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groupcircle

Health Equity and Inclusion: A Conversation with Cynthia de las Fuentes, PhD

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

AUTHOR'S NOTE: *Cynthia de las Fuentes, PhD, will deliver the Mitchell Hochberg Memorial Public Education Plenary Address at AGPA Connect 2024 on* Inclusion's Imperative: Understanding the Root Causes of Health Inequities and their Antidotes. *Dr. de las Fuentes is profoundly qualified to speak about health equity and inclusion after 30 years of advocating within the Latiné community and the global majority*. Dr. de las Fuentes is the President-Elect of the American Psychological Association and the second Latiné woman to serve in this position. She has held numerous leadership roles, including President of the Society for the Psychology of Women; Chair of the Committee for Women in Psychology; on the APA Council of Representatives representing Division 45; the Society for the Psychological Study of Culture, Ethnicity and Race; Chair of the Council Leadership Team; and a member of the Policy and Planning Board. After serving as a tenured professor at Our Lady of the Lake University in San Antonio, Texas, and the Director of the doctoral psychology training program, she entered private practice in Austin, Texas. There, she practices what she preaches about equity and inclusion by operating from a sliding fee scale and providing consultation, psychotherapy, and forensic evaluations focusing her expert testimony on the victims of hate crimes, racial, gender, and sexual orientation discrimination, and immigration evaluations. Her pro bono work includes training bilingual psychologists in her community on culturally and linguistically competent delivery of forensic evaluation services to the Latiné immigrant community and delivering self-care and stress management workshops to immigration lawyers and their staff. She has dozens of presentations and publications in her areas of scholarship—ethics in psychology, feminist psychology, and multicultural and Latiné psychologies.*

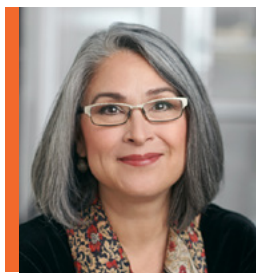
Health Equity and Inclusion as Not Just an Object of Study

Dr. de las Fuentes believes that the exploration of health equity should be "a source of insight into how systems of oppression intersect to produce and reinforce health inequities." She further states that these systems are "avoidable, unnecessary, and unfair" (C. de las Fuentes, personal communication, November 27, 2023). Dr. de las Fuentes calls for amplifying the discourse about health equity beyond the usual focus on minoritized populations, such as obesity or diabetes, and critically examining the complexity of causes that permeate our health care policies and delivery of services. She includes, among other causes in her analysis, a specific exegesis of "structural racism rooted in White supremacist colonial history and its grip on every sector of our lives," clearly structuring the reality of "opportunity and advantage or [that of] oppression and disadvantage" (C. de las Fuentes, personal communication, November 27, 2023).

Primary Health Outcome: Who Has Access and Who Does Not?

In our conversation, Dr. de las Fuentes discussed that White settler colonialism produced economic and socio-political outcomes that clearly favored Whites. The political aims of colonialism and racism were the exploitation and marginalization of BIPOC peoples. Marginalization was an outcome by design that pushed BIPOC peoples to the very edge of all of aspects of life, which included health care services. There are many other outcomes by design: education; social class; geographic location in our communities; and economic opportunity. Dr. de las Fuentes does not see this as a problem of diversity, under-representation, or implicit bias but as another outcome by design. These outcomes determine not only who has access and who does not, but also how the global majority in the United States will be served and by whom (C. de las Fuentes, personal communication, November 27, 2023).

Dr. de las Fuentes introduced me to the term "deaths of despair," as presented by the Princeton economists Anne Case and Angus Deaton in their book *Deaths of Despair and the Future of Capitalism (2020)*. The purpose of the authors' research was to discover what accounted for the falling US life expectancies. They found that college educated people lived eight and a half years longer than two-thirds of American adults without a college degree. Additionally, they found that working class people had a dramatic rise in deaths from suicide, drug overdoses, and alcoholism: "Both COVID-19 deaths and deaths of despair were more common among people without college degrees, who were more likely to work in public-facing jobs, use public transportation, and live in crowded quarters" (Case & Deaton, 2023). In other words, they did not have jobs that could be done by Zoom but had to go to work and risk exposure to COVID-19. As Dr. de las Fuentes puts it, "the health status of [working class] Americans has been significantly compromised over decades of economic hardship. This tells us that health care policy and economic policy are inseparable" (C. de las Fuentes, personal communication, November 27, 2023). The economic gap is ever widening and affecting "nativist politics, vulnerability to fake news, populist messages, and skepticism about science" (C. de las Fuentes, personal communication, November 27, 2023). Who will this group of disenfranchised Americans blame for their plight? Structural economic inequality is designed to benefit a certain social class, and structural racism is designed to place the blame on BIPOC communities and immigrants. Part of the lesson learned is that inequity eventually affects everyone.



Cynthia de las Fuentes

The Call to Action

"Divide and conquer must become define and empower"
– Audre Lorde

Dr. de las Fuentes calls herself a "governance wonk." This comes from her years of active committee and leadership positions within APA and other national organizations. In our conversation, she referred to Audre Lorde's book entitled *The Master's Tools Will Never Dismantle the Master's House* (2018). This book got her thinking about how one fundamentally changes a system and why is it so hard to transform it. She believes that organizations need to move away from the models of governance that were developed in the 18th and 19th centuries if we hope to make 21st century changes. Going back even further in our history, she recognizes that our approaches to governance are "tightly held in the grip of conformity of those models and processes that were created before the Civil War and when the Constitution protected those people who owned other people." She proposes that "if we prioritize the collective over the individual, justice over order, equity over equality, and the intersectional over the fractional, we can create and adopt new systems and processes that better reflect our values" (C. de las Fuentes, personal communication, November 27, 2023). The call to action begins, in her view, with a reflection on who we are and what values will best reflect who we aspire to be as organizations, communities, nations, and the global community. This can result in a unified vision of modernized structures based on "our psychological science

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from the president

Gary Burlingame, PhD, CGP, AGPA-DF

I'm writing this column at the beginning of December, a typical milestone at US universities that signals the end of the fall semester and the beginning of the holiday season. This article also signals my last presidential column with an imminent transition to President-Elect Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, at AGPA Connect 2024. As I reflect on the past four years, serving as AGPA President-Elect and President, considerable change has taken place in the Tri-Org, including: our organization's response to the pandemic that began during AGPA Connect 2020, which was followed by learning how to conduct both normal business and our learnings, including AGPA Connect in a virtual environment for two years; (b) continued and expanded commitment to AGPA's mission of becoming an antiracist organization including increased BIPOC representation in leadership; (c) Marsha Block's retirement after 50 years of leadership and the beginning of Angela Stephens', CAE, leadership as our CEO; (d) a new administrative organization as we shifted to an association management company structure working with Kellen Company; (e) initiation of a new three-year Strategic Plan for 2024-2026 that will guide the Tri-Org; and (f) the launch of a much-needed multi-year IT update beginning with the rollout of our new member portal. Past columns have provided details on each of these changes, all of which will be ongoing efforts in the coming years. This column begins with an update on three initiatives I laid out in my *Group Circle* Winter 2022 column and ends with AGPA Connect 2024 information.

