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groupcircle

Large Group Work at AGPA and Beyond: Finding Ourselves in a Global Context

Joshua DeSilva, PsyD, CGP

EDITOR'S NOTE: Joshua DeSilva, PsyD, CGP (they/them), is a licensed psychologist who leads private practice groups focused on BIPOC and LGBTQ+ populations. They also teach, research, and provide mentorship as Assistant Professor of Clinical Psychology, Deputy Program Director, and Director of Clinical Training at the George Washington University (GWU) Doctor of Psychology Program. Dr. DeSilva's research focuses on the application of psychoanalytic theory and liberation psychology to groups, organizations, and societal dynamics. They enjoy leading a community intervention focused lab at GWU.



Joshua DeSilva

Every year at AGPA Connect, a common source of controversy, commentary, and buzz is the large group. "Why do we hold a large group? What's the point?" These are fair questions, deserving of answers that provide a theoretical foundation, an explanation of why the work is important to AGPA as an international organization committed to social justice and becoming antiracist. This article provides a description of how the large group can provide a container to address racial trauma and fraught global dynamics when these sociopolitical problems occur in this modality. This article also addresses how being in the large group provides participants with sharper tools for addressing their positionality as group therapists, as well as new ways of understanding what happens in therapy groups from a societal or structural level.

What is the Large Group? Theoretical Foundations

While there are several ways to describe the large group, this summary resonates with my experience: "As a social microcosm, the large group has the potential to illuminate conscious, preconscious, and unconscious dimensions of the broader sociocultural and political environment that influences our therapy groups, members, and ourselves as leaders" (Dluhy et al., 2019). We sit through and learn to understand large group processes because sociopolitical problems are there whether we speak about and address them or not. Avoidance or denial of the impact of sociopolitical problems, which are powerful sources of affect, defensiveness, and projection, causes us to misunderstand each other, our group members, and ourselves despite our best intentions. The social microcosm referred to here includes the isms and phobias—racism, sexism, homophobia, transphobia, sizeism, ageism, and other forms of oppression. It also includes all the global, national, and local conflict occurring at any given moment in time. The first principle of large groups is that despite any environmental challenges, we have a unique opportunity via the large group to find our voices amidst the chaos. We can find corrective emotional experiences, collective action, protest, advocacy, as well as more just and inclusive social relationships amid very difficult and painful sociocultural environments. In large groups, the relative safety of a supportive, well-contained small group is completely absent. The task is to find enough co-regulation from the participants to make meaning of the experience and to find one's large group voice. This mirrors the task of being a global citizen.

In her compelling book chapter on the *Consultant's Journey into the Large Group Unconscious*, Lamis Jarrar, PhD, CGP, describes the challenge of large group work vividly: "Examination of one's group identities in relation to others' group identities is anxiety-provoking and threatening, particularly in a large group setting which is a close approximation to the world we live in. I believe that the consultant's willingness and capacity to enter the large group experience aware of different aspects of the self, making them available for use in service of the task, furthers the development of dialogue....Discourse is shaped and determined largely by the consultant as a combination of consultant, facilitator, manager, therapist, comedian, sociopolitical commentator, alternating between participant-observer and participant-leader" (in S. Schneider & H. Weinberg [Eds.], 2003, p. 40).

I like Jarrar's description of group identities. None of us enters any of the groups we are a part of without bringing along our social identities, each aspect of which comes with a unique blend of privilege and marginalization. There is our own experience of our race, gender, sexuality, ability status, socioeconomic status (SES), etc., and then there is how these identities place us in social hierarchies and are experienced by others. While we know this intellectually, group therapists are often less adept at toggling between the intrapsychic, interpersonal, and sociopolitical dimensions of experience when we work clinically. The large group setting brings the somatic experience of living in one's identities immediately (and often jarringly) into awareness. Not five minutes into a large group session, it is not uncommon to already be agitated, anxious, and feeling isolated despite being surrounded by hundreds of colleagues. The consulting team's role is to help surface patterns, unconscious realities not being considered, and the process taking place in the room in service of the large group's work. Jarrar gives us a way of thinking about how the consulting team uses our own experiences to illuminate what is implicit and relevant to the group's stuckness in a particular moment. Rather than sharing experiences directly as a member might, consultants use their experiences as data about the group-as-a-whole. This consulting technique is powerful because it locates dysfunction not in individual participants but in the effects on the whole group of social systems.

To highlight what I mean about toggling between the intrapsychic, interpersonal, and sociopolitical dimensions of experience, I think an operative question is, "How is the group in the world, and how is the world in the group?" Our training as group therapists often gives us tons of insight about how relationality falls apart intrapsychically and interpersonally, but perhaps we need more practice at the sociopolitical level of analysis. Large groups provide myriad opportunities for exactly this kind of stretching.

Why Is the Large Group Essential to AGPA's Mission?

Despite its name including the "American" moniker, AGPA is also an international organization with members and leadership who represent the world's cultural diversity. According to the AGPA DEI Task Force's vision and goals statement, AGPA is committed to "foster[ing] an inclusionary space that affirms marginalized identities," and it seeks to "spark courageous conversations at all levels of the organization to raise consciousness about the impacts of dominant cultural privileges as they surface in training, practice, and service." (Please refer to AGPA Diversity, Equity and Inclusion Task Force mission, vision, and goals at <https://agpa.org/home/about-us/committees-and-task-forces/diversity-equity-and-inclusion-task-force>). Rather than providing didactic information in support of these courageous conversations, the large group gets folk in touch with their relationships to dominant culture privileges experientially. A recent qualitative study of various teaching methods for sensitizing mental health professionals to microaggressions found that experiential learning tends to be more lasting and transformative in its impact than didactic training

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from the
 president

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

Lorraine, Do You Have a Vision for AGPA for these next two years?

Why, yes, I do. Reading below, see if you can guess my Presidential Mission.

Since the Covid epidemic began, children and adults have been struggling with increased depression, anxiety, loneliness, and relational skills. As a result, demands for mental health treatment have increased dramatically, and it has become a daunting challenge to find an outpatient therapist. Unfortunately, individuals, who are already struggling, can feel defeated in their search for a therapist and may resort to coping methods that are destructive or harmful. In a worsening state of mental health, treatment requirements become more serious. Instead of being able to use outpatient services, a more intense treatment approach is needed, likely provided in a hospital, Intensive Outpatient Program (IOP), addiction center, or other agency system.

Are There Solutions to this Dilemma?

In Whittingham et al.'s article, (2023), he posits some answers. The goal is to increase group utilization in private practice and in primary care by 10%. If this target is met, access to treatment would increase and save the US more than \$5.6 billion and would allow 3.5 million more people to be seen in therapy (Whittingham et al.). Amazing!

The authors cite a growing body of research suggesting that group therapy is a triple E treatment. What does this mean? It is **Efficient**, meaning that in groups, more patients are seen at the same time, thereby increasing the number of clients seen while reducing the need for additional providers. A win.

It is **Effective**, indicating that group psychotherapy is effective at addressing a wide range of mental health concerns (See the evidencebasedgrouptherapy.org website developed by Gary Burlingame and others). Another win.

