning a special issue focusing a DEI lens on contemporary Eurocentric models of group therapy to address how these models/theories apply to different marginalized populations. We also want to highlight how these models/theories can be hurtful to people with different identities. We do need more papers addressing the needs of the BIPOC community, of BIPOC group leaders, and on group dynamics that create hostile environments for BIPOC and marginalized groups. I welcome people contacting me if they are interested.

**LL:** What do you want group therapists to know about you that we haven't covered?

**CM:** While I love research and writing, I am a clinician first. I see patients in private practice, and I supervise groups in a community mental health clinic. I teach group therapy to graduate students and present on how group therapy fosters change. I am a psychodynamic/analytically oriented clinician who is open minded to other approaches. I value evidence-based practice, structured group interventions, and support groups.

In the end, psychotherapy is at the heart of what motivates me. It is what inspires my research and my commitment to supporting group therapy researchers. Research is what demonstrates, to those who don't have a passion or knowledge about psychotherapy, how important, effective, and worthy of reimbursement it is. Group psychotherapy is acknowledged and recognized as an important therapy modality by those outside AGPA when people like Gary Burlingame, PhD, CGP, AGPA-DF, spend hours doing meta-analyses that support group treatment effectiveness, and Martyn Whittingham, PhD, AGPA-F, spend hours summarizing the research findings so group is utilized to address healthcare inequities. The future of group psychotherapy practice depends on strong clinicians and on group therapy researchers. I believe we need both, and we are better when we do both together. 🧠

## OUR NATION UNDER THE GUN

Continued from page 5

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