It has been nearly two years since we launched the AGPA/ASA Task Force that was initially co-chaired by Marc

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what's inside

from the editor

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

One of the missions of AGPA is *advancing group therapy practice* and *research*. Interestingly, one can argue that these core initiatives address competing concepts that group therapy works; it is efficient, effective, and equivalent (Burlingame, 2022) but it is also underutilized (Whittingham et al., 2023).

The Science to Service Task Force (co-chaired by Les Greene, PhD, CGP, AGPA-DLF, Rebecca MacNair-Semands, PhD, CGP, AGPA-F, and Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F) was established more than 20 years ago and is vital in providing our organization and the mental health field with evidence-based practices or evidence-supported treatment guidelines. Using these empirically driven gold standards yields the empirical validation needed in the efficacy, efficiency, and equivalence argument and thereby advances the reach and scope of group psychotherapy towards the forefront of the mental health field. Barlow et al. (2015) also published AGPA's *Evidence-Based Group Practice*, the empirically based guidelines for group psychotherapy. AGPA's Public Affairs Committee (co-chaired by Farooq Mohyuddin, MD, CGP, AGPA-F, and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F) has the essential role of disseminating information about group psychotherapy, getting the word out that group therapy works. Collectively, the Science to Service Task Force and the Public Affairs Committee address one of AGPA's strategic and complementary goals.

I hope this edition of the *Group Circle* provides you with meaningful connection to AGPA. Our feature article, *Health Equity, and Inclusion: A Conversation with Cynthia de las Fuentes, PhD* by Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, AGPA Connect Co-Chair, overviews how systems of oppression and racism produce and reinforce health care inequities in the US. Dr. Stone also showcases the upcoming AGPA Connect Institute Opening Plenary in his article *The Education and Training of Group Therapists Through the Eyes of Speaker Nina Brown, EdD, LPC, NCC, FAPA, AGPA-DLF.* Ginger Sullivan, MA, LPC, CGP, AGPA-F, AGPA Connect Co-Chair, overviews the AGPA Conference Opening Plenary to be presented by Julianne Holt-Lunstad, PhD, in her submission *Can Group Psychotherapy Alleviate Loneliness?* In *Working with the Emotional Flashbacks of CPTSD Patients in Group Therapy,* Mary Nicholas, LCSW, PhD, CGP, AGPA-F, describes how to apply the theoretical approach of Walker when addressing the emotional flashbacks of Complex PTSD patients in group therapy. In his article, *A Salvo Fired Across Our Professional Bow*, Robert Pepper, LCSW, PhD, CGP, AGPA-F, shares his insights regarding ethics and boundaries that group therapists and professional organizations can consider.

In his last *From the President column*, Gary Burlingame, PhD, CGP, AGPA-DF, outgoing AGPA President, shares updates on the three-core organizational strategic initiatives he addressed during his presidency. AGPA is indebted to you, Gary, for your outstanding and tireless leadership, while steering our organization's strategic goals and initiatives, including all your efforts towards AGPA's mission of becoming an antiracist, anti-oppressive organization. In the *Research Matters* column, Feng (Dylan) Xing reviews and provides scholarly understanding regarding compelling articles on *Attachments, trauma, and COVID-19: Implications for leaders, groups, and social justice* (Marmarosh, 2022) and *Personality and group psychotherapy outcome: The lack of influence of traits from the five-factor model* (Smith et al., 2022). The *Consultation, Please* column features a clinical dilemma and responses from Deborah Sharp, LCSW-S, CGP, AGPA-F, and David Dumais, LCSW, CGP.

We congratulate Victoria Te You Moore, LCPC, CGP, AGPA-F, on receiving her well-deserved fellowship from AGPA!

In *Member News*, we showcase the latest achievements of Lorraine Mangione, PhD, Farooq Mohyuddin, MD, CGP, AGPA-F, Co-Chair of AGPA's Public Affairs Committee, and Gaea Logan, LPC-S, CGP, AGPA-F.

AGPA is announcing the publication of the newest book in its *Group Therapy Training and Practice Series: Group Psychotherapy with Children: Core Principles for Effective Practice*, by Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, and Zachary Thieneman, PsyD, CGP.

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.

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that will advocate for population-level interventions…that [fights] the root causes of poverty, racism, substance abuse, violence, health disparities, mass incarceration, and other sources of social inequities" (C. de las Fuentes, personal communication, November 27, 2023).

During her Plenary, Dr. de las Fuentes will challenge us, as she does herself, to provide servant leadership in our clinical and organizations work based on competence, humility, and advocacy that builds a more "just, kind, equitable, and inclusive world that treats people with respect and dignity" (C. de las Fuentes, personal communication, November 27, 2023).

*The 80% of people in the world who are Black, Asian, Brown, dual-heritage, indigenous, and may have been racialized as "ethnic minorities" in majority White communities.

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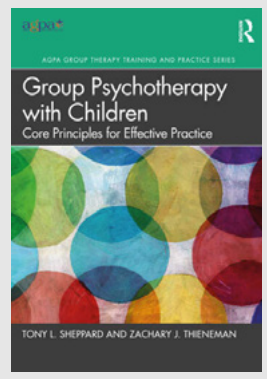
AGPA Publishes New Book in its Group Therapy Training and Practice Series



Group Psychotherapy with Children: Core Principles for Effective Practice, by Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, and Zachary Thieneman, PsyD, CGP, introduces an interpersonal theoretical framework that maximizes the interactional and experiential learning and growth components of groups with children. This curriculum offers the child group therapist a theoretical foundation that gives structure to existing techniques and an approach that is multiculturally sensitive and grounded in brain science. A deeper understanding of the mechanisms of change that operate in children's groups is central to the theme, including an emphasis on play and learning by doing through real-life clinical examples which permit readers of all levels to achieve a better understanding of how child groups function. Readers will come away with a deeper understanding of the power cell of group therapy—working interpersonally in the here-and-now, specifically with children. To order the book, visit www.routledge.com/AGPA-Group-Therapy-Training-and-Practice-Series/book-series/AGPA.

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Can Group Psychotherapy Alleviate Loneliness? An Introduction to Julianne Holt-Lunstad, PhD, Conference Opening Plenary Presenter

Julianne Holt-Lunstad

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

EDITOR'S NOTE: *Julianne Holt-Lunstad, PhD, is Professor of psychology and neuroscience and Director of the Social Connection & Health Lab at Brigham Young University, Provo, Utah. She is also the Founding Scientific Chair and Board member for the US Foundation for Social Connection and the Global Initiative on Loneliness and Connection. Dr. Holt-Lunstad's research focuses on the individual and population health effects, biological mechanisms, and effective strategies to mitigate risk and promote protection associated with social connection. Her research has been seminal in the recognition of social isolation and loneliness as risk factors for early mortality. She is the lead Scientific Editor for a US Surgeon General's Advisory and Framework for a National Strategy and testified at the US Senate's Committee on Aging on the consequences of isolation and loneliness. She served as a member of multiple National Academy of Sciences consensus committees, the UK Cross Departmental Loneliness Team, the European's Joint Research Council, the World Health Organization, as well as been a subject matter expert for the Gravity Project, Commit to Connect, and the CDC. Dr. Holt-Lunstad will present* Social Connection as an Underappreciated Determinant of Health and Wellbeing *at the Conference Opening Plenary Session at AGPA Connect 2024.*

"Can loneliness kill you?" Researchers across the sciences are asking that exact question.