It is **Equivalent**, as group therapies show equivalent outcomes

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

For the last few years, research has consistently warned that we are amid an unprecedented mental health crisis as young men are failing to thrive in multiple ways. As Galloway points out, “there is no cohort that has fallen further faster than young men. Four times more likely to kill themselves, three times more likely to be addicted, 12 times more likely to be incarcerated” (Galloway, 2024). The research on males from ages 18- 34 years also includes: 18% are not graduating from high school, and 15% do not have friends (Galloway, 2023); 36% live at home with their parents (Pew Research, 2020); they are disinterested in having sex, and they lack long-term goals (Emba, 2023); there are fewer men attending college (40 percent male compared to 60 percent female; not including record high male college dropout rates), and they are also not interested in working (Galloway, 2024). Concerningly, research has also denoted that men who are unable to connect with a partner, community, or social support network are significantly more prone to violence, hate crimes, radicalization and terrorism, conspiracy theories, and joining extremist groups (Galloway, 2024; Griffin, 2021).

Although we are still in the beginning stages of understanding the scope and long-term impact of the crisis, there is movement by those in our field who propose promoting better male role modeling as one intervention. Additionally, the crisis is getting attention via mass media and much needed financial investments. For example, recently it was announced that renowned women’s rights activist Melinda French Gates will be donating a landmark \$20 million grant to the American Institute for Boys and Men to help address the problem.

I hope this edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *Large Group Work at AGPA and Beyond: Finding Ourselves in a Global Context* by Joshua DeSilva, PsyD, CGP, provides a theoretical foundation and explanation of the large group modality. I wrote the second feature article, *An Interview with Gary Burlingame, PhD, CGP, AGPA-DF, on the New Evidence-Based Group Therapy Website*, which showcases the recent breakthrough in our field with the launch of the evidence-based group treatment website.

In the *From the President* column, Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, shares her vision and mission during her tenure as President. In the *Practice Matters* column, AGPA’s Public Affairs Committee leadership provides updates and calls to action on how our membership can promote our field. The *Consultation, Please* column features a clinical dilemma and responses from Charles Pohl, MSW, CGP, AGPA-F, and Britt Raphling, LCPC, CGP. The *Affiliates’s* column, entitled *The Work Behind the Affiliate Societies Assembly DEI Award*, by Cheryl Kalter, PhD, LPC, CGP, provides an

exclusive interview with 2024 AGPA Connect award recipients Kathleen Isaac Campbell, PhD, CGP, and Fabiola Desmont, DSW, CGP.

We also congratulate our members on their professional milestones and achievements! This includes AGPA’s newest Fellows: Jennifer DeSouza, LICSW, CGP, AGPA-F, and Elizabeth (Libby) Shapiro, PhD, CGP, AGPA-F.

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

FROM THE PRESIDENT

Continued from page 1

for treatment of many mental health conditions. A hat trick.

However, this is not yet a full victory. While the most typical treatment methodology in clinics, agencies, and hospitals involves groups, unfortunately, too many group leaders in these agencies have had minimal guidance in how to conduct group therapy and, therefore, may be anxious about offering group treatment. This lack of training can create less effective treatment. So, despite the Triple E model, patients may receive less than optimal care when it is most needed.

What’s My Presidential Vision?

I would like to see more group leadership training happening in agencies for which I see multilevel benefits.

Are There Benefits to AGPA?

Follow my dream logic. Working with agency clinicians, we will address one of the major missions of AGPA, which is to provide quality training in group psychotherapy. Focusing on agencies, AGPA can increase our presence in more venues and attract more participants to AGPA Connect. We can offer a program that is relevant to them, encourage membership, and create a professional home for these frontline providers. These new members might be interested in becoming Certified Group Psychotherapists (CGPs), and perhaps these therapists will also be interested in joining the International Board for Certification of Group Psychotherapists, the Foundation Board, or the AGPA Board of Directors. AGPA continues to be responsive to the needs of the times and unquestionably, the contributions of new members will bring additional relevance to our meetings and other programs.

Is It All About Membership?

No. Let’s begin with the clear benefits to agency clients. More expert group leadership will lead to better mental health care, whether clients are in an IOP, clinic, or addiction treatment center.

In addition, participants will have better experiences as group members and learn skills that are best (and uniquely) learned in a group modality. Hopefully, they will leave the facility with fewer symptoms, increased skills in relationship building, and a desire to continue in an outpatient group setting.

What About Longer-term Benefits for the Client?

Having had a good group experience at their agency, clients may search out clinicians who run groups when they next

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need outpatient treatment. And even better, this may create more demand for group treatment in the outpatient sector.

Let’s Not Forget the Clinicians.

Clinicians who are trained will likely feel more confident when leading groups and may elect to increase the groups they run within their agency. In their professional circles and contacts, clinicians may share their positive experience and recruit others from their agencies or perhaps colleagues from other agencies to learn about group.

Within the agency, clinicians may be promoted to administrative positions, or they may find employment in another agency. In any case, they might advocate for an additional group focus in their organization.

Sometimes, providers leave an agency to begin a private practice. Feeling comfortable and confident in conducting groups, they may begin at least one group. We have closed the circle, as we are now back to Whittingham’s article about how to manage the current mental health crisis (increasing group utilization in private practice by 10%).

How Does This Help our Commitment to Diversity?

Group treatment can be effective at addressing effects of discrimination, including the stress of marginalized populations and systemic racism. Marginalized groups frequently have different access to quality treatment, receive fewer services, and these are often at a lower level of quality. The high cost of outpatient treatment serves as an additional barrier to access. Because there are not enough therapists to meet mental health demands and providers working in private practice are overwhelmed with demand, many have waiting lists. Within this dream, those in marginalized populations will have additional choices. They can access outpatient care for individual, couples, or group treatment before there is a need for more intensive treatment.

Join Me in This Vision

If you are interested in this project, contact me. With your assistance, I hope to begin to make my presidential vision a reality.

If you have questions or comments, please contact me at lwodiska@gmail.com. 📧

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AGPA
529 14th Street, NW
Suite 1280
Washington, DC 20045
phone: 212-297-2190
e-mail: info@agpa.org
www.agpa.org

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

EDITORIAL STAFF
Cheryl Kalter, PhD, LPC, CGP
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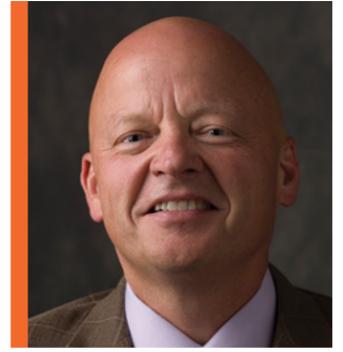
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An Interview with Gary Burlingame, PhD, CGP, AGPA-DF on the new Evidence-Based Group Therapy Website

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

EDITOR'S NOTE: Gary Burlingame, PhD, CGP, AGPA-DF, is Past President of the American Group Psychotherapy Association and Professor and Chair of the Department of Psychology at Brigham Young University. He has contributed to more than 40 books and book chapters along with more than 130 peer-reviewed articles in the group literature, and nearly 50 publications focusing on the Outcome Questionnaire (OQ 45) and Youth Outcome Questionnaire. He has served as a consultant to more than 20 federal, state, and private entities including the White House, Department of Labor, and Food & Drug Administration. His direct training has been received by thousands of consumers, clinicians, line administrators, and executive staff. Among his numerous career awards, he has received both national (American Psychological Association, American Group Psychotherapy Association) and international (German College of Psychosomatic Medicine) recognition. In October 2023, a major development occurred in the group therapy field with the launch of the evidence-based group treatment website (<https://evidencebasedgrouptherapy.org>) (Burlingame, et al., in press), that includes the training and group research-supported treatment protocols for psychiatric and medical indications.