Loneliness is a universal human experience that can affect anyone, regardless of age, gender, or social status. It is a feeling of isolation or disconnection from others, and it can have serious physical and mental health consequences.

A 2022 study found that when people were asked how close they felt to others emotionally, only 39% of adults in the US said that they felt very connected to others. Recent surveys have found that approximately half of US adults report experiencing loneliness, with some of the highest rates among young adults (Bruce et al., 2019; Cigna, 2021; Shovestul, et al., 2020).

In recent years, loneliness has been recognized as a growing public health concern, with studies revealing alarming statistics about its prevalence and impact.

The lack of social connection poses a significant risk for individual health and longevity. Loneliness and social isolation increase the risk for premature death by 26% and 29% respectively (Holt-Lunstad, et al., 2015).

A report from the National Academies of Sciences, Engineering, and Medicine (2020) points out that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity;
- Social isolation was associated with about a 50% increased risk of dementia;
- Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

Group psychotherapists are in the unique position to address the loneliness epidemic with its focus on intersubjective relating and communicating, understanding the factors that contribute to isolation and withdrawal from others and fostering improved ways of connecting with others.

If anyone understands the gravity of the public health threat loneliness poses—and the difficulty of getting it on the public health agenda—it is Dr. Holt-Lunstad.

"I remember thinking early in my career, 'Why doesn't everyone else recognize this?'" says Dr. Holt-Lunstad, who read early studies about social connection while a graduate student. "Is it perhaps because the evidence isn't as strong as I think it is? Or because it is being measured in a variety of different ways that don't give it that level of precision the medical community demands? That's when I decided to do that first meta-analysis."

Her empirical research advanced the understanding of the correlation between social connectivity and mortality. Her research found that individuals with strong social bonds are 50 percent less likely to die over a given period than those who have fewer social connections. The meta-analysis combined data from 148 studies that tracked the social habits of more than 300,000 people worldwide. The research team developed extensive coding for variables that could be weighted to get the overall magnitude effect of social connection on health—no matter the sample sizes of the studies.

Dr. Holt-Lunstad's life and work intersected perilously in 2011 when her husband was diagnosed with stage 4 cancer. The working mother of two suddenly found herself dependent on friends to help her keep the family running while supporting her hospitalized husband.

Fiercely independent by nature, she says it was "an eye-opener to me of just how hard it is to accept support.

"One of these social barriers is that we value our independence so highly," she reflects. "Needing others is viewed as a weakness rather than a conceptualization of interdependence—that we can rely on others, and they can rely on us."

Fortunately, her husband made a recovery, and Dr. Holt-Lunstad used her experiences to galvanize her mission to get the issue of social connectivity even more forcefully onto the public health agenda.

She recently testified before the US Senate Special Committee on Aging, where she outlined the greater social changes that underpin today's loneliness epidemic.

"It's incredibly gratifying that it's getting the attention that it deserves but, of course, there's still a long way to go," she says. "If you look at the CDC's Social Detriments of Health it's very peripheral, which is surprising since we know there is substantial evidence of lifestyle factors influencing health.

"It may sound a bit audacious," she continues, "but I've been

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The Education and Training of Group Therapists Through the Eyes of Institute Opening Plenary Speaker Nina Brown, EdD, LPC, NCC, FAPA, AGPA-DLF

Nina Brown

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

EDITOR'S NOTE: *Nina Brown, EdD, LPC, NCC, FAPA, AGPA-DLF, Professor and scholar at Old Dominion University in Norfolk, Virginia, will deliver the Institute Opening Plenary at AGPA Connect 2024 on* AGPA Institutes as Adventures in Learning Group Psychotherapy. *This article introduces you to Dr. Brown's life work of educating and training group psychotherapists. She has developed a model that provides a framework for those involved in this work in either academic or clinical training settings. The ideas highlighted and summarized are primarily from her book* Teaching Facilitation of Group Therapy: Processes and Applications *(2024), as well as a conversation the author had with her last summer.*

The 70-15-15

Dr. Brown utilizes what she calls the 70-15-15 teaching model. This approach has three components: the 70% that emphasizes the inner developed therapeutic self of the leader; the 15% that focuses on group dynamics and the group factors; and the 15% that attends to learning techniques and strategies (Brown, 2023). As the numbers imply, the critical component in learning the process of becoming a group therapist is the development of the group leader's inner self. She does not intend to minimize the importance of learning the "unique knowledge base of group therapy" and the strategies and interventions that have been "shown to promote growth, development, and healing for group members" (Brown, 2023, p.4). However, she sees these components as much easier to describe, demonstrate, and train than the inner development of the leader's self.

The Developed Inner Therapeutic Self

There are constituent parts to the therapeutic inner self, including: the developed inner self; personal attributes; understanding of one's life experiences; self-perception when leading a group; the extent of undeveloped narcissism; one's psychological boundary strength; influences of unconscious associations including countertransference; awareness of affective experiencing; and the ability to engage being self-reflective (Brown, 2023). While a full discussion of each part is beyond the scope of this article, I will provide a brief description of each. The last section of this article focuses on narcissism as a significant constituent feature of the therapeutic inner self, which is an area of extensive scholarly research by Dr. Brown (Brown, 1998; Brown, 2022). These constituent parts of the therapeutic inner self are critical to establishing the therapeutic relationship with group members and personalizing the use of knowledge of the group psychology, as well as utilizing effective strategies and interventions in fostering growth, change, and healing for the group members.

The developed *inner therapeutic self* consists of "examined and freely chosen values, beliefs, and attitudes, as well as the awareness of their influences on behavior and other actions." (Brown 2023, p. 5). Knowledge of oneself in this regard helps developing group therapists to understand the impact of the complexity of their life experiences on the group. Certain *personal attributes* contribute to creating a safe and trusting group ambiance; these are care, warmth, tolerance, and positive regard toward group members. Dr. Brown points out that these attributes cannot be taught, but rather are inherent to who a person is in relation to others. It is important for the instructor to emphasize the importance and impact of these attributes so that they are properly utilized in the group setting.

Life experiences, self-perception, boundary strength, the role of the unconscious, especially countertransference, and affective awareness are intrinsically connected to the fabric of the inner therapeutic self. *Life experiences*, especially family of origin experiences and the way in which conflicts and unresolved emotional-based relational patterns are currently present in one's life, must be explored to better understand their role in how the group leader perceives and understands the group dynamics. Unresolved conflicts or dysfunctional relational patterns from the past also reside in the unconscious and can emerge in *countertransferential* responses to particular dynamics in the group. Though it is a life-long process to work through the patterns that develop in our family of origin and beyond, the process can begin in the classroom and training room.