Gary Burlingame

LL: Can you share why and how the EBGT website was created and how it benefits the field of group therapy?

GB: In 2011, Bernhard Strauss, PhD, and I were finishing up our second Bergin and Garfield handbook chapter and we noticed a sizeable increase in the number of rigorous randomized clinical trials testing different group protocols for common psychiatric conditions. We hatched a plan almost 15 years ago to invite disorder-specific group experts, many of whom are AGPA members, to participate in a collaborative meta-analysis plan to publish estimates of group treatment's effectiveness with specific disorders using a common codebook and method. Our goal was to publish effectiveness estimates for group treatment focusing on common psychiatric and medical disorders. This sets evidence-based expectations for improvement because we know patients with some disorders (mood and anxiety, for example) show greater improvement than more chronic conditions (schizophrenia and personality disorders). There are more than a dozen meta-analyses completed, which create the scientific basis for the EBGT website. Three organizations provided financial support for its creation—AGPA, APA Division 49, and the German Health Ministry—with combined support of more than \$200,000.

LL: What is the value of the new EBGT website? How can AGPA members and other group therapists best use the site to benefit their practice?

GB: To our knowledge, this is the first open science resource that makes hundreds of randomized clinical trials available with the click of a mouse. We hope it increases therapists' awareness of group treatments that are effective for disorders commonly treated in clinical practice. One significant advantage for a clinician is that treatment modalities on the website have links to treatment manuals, client handouts, and videos demonstrating the treatment with suggestions for training when available.

We're not interested in having the EBGT website creating group therapists that indiscriminately follow a manual. This is why the website has links that capture some of the complexities facing group leaders. For instance, a therapeutic relationship link begins with why we can claim that the therapeutic relationship is an evidence-based intervention, followed by separate links to cohesion, alliance, and group climate measures. We pick measures that have been shown to be reliable predictors of improvement and have these tools available to any therapist visiting the site. The goal is to equip group leaders with resources to track alliance, cohesion, and group climate, increasing their attunement with the group relationship. A third major link on the website begins with a discussion of the pros and cons of randomized clinical trial evidence and then introduces routine outcome monitoring and measured-based care instruments tested in group treatment randomized clinical trials that can track group member outcome along with other measures that predict group member improvement, such as selection and process measures.

LL: Can you explain why the group therapy field needs more evidence-, empirically based research? Do we need more meta-analytic studies, and if so, why and in what research areas? Similarly, why would group therapists want to provide evidence-based care?

GB: Group treatment does not appear in practice guidelines for common psychiatric disorders, which is one of the reasons we created the EBGT website. Indeed, group therapy is an underutilized, underrecognized, and underappreciated treatment, which is puzzling given the soaring mental health needs around the globe. This is noteworthy considering the research strongly emphasizes how group is as effective as other psychotherapeutic approaches, such as individual psychotherapy (Burlingame & Strauss,

2021). Only group therapists are aware that group is a Triple-E treatment—efficient, effective, and equivalent: a term coined by Yalom and Leszcz (2020).

Our hope is that the EBGT website increases awareness of the evidentiary base supporting group therapy's effectiveness so that it can receive a higher priority in training programs and treatment settings, as well as with stakeholders, given its promise as a solution to the mental health access crisis and equivalent effectiveness (Whittingham et al., 2023). While there is rigorous convincing research for group treatment effectiveness, there is a dearth of research exploring diversity of orientations—CBGT dominates some disorder research. We also need more research on DEI and multicultural clinical populations.

One reason group therapists might want to provide evidence-based care comes from the routine outcome monitoring research. It convincingly shows that therapists are unable to accurately predict who is improving or deteriorating during treatment. For example, one study of 30 group therapists who were treating 550 patients asked them to identify which patients had reliably deteriorated; therapist accuracy rate was 2% even though they knew the base rate in their center and had used routine outcome monitoring for 10 years (Burlingame & Strauss, 2021). On the other hand, we provide group therapists access to the Routine Outcome Monitoring (ROM), which is an evidence-based practice measuring tool shown to improve psychotherapy outcomes. The ROM system in that same study was 77% accurate as compared to 2% therapist accuracy.

LL: What empirically based research exists on the efficacy of group treatments, like psychodynamic/CBT/DBT, both long and short term?

GB: The EBGT website identifies psychodynamic and DBT models that are effective in disorders such as eating and personality because the literature is sparse. For every five CBT group studies published, only one non-CBT study is published, so this is an area needing more research. There are a few studies of long-term psychodynamic groups (six months to two years) showing efficacy, but we need partnerships with clinicians utilizing these modalities to add to this limited evidence. Unfortunately, the bulk of group research focuses on short-term models, mostly under 20-sessions, so more research is also needed on long-term groups.

LL: The website emphasizes contemporary research on the importance of the therapeutic relationship (e.g., cohesion, alliance, climate, empathy) and the strong evidentiary foundation showing that the therapeutic relationship often explains as much of the improvement in patients as the treatment protocol itself. How can the relationship with the group therapist predict and foster improvements in the treatment process and outcome?

GB: At best, the theoretical orientation explains 10-15% of patient improvement but adherence to treatment manuals has been shown to be unrelated to patient improvement. On the other hand, 23% of patient improvement in group treatment is related to the therapeutic relationship in process groups, with 16% of improvement explained by leaders using group process interventions and 13% explained by leaders who are fostering member-member interaction. Another 5% of patient improvement is explained by the alliance with the group leader. Therapists are unable to accurately predict individual member relationships until the latter part of their group treatment, which is often after alliance rupture or empathic failure occurs. The measures I mentioned to support leaders in detecting the strength of the therapeutic alliance and intervention to improve the alliance are in the relationship tab on the website.

LL: Why should AGPA members publish more in peer reviewed publications? What advice would you give to an AGPA member interested in pursuing more evidence-based research? What kinds of support does AGPA provide to those who do not have research experience, but wish to begin publishing? What areas of the field need to be researched more?

GB: We live in an evidence-based age, bombarded by advertisers who are marketing their wares with evidence. Thus, having evidence that one's service is making a difference fits the zeitgeist. Many AGPA members come from a private practice perspective, and there is little reason to participate in research—they're busy, successful, and may have philosophical concerns. We also hear from clinicians who bemoan the absence of research on psychodynamic or other models practiced by many of our members.

One option might resemble the practice research network created by Giorgio Tasca, PhD, in Canada, which is primarily made up of practicing clinicians. My dream—or perhaps it's a delusion—would be to find group practitioners who are using understudied models who'd be willing to pool data into an effectiveness repository. It would require them to use a common outcome measure after each session to assess symptom improvement. If an open science model was used that de-identified data, AGPA researchers could partner with practitioners and do real-life effectiveness research on understudied models of therapy. I've done this for 35 years with OQ-Measures and clinical practices that are interested in documenting who improves, who shows no change, and who deteriorates, by adopting a local scientist perspective. It simply requires the willingness to ask clients to take five minutes before a session to complete an outcome measure or five minutes after a session to complete a process measure tapping the therapeutic relationship or other process variable. This could focus on commonly used models of group that are understudied.

LL: Is the website a completed project? If not, what areas are still underdeveloped and will be worked on in the future?