Embodied in our developmental experiences is the *self-perception* of self-worth, self-esteem, and self-acceptance. Included in self-perception is *affective self-awareness*, which is vital to managing one's internal state as interventions and actions are formulated. Our sense of self-competency is derived from these components of self-perception and plays a key role in the attitude of the group leader.

Psychological boundary strength contributes to the group leader's ability to withstand projections, not internalize projective identification, and contain the emotional impact of group contagion. These parts of the therapeutic inner self play a role in how the leaders "relate to group members, their choices for how and when to intervene, the management of conflict and problem behaviors and other important concerns" (Brown,

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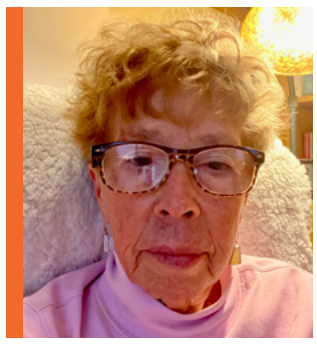
Working with the Emotional Flashbacks of CPTSD Patients in Group Therapy

Mary Nicholas, LCSW, PhD, CGP, AGPA-F



Mary Nicholas

EDITOR'S NOTE: *Mary Nicholas, LCSW, PhD, CGP, AGPA-F is in private practice in New Haven, Connecticut, where she currently runs three process groups. She has trained therapists in group therapy since 1980 and for 30 years was a Clinical Professor in the Department of Psychiatry at Yale University. She is a frequent presenter at many Affiliate Society and AGPA training events. She is also an avid watercolorist.*

Complex Post Traumatic Stress Disorder (CPTSD) is chronic PTSD caused by continuous emotional abuse and neglect incurred in childhood. CPTSD is characterized by "emotional flashbacks, toxic shame, self-abandonment, a vicious inner critic and social anxiety" (Walker, 2013, p.2). *Complex Post Traumatic Stress Disorder: From Surviving to Thriving* is an excellent guide on how to understand and treat CPTSD, written by Pete Walker, a therapist who himself struggles with CPTSD. This article describes how I apply Walker's work with the emotional flashbacks of CPTSD patients in group therapy.

Emotional flashbacks are "regressions to ...feeling states of being an abused/abandoned child...[which] include overwhelming fear, shame, alienation, rage, grief and depression...and [the] triggering of ...fight flight instincts." (Walker, 2013, p. 3). Flashbacks involve some level of dissociation, meaning detachment from one's immediate surroundings.

Doris, age 55 with two sons, was divorced from a man who was physically, sexually, and emotionally abusive, as had been her cruel psychotic mother and her bi-polar alcoholic father. Although her childhood and young adult life was characterized by violence and chaos, she managed to retain friends and gainful employment. For the first couple of years in group therapy, her main form of treatment, Doris used the group for support in learning to set boundaries with her sons and to tell shocking stories about her horrendous childhood with little or no affect.

Doris' mood was usually cheerful, but every month or two Doris would report in group that she had laid in bed depressed for an entire weekend. It was not until I read Walker's book that I recognized that her lost weekends were periods of dissociation, precipitated by flashbacks. One Sunday, Doris uncharacteristically called me after seeing the movie *August: Osage County*. She reported that she had been in bed crying ever since. Evidently the brutal mocking mother in the film (portrayed by Meryl Streep) represented for Doris an exact replica of her mother. This marked a turning point in Doris' therapy. Thereafter, when Doris would find herself hiding in bed, she would struggle to pull herself out of her dissociative episode enough to call me and we would work together to identify the precipitant of the flashback. Doris would then relay the story of what had been triggered to the group, where she would receive validation, comfort, and praise for her courage in facing her demons. Painful as it was to connect with the feelings associated with the many traumatic events in her past, it was far better than being at the mercy of her flashbacks, which could level her with depression at any time, as well as separate her from herself by dissociation. Additionally, she stopped dismissing her pain and became more congruent in her communication, which improved her relationships in group and outside.

It is disconcerting when an otherwise pleasant person seems to suddenly forget who we are and starts reacting to us as if we were some kind of monster. I have learned that when this occurs in group with a CPTSD survivor, it is not just transference, but an indication that something has triggered a flashback. Ted was a 50-year-old attorney, the youngest in his large Catholic family. His mother and father were perfectionistic and humiliating, and he was bullied by his many older siblings. Ted seemed to take well to the process of group therapy until one day he perceived what he thought was an error I had made on his bill. Twenty minutes before the next session, he texted to say he would not be returning to group. I texted back reminding him that he had contracted to give the group three weeks' notice before terminating. The following session, Ted arrived infuriated and disdainfully pronounced that in researching the matter on Google, he had learned that the proper policy was for group therapists to require just two weeks' notice before terminating, not three. (In reality, there is no established rule.) While briefly miffed at Ted for shaming me in front of my group, I quickly realized that he was dissociated and in a flashback. He was treating me the way his mother had treated him. I voiced this observation. After a bit of arguing, Ted recognized that I was right.

A flashback that involves sudden rage, whether at the therapist or someone else, is always disconcerting for the dissociated patient when he comes back to reality. As his anger subsided, Ted was mortified that he had disrespected me. I countered that his outrage with me was an understandable reaction to his manipulative mother and that I did not take it personally. Ted was relieved and grateful.

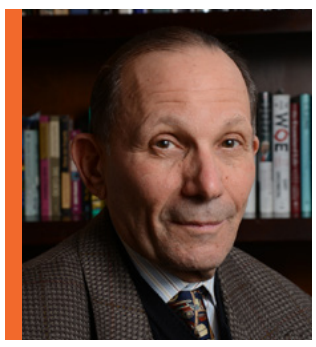
Walker reassures patients that these unplanned and unconscious excursions into the horrible relationships of the past are par for the course, and part of the cure of CPTSD: "As we progress in our recovery, we learn that flashbacks can cause us to forget that our proven allies are in fact still reliable... With enough practice, however, we can learn to interpret feelings of distrust with proven friends [or trusted group members/ therapist] as evidence that we are flashing back to our childhood when no one was trustworthy" (p. 151).

Less successful was the experience of Jane, a 27-year-old heath administrator who was the youngest in her extended family.

Continued on page 8

A Salvo Fired Across Our Professional Bow

Robert Pepper, LCSW, PhD CGP, AGPA-F



Robert Pepper

EDITOR'S NOTE: *Robert Pepper, LCSW, PhD, CGP, AGPA-F, is Director of Training and Education at the Long Island Institute for Mental Health, an Adjunct Professor of behavioral sciences at New York Institute of Technology, and a private practitioner in Forest Hills, New York. He is the author of two books and more than 30 published articles on group therapy with an upcoming book—*The Unconscious Mind Rules*—to be published this summer.*

Don't look now, but Big Brother is peering over our[1] shoulder. Mental health professionals in New York State may know by now, as of April 1, 2023, to renew our licenses, some mental health clinicians will be mandated to attend a three-hour webinar on ethics and boundaries. I am uncertain if other states have the same requirement.