GB: Only the first phase has been released. Based on our vision, it will never be completed because as users provide the steering committee with feedback it will continue to expand. We have a *Group Dynamics* special issue (Burlingame et al., in press) coming out on this. Also note that at the bottom of the website's landing page is an email that welcomes feedback on missing information, missteps, and models with research that might have been missed. The therapeutic relationship and alternatives to randomized clinical trial links will be completed in future phases although we have done some preliminary work on the design and content. New knowledge is always being uncovered, and we hope that this gets added to the website.

The EBGT website provides resources on:

- How group treatments are effective for disorders commonly treated in clinical practice;
- The therapeutic relationship links that empirically support how the therapeutic relationship is an evidence-based intervention to improve cohesion, alliance, and group climate measures; and,
- Outcome monitoring and measurement-based care instruments (empirically tested in randomized clinical trials) that can track member outcome in tandem with other measures that predict group member improvement such as selection and process measures.

Interested readers are encouraged to consult this high-level resource at <https://evidencebasedgrouptherapy.org>.

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Group Therapy Is an Effective, Evidence-Based Therapy that Increases Mental Health Access: Let's Make Sure Everybody Knows

Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, and Farooq Mohyuddin, MD, CGP, AGPA-F, Public Affairs Committee Co-Chairs, and Diane Feirman, CAE, Public Affairs Senior Director

Several studies and articles over the last few years have highlighted the fact that the US is in the midst of a mental health crisis.

FACT SHEET: Biden-Harris Administration Highlights Strategy to Address the National Mental Health Crisis | The White House (<https://www.whitehouse.gov/briefing-room/statements-releases/2022/05/31/fact-sheet-biden-harris-administration-highlights-strategy-to-address-the-national-mental-health-crisis/>)

The State of Mental Health in America | Mental Health America (mhanational.org) (<https://www.mhanational.org/issues/state-mental-health-america>)

Mental Health in America: A Growing Crisis (psychiatrytimes.com) (<https://www.psychiatrytimes.com/view/mental-health-america-crisis>)

Drastic increases in the demand for services in conjunction with workforce shortages in terms of availability of therapists to meet that demand have contributed to unmet needs, resulting in people not receiving the help they need. A singularly important analysis published in the *American Psychologist* (Whittingham et al., 2023) shows that if 10% of the unmet need for psychotherapy in the US was met with group therapy and not individual therapy the following would occur:

- 3.3 million more people would be served, providing significantly improved access to mental health treatment;
- The need to add new therapists to the workforce (currently at 34,473 additional therapists) would be reduced; and
- Savings of more than \$5.6 billion in mental health care costs would be realized (Whittingham, et al., 2023).

When looking at how individual and group therapy are utilized nationwide under third-party payment, only 2% of the mental health services provided in private practice are group therapy. Most group therapy takes place in inpatient and structured outpatient agency settings like substance abuse clinics or hospitals, typically for clients whose conditions have become more chronic and/or severe. This leads to bottlenecks of care, as private therapists often have full caseloads and become unable to take on new clients when their needs are less severe and can be managed in an outpatient setting.

Our Call to Action: Add one or more groups to your private practice. Also, encourage your colleagues to add groups to their private practices. Share this article to demonstrate the need for more groups to address mental health needs in our communities.

The evidence for the effectiveness of group therapy exists. The recent launch of an Evidence-Based Group

Therapy website at <https://evidencebasedgrouptherapy.org/> is a key resource that can be used to demonstrate the effectiveness of groups. This website has been developed by an international team of renowned mental health professionals and supported in a collaborative effort by AGPA with funding provided by the Group Foundation for Advancing Mental Health, the American Psychological Association's Society of Group Psychology and Group Psychotherapy (Division 49), and the German Health Ministry. The development team was chaired by AGPA Past President Gary Burlingame, PhD, CGP, AGPA-DF's lab at Brigham Young University and Bernhard Strauss, PhD's, lab at the Institute of Psychosocial Medicine, Psychotherapy, and Psycho-oncology at Jena University Hospital in Germany (see the interview with Dr. Burlingame in this issue of the *Group Circle*).

Group Therapy is a Triple E Treatment. The meta-analytic research and state of the field contained in this new website demonstrates that group therapy is:

- *Effective* – Effective for a wide range of conditions, including but not limited to depression, social anxiety, and addictions;
- *Equivalent* – Equivalent outcomes to individual therapy for a wide range of conditions; and
- *Efficient* – Group therapy increases access to therapy as it allows therapists to see more clients per week.

Group therapy will be key for mental health treatment access, and this new website will serve as a resource for effective, disorder specific group treatments supported by evidence. It can serve as a resource for treatment information and the basis of trainings to increase practitioners' comfort in providing group therapy. Moreover, agencies who provide the highest percentage of group treatment in the U.S. could extend their group treatment offerings by employing evidence-based protocols found on the website for the most common psychiatric disorders.

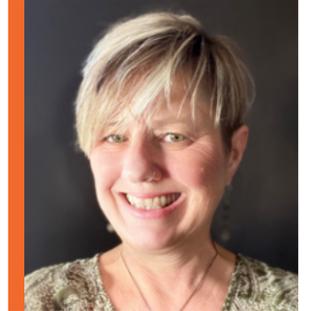
Our Call to Action: Share this website broadly. Link to it from your website and social media accounts to demonstrate the power and effectiveness of this treatment in which you specialize. Provide it to third-party payers with whom you interact to advocate for the use of groups. If you have any contacts with third-party payers, and/or would like to be involved in efforts to advocate for the use of groups, contact Diane Feirman, CAE, Public Affairs Senior Director, at dfeirman@agpa.org. If you have contacts



Leo Leiderman



Farooq Mohyuddin



Diane Feirman

at newspapers or magazines, consider making a connection with us so that we can pursue the inclusion of content on group therapy (this includes local newspapers, which often need content). You can also share the **Group Works** resource to address many of the general public's common questions about group therapy.

AGPA is working to increase its public outreach efforts to promote the benefits of group therapy as an effective and cost-effective mental health treatment. We are increasing the content we have on hand to publicize the benefits of group therapy, inspire therapists to run more groups, and encourage those seeking mental health services to request group as a treatment option. We are also promoting mental health awareness and wellness through our website www.agpa.org and our social media platforms on Facebook, LinkedIn, and Instagram.

Our Call to Action: If you post on social media, please like and reshare our content, as well as comment on it to increase visibility to your colleagues, friends, and family. If you personally post information related to mental health and group, tag us @agpa01 to show your support and to potentially be reposted on AGPA's channels.

The need for mental health services is real and urgent. The evidence shows that group therapy can play a significant role in increasing access to effective treatment while managing costs. The Call to Action for all of us is to spread the word about group therapy as an effective treatment method through all the avenues available to us. We know groups work. Let's work together to tell everyone about them. 🙌

Reference

Whittingham, M., Marmarosh, C.L., Mallow, P., & Scherer, M. (2023). Mental health care equity and access: A group therapy solution. *American Psychologist*, 78(2), 119-133. <https://doi.org/10.1037/amp0001078>.

Give the Gift of FREE AGPA Membership to Colleagues, Friends, and Students

What better way to support and grow our community than by adding new members? We have heard from so many of you that the experience of cultivating and mentoring new AGPA members is extremely rewarding. The first year of membership is critical for engaging our new members. Members who feel a real connection with other members will want to maintain their membership. With this in mind, we invite you to be that connection.

Share the gift of AGPA membership discount code (**FREE2025**) to as many potential new members as you would like to invite to join AGPA.