At a webinar sponsored by the Counseling Services of Long Island and led by Bruce Hillowe, JD, PhD, a lawyer and psychologist, I was shocked when the first thing he said was, "Dual relationships are unethical." Period. End of conversation. My first thought was: "This guy can't be a group therapist." His position on dual relationships is much too rigid. When it comes to group therapy, a more nuanced position is more realistic.

That is because dual relationships are built into the very fabric of the training and treatment of group therapists (Pepper, 2004; Raubolt, 2003). We are often in the same therapy groups, training groups, and AGPA workshops and institutes as our colleagues and even friends. Further, our relationships with our own group therapists are similarly complicated. Often, they are simultaneously our supervisors, teachers, administrators, colleagues, and even friends. In *Emotional Incest in Group Psychotherapy-A Conspiracy of Silence* (Pepper, 2014), I came to the conclusion that the group therapy of group therapists and group therapists in training is probably the most compromised group therapy treatment modality of all.

In fact, did you know that AGPA is without a clear statement about the ethics of dual relationships? NASW (1997) and APA (2002) both have deemed them to be unethical.

Soon after the publication of my book, I received a call from a colleague who had just read the section on dual relationships in group psychotherapy. I made the argument that since dual relationships involve outside-the-group contact, they are by definition unethical; they violate confidentiality. My colleague suggested that I read an article entitled, *Confidentiality in group therapy: Empirical findings and the law* (Roback, et al., 1996). He said that the authors' thesis goes well beyond my own. After reading the article, I wondered why every professional group psychotherapy organization doesn't make it required reading for all members.

One might infer that confidentiality in group psychotherapy is not protected by law. *"Historically under law, communications are usually considered not confidential if made in the presence of third parties...if the world knows about it, why not the court"* (Roback et al., 1996, pp.118–119). At the time that this article was written, only two jurisdictions in the United States—the District of Columbia and Illinois—had passed legislation protecting confidentiality in group therapy.

The very nature of group psychotherapy, consisting of more than two participants, excludes it from confidentiality laws may turn our professional belief system on its proverbial head. According to the authors, while many (but not all) group leaders ask group members to keep everything in the room, some may not inform members that anything that they say in group is actually not exclusively confidential. As Philips (2013) noted, confidentiality like autonomy is never absolute, even in a secure-frame environment. My own experience supports this observation (Pepper, 1992).

The authors further assert that there is a discrepancy between what leaders think they tell members about confidentiality and what members report they have heard the leader say. While some group leaders have prospective group members sign agreement documents about the rules of group treatment, what good are they if they hold no legal weight in the first place? How many members sign these agreements and talk about members outside the group anyway? After reading this article, I wrote my own whose title asks the provocative question: *Is Group Psychotherapy Inherently Unethical?* (Pepper, 2015). Let this submission serve as a call to action. To preserve our integrity as an organization, we need to resist our own resistance. The handwriting is on the wall. A passive approach to ethics and boundaries will only lead to a further erosion of our professional autonomy to regulate the group psychotherapy community.

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[1] "New York State Education Department, The Board of Regents approved regulations on October 4, 2022 that requires psychologists, social workers and mental health practitioners licensed and registered under Articles 153, 154 or 163 of the Education Law, to complete three hours of acceptable continuing education on issues related to maintaining professional boundaries between licensees and patients"

research MATTERS

Feng (Dylan) Xing, MS

EDITOR'S NOTE: *Under the auspices of the Science to Service Task Force, this Research Matters column features a review by Feng (Dylan) Xing, MS, a graduate student in professional psychology at George Washington University, of two compelling contemporary articles.*

Marmarosh, C.L. (2022). Attachments, trauma, and COVID-19: Implications for leaders, groups, and social justice. *Group Dynamics: Theory, Research, and Practice, 26*(2), 85–102. doi.org/10.1037/gdn0000187.

Intro

During the pandemic, individuals were more prone to rely on their group identities and vulnerable to devaluing outgroups. The article *Attachments, trauma, and COVID-19: Implications for leaders, groups, and social justice* (Marmarosh, 2022) applies attachment theory to understand the impact of COVID-19 on social inequities, discrimination, and oppression of people based on their different group identities (e.g., race, class, ability, gender, and faith). Group interventions were an essential resource during that challenging time, and the author recommends more attention on facilitating secure attachments, training group leaders, addressing transgenerational trauma in groups, promoting the use of group interventions, and increasing efforts toward social justice.

There was a rise in racism and healthcare inequity, hate crimes toward minority groups, war, and political division during the COVID-19 pandemic. This challenging event in human history escalated tensions and exposed a desperate need for more attention to group dynamics and group intervention. The author stated that attachment insecurity is related to more prejudice and discrimination against immigrants, the elderly, those with disabilities, and members of different regions. Thus, it is critical to continue studying how attachment insecurity in the self relates to group derogation, especially during a pandemic when people are highly distressed.

Bowlby's original theory of attachment emphasizes the importance of emotion regulation and the felt security an infant relies on when distressed. Although Bowlby described attachment as an adaptive style that evolves in relation to a caregiver, he did not emphasize the impact of culture or socialization on the infant or the biased assessment of attachment security. Groups that have been traumatized because of slavery, oppression, poverty, or war for example, seek safety and security and often dissociate their painful feelings and experiences. The adverse traumatic experience may lead to trauma attachment, a less flexible and more hypervigilant response to danger that impacts the group's parenting of the next generation, group dynamic, and coping mechanisms.

The author emphasizes the role of poverty, colonialism, and shame in impacting parenting, families, communities, and a sense of threat or uneasiness within these groups. The underlying anxiety about safety is compared to that of children who have experienced early trauma. While existing literature addresses the impact of trauma on individuals and groups, it overlooks how groups develop adaptive styles of relating to the world as a response to trauma. This is particularly relevant during the pandemic, where vulnerable populations, such as Blacks, the Indigenous, and people of color (BIPOC), faced historical disenfranchisement, intergenerational trauma, and disproportionate healthcare disparities. Marmarosh highlights the need to explore the interaction between group dynamics, systemic issues like racism and attachment styles, as different attachment styles within a group can enhance group survival but may foster bias, discrimination, and ingroup favoritism, such as racism, homophobia, and antisemitism.

The author cited Terror Management Theory (TMT) to describe how people cope with existential threats like a deadly pandemic. The TMT proposed that individuals are more inclined to find a target for threats to their mortality through rage and hate toward an outgroup to help defy the fear of death. Outgroup derogation, or devaluing and blaming an outgroup, has been observed to boost self-esteem and relieve personal distress. For instance, during the COVID-19 pandemic, blaming a particular outgroup, such as the Chinese, for the outbreak of the virus may have served as a coping mechanism to manage fears and anxieties surrounding the deadly virus. This has led to increased discrimination and hatred towards people of Asian descent. In addition, a tripartite model of security suggests that when one component of the security system is threatened, compensatory defensive mechanisms are activated in other areas. For example, anxiously attached individuals are motivated to protect their group or worldview when faced with attachment threats, while more avoidant individuals focus on self-enhancement. This integration of attachment theory and TMT provides a foundation for understanding human motivation to maintain a sense of felt security. When individuals feel threatened and fearful for their lives, they are more likely to bond with their groups and devalue outgroups to preserve their sense of security.

The author discussed two types of groups: more anxiously attached groups that tend to believe their group is undervalued, feel threatened, and expect hostility from other groups; and more avoidantly attached groups that usually form around a common problem, shared purpose, and shared goals of autonomy. The author highlights the importance of identifying the attachment valence of a group, as some groups prioritize personal autonomy and mistrust government measures. In contrast, others feel victimized and neglected due to systemic issues. In addition, strong leadership is essential to address the suffering within groups and the fear and mistrust between coexisting groups, especially during a pandemic.

In conclusion, the article emphasizes the importance of exploring the intersectionality of attachments, group dynamics, and systemic issues such as racism. It advocates for a more comprehensive understanding of the relationship between trauma and attachment and calls for the integration of social justice principles in promoting healing and resilience within communities affected by both historical and present-day traumas. By acknowledging the intricate connections between attachments, trauma, and social justice, leaders and groups can work towards fostering inclusive, supportive environments that facilitate the well-being and empowerment of all individuals, particularly those from marginalized backgrounds.

Smith, M.M., Hewitt, J.M.A., Paterson, R.J., & Hewitt, P.L. (2022). Personality and group psychotherapy outcome: The lack of influence of traits from the five-factor model. *Group Dynamics: Theory, Research, and Practice, 26*(4), 341–355. doi.org/10.1037/gdn0000158.

Intro

This article examines the relationship between personality traits, specifically those derived from the Five-Factor Model (FFM), and the outcome of group psychotherapy. The study investigates whether certain personality traits influence the effectiveness of group therapy interventions. The findings suggest that Big Five personality traits do not significantly impact the outcome of group psychotherapy. The research challenges the prevailing belief that specific personality characteristics are linked to therapeutic outcomes in group settings, highlighting the need for further exploration and refinement of the understanding of personality's role in group therapy.

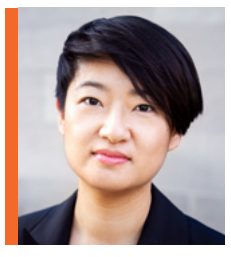
In recent years, researchers have been increasingly interested in exploring the significance and extent of the influence of patient personality factors on various aspects and outcomes of treatment. For example, one personality factor that, if not focused upon directly, has been proposed to have a negative impact on psychotherapy outcomes is perfectionism. The author referenced studies indicating that certain aspects of perfectionism are linked to therapists' negative evaluations and unfavorable attitudes toward their patients. Other personality factors, such as neuroticism and extraversion, were found to be linked to therapeutic outcomes. While growing evidence supports the notion that certain personality variables and processes can negatively impact treatment, it is also essential to consider the potential influence of other personality factors. Thus, the study investigated whether specific personality traits, particularly those associated with the Five-Factor Model (FFM), significantly influence the effectiveness of group therapy interventions.

The Five-Factor Model is a well-established framework for comprehending and categorizing personality traits. It encompasses five broad dimensions: openness to experience; conscientiousness; extraversion; agreeableness; and neuroticism. These traits have been extensively researched and are recognized as fundamental to shaping an individual's behavior, emotions, and interpersonal connections. Traditionally, personality traits have been regarded as significant predictors of outcomes across various therapeutic approaches. In the realm of group psychotherapy, a hypothesis suggests that specific personality traits could influence how individuals engage in the therapeutic process, interact with others within the group, and ultimately impact their overall progress. However, the author points out three limitations of extant research findings of Big Five Traits' impacts on group treatment outcome: 1.) In the context of group therapy, it is uncommon for patients' observations to be separate from their group experiences, as individuals within the same group usually share a collective treatment history; 2.) A considerable portion of the existing literature exploring the relationship between Big Five Traits and outcomes in group treatment fails to account for the inflated false discovery rate, resulting in multiple significance tests and increasing the probability of encountering false significance; and 3.) A limitation of the broader treatment outcome literature is a lack of replication studies.

The current study involved 128 patients who completed measures using the Revised NEO Personality Inventory, Beck Anxiety Inventory, and Beck Depression Inventory. Each therapy group consisted of eight to 15 patients and was led by a registered psychologist, with additional co-leadership provided by a nurse or predoctoral psychology intern. Surprisingly, the study did not find any significant association between personality traits, as measured by the FFM, and the overall outcome of group psychotherapy. These findings suggest that within the context of group therapy, these specific personality traits do not exert a significant influence on the therapeutic process. These findings challenge the prevailing belief that particular personality characteristics are directly linked to treatment outcomes in group settings. They emphasize the importance of developing a more nuanced understanding of the role of personality within the context of group psychotherapy. It is worth noting that this study specifically focused on the Five-Factor Model and its associated traits. Other models and approaches to personality assessment may yield different outcomes.

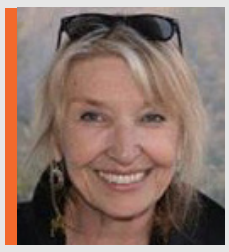
The implications of these findings are substantial for mental health professionals and practitioners involved in group therapy interventions. By recognizing that personality traits may not directly impact therapy outcomes, therapists can shift their attention to other factors contributing to therapeutic progress. These may include group cohesion, alliance, specific therapeutic techniques, and the individual's readiness and motivation for change.

Congratulations New Fellow



Victoria Te You Moore, LCPC, CGP, AGPA-F, practices in Chicago, Illinois, where, in English and Mandarin, she provides individual and group therapy, as well as clinical supervision and consultations in the United States and China. She holds a monthly peer trauma consultation group and provides coaching and weekly T-group experiences for students at the University of Chicago Booth School of Business. She is Executive Director & Leadership Consultant at Playing in Practice, a Chicago organization dedicated to the development and facilitation of professional development workshops, which use principles of improvisation and play for professional and civic organizations in the United States and Japan. She was Co-Chair of the International Relations SIG, Co-Chair of the AGPA Connect Workshop Subcommittee, and AGPA Liaison to the Consultative Assembly of Organizational Affiliates of International Association for Group Psychotherapy and Group Processes. She is a Past Board Member of the Great Lakes Group Psychotherapy Society. In addition to the workshops and trainings she has done for AGPA, she has been a frequent presenter on group-related topics at the A. K. Rice Institute Dialogues, the International Association for Relational Psychoanalysis and Psychotherapy Conference, the Hamamatsu Foundation for International Communication and Exchange (Hamamatsu, Japan), and IGPS conferences. She has done weekly supervision/consultation groups at the Family Institute at Northwestern University and has been a guest lecturer at the University of Nebraska-Lincoln, Roosevelt University, and Northwestern University.