Important details:

- **Free membership is available only to those who have never previously been a member of AGPA.** This offer is not valid for past or current members, and it cannot be used to renew a membership.
- **Coupon Code:** Free members create an account in the new AGPA portal to complete a join application and apply discount code (**FREE2025**) at checkout. Free members do not need to provide payment information.

The free membership offer expires on September 30, 2024. Membership becomes official upon acceptance of an application and is active through June 30, 2025.

Give the gift of an AGPA membership

Use **FREE2025** at checkout.

exclusive to new members only and expires on 9/30/2024

agpa

Congratulations New Fellows

Jennifer DeSouza, LICSW, CGP, AGPA-F, (Arlington, Massachusetts) received her master's degree in social work from Boston College in 1999. Once licensed, she worked in an in-patient hospital setting, as part of a crisis response team, and as a care manager for several years accumulating



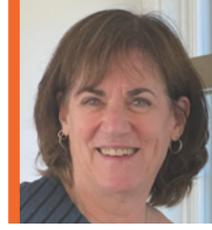
Jennifer DeSouza

administration and clinical experience. She served as Program Director for the Community Rehabilitation Service at South Shore Mental Health in Quincy, Massachusetts, and as Program Director of the Community Based Flexible Supports Community Recovery Program of the same institution. She later worked at the Massachusetts General Hospital, Department of Psychiatry, where she started facilitating DBT and psychotherapy groups, and became the Group Psychotherapy Program Coordinator. From 2014 until 2023, she participated in the Steering Committee for the Center for Group Psychotherapy at the Massachusetts General Hospital. For the past six years, she has served as a group psychotherapist and supervisor at the hospital and opened a private practice.

Jennifer has specialized training in EMDR, attachment-based, and psychodynamic psychotherapy modalities. She also has special interests in community involvement, disadvantaged groups, and history. Her client population includes people of color and Latinx heritage; those who identify as lesbian, gay, or queer; elderly clients who live in poverty; people who have been marginalized with a family history of internment in the US; and Jewish clients who have history of intergenerational trauma and loss related to the Holocaust and antisemitism.

For 14 years, Jennifer has been an active member of AGPA and the Northeastern Society for Group Psychotherapy (NSGP). She served as the Membership Committee Chair, Secretary, and President of the NSGP, and currently serves as its Conference Committee Co-Chair. She is a Board Member on the International Board for the Certification of Group Psychotherapists (IBCGP).

Elizabeth (Libby) Shapiro, PhD, CGP, AGPA-F, (Lexington, Massachusetts) has demonstrated exceptional dedication and expertise in group psychotherapy over the past three decades, significantly contributing to the field through her work at Massachusetts General Hospital (MGH) and Cambridge Health Alliance (CHA). At CHA, she spent the last decade supervising psychiatry residents, psychology postdoctoral fellows, and psychology interns. She also teaches crucial segments of the Psychotherapy Research Clinic seminar, focusing on the initiation and termination phases of psychotherapy. During her tenure at MGH, Libby played a pivotal role in the Postgraduate Fellowship in Psychodynamic Psychotherapy and later at the Center for Psychoanalytic Studies. As the Director of the Center, following the passing of its founder, Anne Alonso, PhD, CGP, AGPA-DLF, she adeptly managed both administrative and academic responsibilities. Libby oversaw faculty participation, educational activities, curriculum planning, and the overall experience of the trainees from application through graduation.



Elizabeth (Libby) Shapiro

She co-authored a notable chapter on supervision with Dr. Alonso and has scholarly interests in training, sibling dynamics, and advanced techniques in group and individual therapy. Her extensive private practice further informs her academic and clinical work, where she treats adults and supervises credentialed clinicians.

Since 1994, Libby has presented on a wide array of topics, such as *Sibling Transferences in Group Therapy* and *The Change Process in Group Therapy*. She has been an active member of AGPA, serving on the Institute Committee of AGPA Connect since 2016 and co-chairing it since 2022. Her leadership roles extend to the Northeastern Society for Group Psychotherapy, where she co-chaired the Experience Group Committee. 🌟

Nominations Open for the Harold S. Bernard Group Psychotherapy Training Award

The International Board for Certification of Group Psychotherapists (IBCGP) is accepting nominations for the Harold S. Bernard Group Psychotherapy Training Award, given annually at the Community Meeting at AGPA Connect. The award was established in 2002 to recognize individuals, programs, or institutes that make an outstanding contribution to group psychotherapy education and/or training or contribute to standards of practice in a meaningful way.

In 2012, the annual training award was renamed the "Harold S. Bernard Group Psychotherapy Training Award" though a legacy gift provided to the Group Foundation for Advancing Mental Health by Dr. Bernard's estate for the purpose of endowing the award. Dr. Bernard was an esteemed leader, teacher, colleague, and friend in the field of group psychotherapy. AGPA and its related organizations were his second family. His contributions to the field in general and to AGPA specifically were impressive in their scope and their impact on the field. Throughout his lifetime, training in group psychotherapy was near and dear to Dr. Bernard's heart. His legacy bequest ensures that individuals and programs meeting a high standard of training quality are identified and honored for their contributions to the field in developing the next generation of clinicians who use group psychotherapy to help people.

Application guidelines for the Harold S. Bernard Training Award can be found on AGPA's website at <https://www.agpa.org/cgp-certification/training-award>. The submission deadline is November 15. 🌟

Navigating the Two-Day Institute: Tips for Early Career and First Time Attendees

Are you planning to attend AGPA Connect 2025 in San Francisco? Early career and first-time attendees are often unsure about which type of Institute to choose and what the expectations are for each.

Institutes are designed for professionals with at least a master's degree in a mental health field and clinical psychotherapy experience. Psychiatric residents, graduate students, and mental health workers from various settings are also welcome. Here's how to make the most of your Institute experience:

Choose the Right Section

Selecting the appropriate section for your experience level is crucial. The Institute offers two main types of sections:

1. General Process Group (GPG) Experience Sections: Ideal for those looking to develop fundamental group therapy skills applicable across various settings and theoretical orientations. These small groups (max 12 participants) blend experiential learning with didactic components.
2. Specific Focus Process Group (SFPG) Experience Sections: Perfect for those interested in diving deeper into specific theories and approaches in group treatment. These sections, accommodating 14-20 participants, offer intensive, hands-on learning to enhance your practice.

Aaron Black, PhD, CGP, AGPA-F, and Elizabeth Shapiro, PhD, CGP, AGPA-F, Institute Committee Co-Chairs, offer some advice. "My recommendation would be to keep in mind that the Institute experience is for emotional and intellectual learning. It's useful to remember that Institutes produce both gratifying and frustrating relational experiences," says Black. "People should use whatever connections they have within AGPA to help them discern a good fit; use the power of the larger group," adds Shapiro. The Institute spans two full days. Attendance is required for both days. Partial attendance will not qualify for Continuing Education credits. "The central learning process of an Institute involves experiencing and understanding how our feelings in group can lead to growth and development, personally and as a group." Embrace the here-and-now experience to gain insights into yourself as both a group member and leader. 🌟

The Group Circle Seeks a New Editor

Steven Van Wagoner, PhD, CGP, AGPA-F, Newsletter Editor Search Task Force Chair

I am excited and sad to announce that the position of Group Circle Editor will be open for the winter 2024 edition. Excited because it provides an opportunity for someone new to bring their unique talents, creativity and vision for our newsletter, and sad because our current Editor, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, will be stepping down after the publication of the fall edition.

Leo has been an outstanding Editor, improving and innovating the newsletter. As his predecessor, I saw first-hand how a new Editor can initiate and implement progressive changes. The newsletter informs us about AGPA activities and policy changes, its governance, and the leadership, as well as what members are doing to enhance the effectiveness of group psychotherapy, promote DEI (Diversity, Equity, and Inclusion) initiatives, and respond to needs in our communities. Finally, the newsletter offers articles that inform us about specific, innovative, and best practices, the latest research in the field, and trends that enhance and challenge our thinking and efforts to be an anti-racist organization.

The Editor must possess some special traits and skills to be effective. Experience with professional writing and/or publishing, as well as editing experience are some fundamental skills necessary for the role. In addition, the position requires a thoughtful and steady commitment to anti-racism and DEI. The Editor will serve as a mentor to those for whom writing is somewhat new, as well as a consultant to regular column contributors.

What I found compelling about being Editor, was that reading the writings of my colleagues and professionals in the field expanded my thinking about group work, challenged my

assumptions and implicit biases, and made me a better writer and editor. I found working alongside some very talented writers, theorists, and researchers was rich and enlivening, many with whom I developed enduring relationships. I also had the opportunity to stay abreast of what AGPA was doing, peek at what took place behind the scenes, get to know leadership, and interview some fascinating people like Irv Yalom, MD, and Esther Perel to name a few.

I asked Leo to describe what he found most rewarding, and he wrote: "Being Editor of the *Group Circle* is a unique role that provides a bird eye's view of the entire organization and its many facets while interfacing with all branches of AGPA leadership. Most importantly, it is a role that parallels the mission of the organization by promoting group therapy research, practice and us becoming an antiracist organization. As Editor, you also have a special opportunity to interact with countless members on a frequent basis and advance DEI-focused articles and submissions from new authors. It has been one of the most rewarding leadership experiences I have ever had."

I invite those of you who recognize yourself in some of what I have written above to contact me at slwagoner@verizon.net. I will then tell you how to apply and what you will need to submit. Finalists will be interviewed by the Newsletter Editor Search Task Force, consisting of myself, Shemika Brooks-Woods, PsyD; CGP, AGPA-F; Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F; Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF; and Rachelle Rene, PhD, CGP, BCB, HSMI. Our hope is to select the new Editor in time to work with Leo on the fall issue before flying solo in the winter. And you're never really flying solo; there is an excellent production staff to work with you who have been doing this for years. 🌟

The Work Behind the Affiliate Societies Assembly DEI Award

Cheryl Kalter, PhD, LPC, CGP

We often present awards without truly understanding the hard work and dedication of those who receive them. I sat down with Kathleen Isaac, PhD, CGP, and Fabiola Desmont, DSW, to pull back the curtain and uncover the background that went into the DEI Award that they received from the Affiliate Societies Assembly (ASA) at AGPA Connect 2024, held in Washington, DC, earlier this year. The award celebrates the hard work involved in all organizational change. It was presented to Kathleen and Fabiola for reinvigorating the Eastern Group Psychotherapy Society's (EGPS) attention to DEI (diversity, equity, and inclusion) and adding significant enhancements to their Group Psychotherapy Training Program.

I was struck by their passion and commitment to making the EGPS Training Program more inclusive and responsive to the current student training population. From the beginning, I knew I was speaking to confident and powerful women.

The one thing that could not be more apparent during our discussion was that they had put in a tremendous amount of time, as well as intellectual and emotional energy addressing the safety of BIPOC students in the group training environment, while exploring two very important questions: Who am I in this group? and How can I belong?

Addressing Racial Dynamics Isn't Easy

"It's been challenging to get people to recognize that there were things that needed to be put in place to make sure that students felt supported and didn't leave their training because of the harm that they were experiencing," said Dr. Isaac.

"Any training program has its own expectations, standards, and bylaws. I noticed that the EGPS training experience felt very different. I didn't feel heard. I didn't feel like I belonged there. I was very open about my concerns and experiences to the Board of Directors throughout my time as the diversity consultant," said Dr. Desmont.

Dr. Desmont also advocated for the need for BIPOC students to feel safe in the training group experiences at EGPS. During this time Dr. Isaac was asked to be Co-Director of the Group Training Program. She was working to direct attention to the need for curriculum change that included teaching from a diverse cultural perspective represented by authors of color, instead of only white authors.

The EGPS Board's resistance to change became discouraging, even though there was obvious support from a few key leaders. But a collective EGPS leadership movement was missing. Disappointment and burnout led to multiple attempts by Drs. Isaac and Desmont to step down from their respective leadership roles in the Group Training Program. But because of the perceived value of their positions and leadership abilities, they were both encouraged to stay,

with promises that necessary changes they sought and were promoting would be advanced.

After George Floyd's tragic death, and the resulting efforts of EGPS's Workgroup for Racial Equality, of which Drs. Isaac and Desmont were a part, they began to see some progress within the organization.

"For the first time, our program had a critical mass of BIPOC students, bringing forth long-standing issues and experiences of harm within the program. When multiple voices speak up about these issues, they can no longer be dismissed or ignored. There was a lot of work to be done at the faculty level just in terms of their understanding of racial dynamics," said Dr. Isaac.

There Is a Lot More Work To Be Done

"Before the death of George Floyd, there was a growing awareness about the need to address issues surrounding diversity and inclusion within the organization. EGPS was ready to face itself and think about its membership and specifically the training program. After his death, calls for racial justice touched everyone deeply. EGPS was one of the Affiliates that was doing some hard work looking at itself, its programs, and its issues around diversity and inclusion," said Dr. Desmont.

"That's when the Board was receptive to look at the training programs and leadership. Many staff members were willing to have that conversation with me in my role as the racial consultant and start thinking about ways to integrate the clinical and the DEIB (diversity, equity, inclusion, and belonging) work. What does that actually look like?" she added.

"Preserving the core values and principles while also evolving with the times was crucial for reinvigorating the training program. It can be compared to renovating an old house—keeping the good bones while modernizing and bringing in new elements. This balance is key for any organization to thrive. As a result, faculty members reevaluated their approaches to teaching and acknowledged the necessity for change," noted Dr. Desmont.

Dr. Isaac made it her mission to evaluate, revise, and enhance the reading lists, recognizing the need for more inclusivity in the program's reading materials based on student feedback. She dedicated herself to evaluating and grading readings for their inclusivity and relevance. It was a massive undertaking of time that required her expert knowledge of current trends and needs in group training for the 21st century. Not only did she thoroughly review the current recommended reading list, but she also sought out additional materials that accurately reflect diverse groups. This included exploring topics such as racial disparity, various gender identities, and evolving relationship dynamics.

The Emotional Cost of Promoting Meaningful DEIB Initiatives

When speaking about invisible or emotional labor, I'm reminded of an old saying: "Don't tell me about the labor pain, just show me the baby." It's apt for this purpose as it touches on the struggle for women and BIPOC individuals who are the beating heart of the diversity, equity, and inclusion movement. "There is a burden of responsibility that must be recognized," said Dr. Desmont. "Many times, the work is left to the person who will do it. This is often the newer BIPOC person who is used to pick up the slack. That person now has the added burden of that responsibility without the benefit of support, nurturing, or compensation."