Member News



Gaea Logan

Gaea Logan, LPC-S, CGP, AGPA-F, received the Yaakov Naor Peace and Dialogue Award for 2023, from the International Association for Group Psychotherapy (IAGP) at its annual conference in Antalya, Turkey. Ms. Logan developed a partnership between her US-based non-profit, the International Center for Mental Health and Human Rights, and IAGP from 2022-2023 to create the *Support Ukraine Initiative* by inviting group therapists and contemporary psychoanalysts to offer a monthly workshop on trauma treatment and ongoing clinical supervision to Ukrainian clinicians on the ground, on the frontlines and in the diaspora. After this program ended, she partnered with the State Pedagogical University in Vinnytsia, Ukraine, to develop the International Institute for Trauma Studies, a one-year trauma certification program housed in the Psychology Doctoral program for graduate students and clinicians in the field. She has also been working with IAGP to co-lead a large group—*In the Aftermath of the Hamas Attacks: Dialogue from Violence to Hope.* Beyond her affiliation with IAGP, the award was in recognition of decades long humanitarian efforts to bring evidenced-based trauma group protocol (CBTRT) to conflict and post conflict zones.

Lorraine Mangione

Lorraine Mangione, PhD, and Donna Luff, PhD, co-authored a book, *Mary Climbs In: The Journeys of Bruce Springsteen's Women Fans.* Springsteen's fans, who have cherished the singer for decades, are not monolithic, and surprisingly little attention has been paid to why so many women from across the world adore The Boss. *Mary Climbs In* illuminates this once overlooked but increasingly important and multi-faceted conversation about female audiences for Springsteen's music. Drawing on unique surveys of fans themselves, the study offers insight into women's experiences in their own voices. The authors explore the depth of women fans' connection to Springsteen and the profound ways this connection has shaped their lives. Reflections from fans enliven each page as readers journey through the camaraderie and joy of concerts, the sorrow and confusion of personal loss and suffering, the love and closeness of community, and the search for meaning and for the self. Viewed through a psychological lens, women fans' relationship with Springsteen is revealed in all its complexity as never before.

Farooq Mohyuddin

Farooq Mohyuddin, MD, CGP, AGPA-F, Co-Chair of AGPA's Public Affairs Committee, was recognized as the Psychiatrist of the Year by the Washington Psychiatric Society. This award was given in recognition for his dedication to education, service, patient care, and leadership.

AGPA Connect 2024: *Turbulent Times: Using Groups to Overcome Divisions and Foster Engagement*

We can't wait to see you for AGPA Connect 2024 on February 26-March 2 at the Gaylord National Resort and Convention Center, National Harbor, Maryland! Registration Selection is now available. Complete event descriptions for the 2024 Special Institute, Two-Day Institute, and Three-Day Conference are now available online! **Visit our website** to see the schedule for the numerous Institutes, workshops, courses, and open sessions we have to offer. You can also do your initial registration online at **https://24-connect.events.agpa.org** or Modify Your Registration to make your selections by logging into the Member Portal. The **2024 AGPA Connect Program** is also now available! The Gaylord National Resort is accepting reservations at $249/night single/double occupancy. **Reserve your room today!**

CAN GROUP PSYCHOTHERAPY ALLEVIATE LONELINESS? AN INTRODUCTION TO JULIANN HOLT-LUNSTAD, PHD, CONFERENCE OPENING PLENARY PRESENTER

Continued from page 3

thinking about how we might have consensus guidelines around social connection, as we do around physical activity and sleep."

Social connectivity assessment and intervention could become part of medical education and the conversations doctors have with their patients at well visits, she says. It could become part of K–12 health education, helping children to be more inclusive, build community, and improve their mental health.

"When we look at the increase in anxiety and depression in kids and teens, social-connectedness interventions could potentially help reduce those," says Dr. Holt-Lunstad. "I don't want to claim this will solve all the world's problems, but it could potentially help, and it may be one of the root causes of some of our pressing public health issues."

Vivek Murthy, MD, MBA, 19th and 21st US Surgeon General, wrote that "we have the power to respond to the threats of loneliness and isolation as profound threats to our health and well-being. By taking small steps every day to strengthen our relationships, and by supporting community efforts to build social connection, we can rise to meet this moment together" (Office of the Surgeon General, 2023).

I cannot think of a better send-off to our AGPA Connect Conference 2024 than Dr. Holt-Lunstad's inspirational words backed by her solid years of research. Connection matters. We group therapists know that. Dr. Holt-Lunstad will hearten and embolden us to strengthen our craft.

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THE EDUCATION AND TRAINING OF GROUP THERAPISTS THROUGH THE EYES OF INSTITUTE OPENING PLENARY SPEAKER NINA BROWN, EDD, LPC, NCC, FAPA, AGPA-DLF

Continued from page 3

2023, p. 5). Importantly, the inner therapeutic self becomes a model for the group members by representing the ideal self that group members might strive for in their own self-development.

The Role of Narcissism

As Dr. Brown notes, "The extent of the leader's undeveloped narcissism and developed healthy adult narcissism plays an integral part in the facilitation of the groups" (Brown 2023, p. 6). Dr. Brown sees narcissism on a continuum—from the undeveloped/underdeveloped to narcissistic features found in the healthy, developed self of an adult. The narcissistic parts of the self are developmentally composed of healthy and unhealthy parts. As she points out in respect to grandiosity, all of us are prone to moments of an inflated sense of competency. Many of us in the field carry the illusion of being the one for others that "knows all and can cure all" (N. Brown, personal communication, August 16, 2023).

There are several ways that group leaders can manifest the undeveloped and unhealthy aspects of narcissism with group members. Leaders might be disrespectful of group members by pushing them for self-disclosure beyond their tolerance level, not recognizing that defenses and resistances are there for protective reasons. All of us enjoy flattery and adulation, and we can seek this from the group, especially by identifying favorites who idealize us. Group leaders' sense of entitlement may come out in one set of rules for the group and another set for themselves. Entitlement can also emerge by creating a group culture that focuses on pleasing the leader and minimizing the groups members healthy differentiation of self. Unhealthy narcissism may also manifest itself in ridicule, teasing, sarcasm, and inappropriate humor (N. Brown, personal communication, August 16, 2023).

What does healthy narcissism look like in group leaders? Dr. Brown first identified that group leaders with healthy narcissistic tendencies tend to see themselves as aspiring to be better group leaders. They are always learning about themselves, group work, and the many ways to understand group dynamics. As Shunryu Suzuki (1994) is quoted as saying, "In the beginner's mind there are many possibilities; in the expert's mind there are few." The healthy narcissist has the beginner's mind. Dr. Brown sees healthy developed narcissism as lifted by beauty and wonder. They look for the positive qualities in others and seek to reinforce these aspects of the other. Other qualities of healthy narcissism are creativity, wisdom, empathy, appropriate sense of humor, a deep sense of meaning and purpose, a zest for life, and enduring and meaningful relationships. From Dr. Brown's perspective, these qualities are aspirational as our lives are always changing and challenges frequently come our way (N. Brown, personal communication, August 16, 2023).

Conclusion

It strikes me that these qualities of *healthy developed narcissism comprise the healthy inner developed therapeutic self*, or the 70% of what mostly impacts the growth of the group. With knowledge of group dynamics and effective interventional practices, the well-trained group therapist provides a group therapy experience that makes a difference in the lives of the group members. I think Dr. Brown would agree that our training never ends. Our training is a combination of continuing to develop the inner therapeutic self and remaining open to learning new ways of effective leadership methods and models of behavior change. Dr. Brown's Plenary will prepare Institute registrants to explore their inner therapeutic self and learn new ways of leading from our Institute presenters. I look forward to seeing you soon.