Organizations often strive to increase diversity in their leadership, leading to a desire for talented individuals from underrepresented communities. This was the case for Dr. Isaac, who as a young Black professional was offered the position as Co-director and Curriculum Developer of EGPS's training program. Despite feeling underqualified due to her limited experience with EGPS, she took on the role with hopes of making positive change and finding a seat at the table for Black women. She shared, "I was tapped very early on to get involved. I served one year on the Conference Committee. Following that, I was asked if I could be on the Executive Committee as Secretary. I was a grad student at the time. I was really encouraged and told: we just think you're great and we really want to get you more involved. So, it's always felt like I didn't get to be an adolescent in the organization. I was immediately put to work."

Acknowledging the hard work that goes into promoting diversity, equity, inclusion, and belonging is important, but it's equally essential to ensure that those who are doing this work are fully supported and appreciated for their efforts. It's not sustainable to rely on new members from marginalized communities to carry the burden. They will become overworked and exhausted without proper support. Young new leaders who have lots to offer, but have little experience in belonging to the new organization, require proper mentoring, support, and check-ins.

"If you really are going to position yourselves as a place that's inclusive, people need to feel like they belong, and they don't need to experience any additional harm. So, what are we going to do about that?" Kathleen Campbell

Thanks to the pioneering efforts of Drs. Desmont and Isaac towards equitable representation, cultural diversity, belonging, and showcasing DEIB progressiveness, we have a blueprint for future progress. There is always more work to be done. The entire working structure of our ASA must be adaptable, supportive, and built on strong relationships. 🌟

What Our Members Are Saying About AGPA

AGPA recently conducted a comprehensive survey to gauge member satisfaction and gather feedback. Here's a closer look at what our members are saying.

Leading the Way in Group Therapy

"I value the healing potential of groups and believe AGPA is leading the way in harnessing this power."

AGPA is at the forefront of innovation in group therapy, continually pushing the boundaries of practice and theory. Our members appreciate our efforts and recognize the significant impact of our work on the field.

A Professional Home

"It is my professional home and offers the latest in training for the work I love to do."

AGPA is more than an association; it's a professional home. Members find a sense of belonging and access to high-quality education that keeps them at the top of their profession.

Commitment to Growth and Quality

"I value the people, the openness to personal growth, the level playing field, and the quality programming."

Our community is built on a foundation of mutual respect. Members value our inclusive and supportive environment.

Professional Training

"I believe group therapy is valuable, professional training is crucial, and being part of this community matters."

AGPA provides essential resources and education that empower therapists to deliver effective group therapy, enhancing their skills and benefiting their clients.

Connecting Like-Minded Professionals

"It is THE organization to learn/experience/share 'group think' and connect with other like-minded professionals."

AGPA serves as a hub for professionals passionate about group therapy. Our members value the opportunities to learn, share experiences, and connect with peers.

Demographic Insights

The survey also provided valuable insights into the demographics and satisfaction levels of AGPA members:

- Membership Demographics: 83% of respondents are professional and Certified Group Psychotherapist (CGP) members. Nearly 50% of the respondents have been members for 15 years or more.
- Career Stages: 43% of respondents are in the early to mid-career stage, while 57% are near retirement or retired.

Costs and Benefits

Overall, members expressed satisfaction with AGPA's membership costs and the value of benefits provided:

- Membership Costs: 61% of respondents are satisfied

with membership costs, with 23% neutral and only 14% unsatisfied.

- AGPA Connect Costs: 43% of respondents are satisfied with the costs associated with AGPA Connect.
- eLearning Costs: 53.3% of respondents are somewhat or very satisfied with eLearning costs.

Areas for Growth

While the feedback was largely positive, members did identify some areas for improvement:

- Leadership Opportunities: Increase awareness of leadership opportunities to foster greater member engagement and development.
- Membership Costs: Explore ways to enhance value or offering tiered membership options to address these concerns.
- AGPA Connect Costs: Reassess pricing structures or offer more financial support options for attendees.

Thank you to all members who participated in the survey. Your feedback is invaluable and helps shape the future of AGPA. We look forward to continuing to support your professional journey and fostering a thriving community of group psychotherapists. 🌟



consultation, please!

Members are invited to contact Lee Kassan, MA, CGP, AGPA-LF, Editor of the Consultation, Please column, about your issues and/or questions that arise in your group psychotherapy practices. Special Interest Group members are highly encouraged to send cases that pertain to your field of interest. They will be presented anonymously. Email Lee at lee@leekassan.com.

Dear Consultants:

I facilitate a transference-based therapy groups for adults. The groups are composed of mixed genders, sexual orientations, and mixed levels of functioning. One group rule is that members are anonymous to each other, known only by their first names. There's no outside-group contact. In one group, a member who identifies as female, who is an executive in a large company, told the group that her firm was about to go public and issue an IPO on the NYSE. In a subsequent group, a male member with a history of passive-aggressive behavior, including inappropriate behavior in the workplace leading to his dismissal from many jobs, bragged that, from what scant information she had shared, he had figured out the company name and purchased shares before it went public. The female member was furious with him, felt betrayed, and threatened to quit the group if I didn't immediately expel him for violating her confidentiality. She no longer felt safe in the group and feared that she might be accused of insider trading. The group rallied around her and agreed that I should take action against him. As a psychoanalytic group therapist, since the male member knew my rule about outside-the-group contact, I took the position that his behavior was an act of negative transference, passive aggression toward me, and asked him, "What was the unspoken message to me in breaking the group rules?" He said sarcastically, "Rules are made to be broken." I had the impulse to throw him out right then and there. The group was furious with him and pressured me to do something. I was faced with the ethical dilemma of choosing between abandoning his treatment and protecting the integrity of the group. Any thoughts?

Signed,
Ambivalent

Dear Ambivalent:

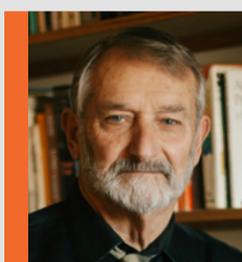
As I thought about this dilemma, I was conflicted. My initial response reflected my anger at this man for poisoning the group frame and making it feel unsafe for everyone, especially the woman whose confidentiality was violated. My first thoughts were to immediately remove him from the group and put him in individual therapy. However, this could lead to a level of shame from which it might be difficult for him to recover, plus it leaves the group without an opportunity to deal with their feelings toward him in real time. The group would be stuck wrestling with his ghost for the near future.

Removing him from the group, also eliminates the opportunity for him and the group to explore the acting out behavior. What prompted him to capitalize on a relationship with no consideration of how it might impact the woman and the group-as-a-whole? There is a major failure on his part not to consider the impact on the others, which has been a chronic issue for him. On the other hand, why did he bring this up in the group? He could have remained silent, keeping his ill-gotten gains, and no one would have been the wiser. What impact was he hoping to have on the group and its perception of him? This is a repeating pattern in his career that has cost him dearly; what longstanding need is he meeting by getting himself rejected? This is an excellent opportunity for him to take a deeper look into his life script that keeps him from ever truly belonging in any group. His invitation to rejection is palpable, yet what need is that serving, to have himself ejected from the group where he would so benefit from belonging?

The second concern is how to manage the group's hostility toward him and explore beyond the obvious issue of his violation of the group contract. Did anyone else feel the temptation to use this information? Has anyone else felt the curiosity about who and how other members are outside the group? What other feelings do members have that have been stirred up by this episode? Have there been other betrayals and times of feeling used by others for their gratification, without consideration of the impact toward the other members?

The last piece of the repair work is going to involve making this right with the group. I believe that would involve him selling the stock back at the price he bought it and providing evidence to the group that he has done so. Orchestrating this may be difficult. I admire your commitment to serving both him and the group.

Charles Pohl, MSW, CGP, AGPA-F
Boise, Idaho



Dear Ambivalent:

This case example is quite complex and could take multiple sessions for you and the group to study and process. My response focuses on the male client, whose action is not simply about breaking the rules but also about his relationships with everyone in the group. I hope you and the group will also attend to the woman who was attacked by the male client's action; what were her intentions and wishes in sharing this privileged financial information?

Your male group member's acting out and possible feelings of aggression may be nonverbally directed toward the woman *and* the group-as-a-whole, as well as to you as the leader. Focus on how he can verbalize rather than act out his feelings about his relationships with people in group, the woman in particular, and explore how his possible attitudes about gender and power influenced his decision. For as long as he remains a group member, your work may be to help him put words to this provocative communication.

Questions you might ask are: "What is your action telling her and the group about *you*?" "What did you imagine she and they might feel?" "What feelings do you have about the group's reactions to you?" To keep the process immediate and relational, you can bridge to another group member by asking, "Do you think John wants to get kicked out of the group?" or "What do you think John is trying to say to Anna?" "Do you relate to what John did—how would you respond to your feelings about Anna's success?" Consulting with the group can be useful as well, by asking for members' thoughts on various scenarios: "What if I were to tell John to leave the group?" "What if I were to let him stay?"

Group contracts stipulate using words, not actions. His action may be understood as an attack—can he try now to put that aggression (anger, jealousy, ambition, desire, etc.) into words? Is what he has enacted possibly being induced by the group-as-a-whole? Are others jealous of the female group member's accomplishments, and did they also fantasize about getting in on her opportunity? Is there a gendered context that is activating him (and others) related to being in the presence of a successful woman? If possible, encourage all members to explore their various fantasies and feelings toward him and toward her. She should be supported in articulating her feelings and reactions as well.

If you can create space for all to name their feelings, wishes, and intentions, it's possible the group can tolerate this breach of the contract. Model moving slowly to allow containment for the process to unfold, and to show that you are not induced to go into action yourself. Study this situation, and with the group's help, learn over time whether your rule-breaker can stay in the group.

Britt Raphling, LCPC, CGP
Chicago, Illinois





groupcircle

529 14th Street, NW, Suite 1280
Washington, DC 20045

See *Group Assets* insert

LARGE GROUP WORK AT AGPA AND BEYOND: FINDING OURSELVES IN A GLOBAL CONTEXT

Continued from page 1

alone (Dunn, 2022; Kwong, 2020). The larger and more diverse an organization is, the more it must be attuned to the proliferation of microaggressions. AGPA's commitment to this work is clear, but we must be humble about where we currently are in our developmental arc. Annual safe environment team reports at the past several AGPA Connect meetings suggest that despite our best efforts at increasing inclusivity, issues of identity-based safety remain a major challenge for the organization.

The large group helps us develop hypotheses as a community about what exactly those challenges are, and it provides a space for dialogue that is unmatched in its ability to hold complexity. I think one challenge in being a large group member is that working through these complex dynamics often does not happen in the moment of a particular session. Projection often dominates early group interactions, and large groups almost always include periods of regression. In Bion's terms, large groups take time to settle and become work groups. Basic assumptions including fight/flight dynamics, dependency on the leader(s), defensive oneness, and pairing between members often prevent the kind of deep relating that we yearn for in group settings (Bion, 1968). The idea is that we get closer to this deep relating to the extent that we can surface and talk through these basic assumptions and how they relate to microaggressive tendencies in the larger culture. There is often a fantasy that this work can occur without painful feelings, defenses, and garden variety resistance (e.g., silence) from getting in the way. The same stuckness that exists outside of the group therapy world exists within it, and the large group provides a vehicle for getting beyond the obstacles to our collective growth.

Additionally, an assigned task of the large group consulting team is to help AGPA study its organizational dynamics. The team writes up a thematic summary and organizational analysis each year after AGPA Connect for the leadership. AGPA has a complex Board structure with three distinct identities subsumed under one umbrella—AGPA, the International Board for the Certification of Group Psychotherapists, and the Group Foundation for Advancing Mental Health. The large group can help us study what are called “intergroup dynamics,” the study of how groups relate to one another. Just as individuals project unwanted mental contents, so do groups. Applying a Tavistock lens to the relationships between AGPA components (Hayden & Molenkamp, 2002) helps elucidate unconscious aspects of the relationships both within and among each board, and within the Executive Committee. Themes from the large group help to reveal unstated, unconscious, and highly relevant dynamics that might prevent tri-organizational boards and leadership from working collaboratively. One example of this is the ways in which the

authorization of the large group consulting team mirrors the level of autonomy and authorization granted to BIPOC leaders throughout the organization. A complex mix of genuine support and performative support often characterizes this data. Bringing these dynamics to light at a structural/systemic level allows AGPA stakeholders to make more informed decisions about how to sharpen and extend the mission of the organization in its efforts to increase diversity, belonging, equity, and inclusion.

Using Large Group Learning in Therapy Groups

Participating in the large group can also have benefits for therapists leading traditional small groups. Just as a group of more than 200 contains issues of power and privilege, microaggressions, and projection, so do our traditional six- to 10-member small groups. The reality is that most group therapy training focuses primarily on the intrapsychic and interpersonal levels of social functioning. While we list social identities in our case presentations, we often have less experience formulating what happens in a typical small group from a societal or sociopolitical perspective. This is where the large group can be most helpful. It helps us ask questions such as, “In what way are my group members serving as spokespeople for groups in society?” and “How might cultural enactments be preventing my group from connecting more authentically?”

I suggest that small groups consider having group agreements like those used in the large group at AGPA Connect 2023 and 2024 and described in our upcoming article in the *International Journal of Group Psychotherapy* (DeSilva et al., in press).

Encouraging members to speak freely, to be open to giving and receiving feedback about microaggressions and their impact, and taking an active role in addressing microaggressions in the moment as the group facilitator all serve to increase the safety and usefulness of therapy groups. Members can also be invited to take an if you see something, say something approach to addressing identity-based harm while in group to avoid bystander effect.

From a liberation psychology perspective, the large group offers ways to deepen small group learning by helping participants develop critical consciousness (Comas-Diaz & Rivera, 2020). Beyond cognitive awareness, this consciousness is characterized by the ability to enact new, hopeful, and more progressive ways of relating to others amid societal racism, sexism, queerphobia, and the like. An example of this occurred on day three of the AGPA Connect 2024 large group when a BIPOC subgroup was able to organize and occupy the center of the large group spiral. Similarly, the large group unconsciously placed a queer member of color right next to the large group consulting team leader in that final session. Solidarity, collective action,

and claiming a new place within an old power hierarchy give us radical hope that the existing social scripts do not have to be replayed in perpetuity (Neville et al., 2023). The Radical Healing model for working therapeutically with people of color needs application to therapy groups (French et al., 2020). Groups are uniquely suited to serve as sources of the collectivism, cultural self-knowledge, strength and resistance, and critical consciousness that this research suggests is so critical for people of color and for all of us in our shared struggle towards a more just society. 🌍

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