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Additional Suggested Readings

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consultation, please!

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

Dear Consultants:

In the early years of my career, I was asked to co-lead a psychotherapy group, under the guidance of a supervisor, at a local mental health clinic. Over time, my experience with that group led to a fondness for group therapy, international certification as a group clinician, and a peer-reviewed article about group processes in the International Journal of Group Psychotherapy. *Because the clinic was highly subsidized and serviced an underserved population, group members paid a sliding scale fee, which was directed toward my supervision and clinical training. When health concerns demanded a shift to telehealth in 2020, the group went online and became absorbed into my developing private practice. Several members subsequently left the group, and new members were welcomed into the group at the same modest fee. Now, eight years after it began, the group consists of four original members and is ready to welcome newcomers. I would like to charge more competitive rates, which would amount to double the current fees. I am both eager to recruit new members and confident that the new fee is commensurate with my experience. At the same time, I am hesitant to rock the boat and provoke any of the core members to consider leaving. I wonder how my desire to maintain the stability of the group reflects my inclination to hold on to the past and how my ambivalence might parallel a group process of stagnation. How would you deal with this?*

Signed, Hesitant

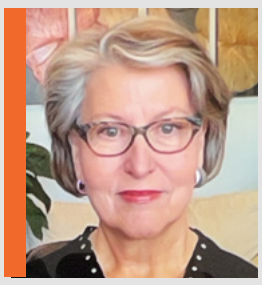
Dear Hesitant:

At the core of this consultation is your awareness of your own value and confidence in your abilities, which have grown over the time you have been running this group. It has been such a turbulent time throughout the pandemic, and many things have happened that would not have otherwise occurred. For instance, you say that the group you were running in the highly subsidized agency setting with your clinical supervisor was absorbed into your budding private practice. I would have hoped more help from your supervisor in transitioning to an appropriate fee schedule for the new format and setting. The group members deserved to know that their participation in the group was no longer subsidized and that they would be charged market rates going forward, whatever that means in your area. You might have been able to negotiate a graduated fee structure with the fee increasing incrementally over time. This would likely have generated a lot of feelings in your group members and in you.

The case is the same now. Although they may not be consciously aware of it, your group members are taking advantage of you, and over time, perhaps even now, you may feel resentment towards them, making it difficult to do your best work. This creates an ethical responsibility to set up an appropriate fee structure where you can feel good about the group and your role in leading it.

Your query includes a description of the training, scholarship, and experience that you have gained in group leadership. You and your group are in a different situation than when you first started working together. They now know the value of group in their lives. It's hard sometimes to talk about money—hard for group members and hard for group leaders, because it can be loaded with emotion and beliefs about worth, service, and value—but these are so important to talk about and ultimately will be a gift to your group members and to yourself.

Deborah Sharp, LCSW-S, CGP, AGPA-F
Austin, Texas



Dear Hesitant:

Your anxiety about raising your fee is warranted. Raising the fee is a complicated dilemma for both patient and therapist. It will undoubtedly rock the boat. While this should be a straightforward fee-for-service arrangement—the patient pays the fee, the therapist provides the service—generally, neither side is truly comfortable with this arrangement. The patient would like to think of the relationship as primarily personal; the therapist is a special caring person who "only wants the best for me." The therapist would like to present themselves as selflessly benevolent, rather than engaged in commerce. By raising one's fees, the true nature of the relationship emerges from these distortions, and the patient and the therapist must both confront a loss of idealization. The prospect of being seen in the cold light of monetary gain has led many group therapists and patients to collude in avoiding the subject of money. Sometimes therapists are unable to ask for their desired fee even when the patient can afford it.

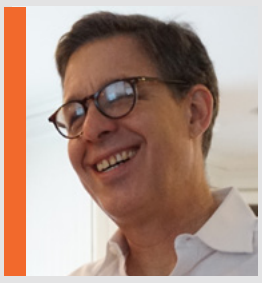
Raising fees also brings up anxiety about the value of the treatment. Is the treatment worth the money? In what ways? What could the therapist be doing differently? How could they be doing it better? This can be very destabilizing to both patient and therapist because the comfortable power differential of therapist/patient can suddenly take on aspects of merchant/customer.

There are so many other resistances to bringing up money in treatment worth considering. Men and women can be drawn differently to issues of generosity, selflessness, and money itself. Family of origin may have taught us many lessons about caretaking and the importance of other people's needs in relation to our own. Finally, the effects of culture, whether collectivist or individualist, will also affect how raising the fee feels.

Analytically, when we raise the fee, we move patients to a more differentiated sense of self and other, from dependence to mutual recognition. Starting a confrontation about the fee is the beginning of an uncomfortable transition—from gratifying object to depriving object—but our true task is to help the patient grow. We model healthy self-assertion. By experiencing and surviving the patient's aggression, we offer the patient the possibility of successfully asserting their own needs in a relationship, even when those needs are initially opposed.

Finally, let's talk about the threat of leaving. If you can help the group members put all their thoughts and feelings into words, then they likely will be able to stay. They will not have to act out. Leaving is a kind of acting out. Ideally, there would be nothing dangerous about discussing money. It would be handled in the same way as any other feeling. So, practically speaking, I would bring up the subject very directly. "I am going to be raising my fee in January. I am sure you have lots of thoughts and feelings about that. I want to hear everything."

David Dumais, LCSW, CGP
New York, New York



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

groupcircle

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

See *Group Assets* insert

FROM THE PRESIDENT

Continued from page 1

Azoulay, LPC, LAC, ACS, CGP, and Deborah Sharp, LCSW, CGP, AGPA-F, with Donna Harris, MA, LCSW, CGP, joining as a third Co-Chair in 2023. The Affiliate Societies are a critical success factor for membership, where new members are nurtured, supervised, and brought into the AGPA family. Our Affiliates are often the leadership training grounds for members who eventually serve on the Tri-Org boards, key committees, and taskforces. I, along with the AGPA/ASA Task Force Co-Chairs, initially met with Kellen VP JerrieLynn Kind to review best practices for national and local society organizations. This resulted in the creation of a needs assessment survey that was completed by the leadership of nearly every Affiliate Society. Information from this survey led to a series of recommendations that was approved by AGPA's Board in June 2023 and detailed in my *Group Circle* Summer 2023 column. Since then, Lorraine Wodiska, who has extensive Affiliate Society experience, has committed to follow through with the Task Force Co-Chairs to continue implementation of prioritized action steps created by AGPA leadership and the Co-Chairs. These recommendations categorize the strength of each Affiliate Society, identify next steps to strengthen each, and create initiatives that invite cooperation on common goals, such as information dissemination to ensure society success.

A second initiative involved reviewing and revising AGPA's membership structure. As noted in my *Group Circle* Summer 2022 column, this involved multiple facets. One membership change implemented this past summer was a simplified and more inclusive membership fee structure. A second facet began in 2022 with a review of the Membership Engagement Committee responsibilities. Information from this review was explored at AGPA Connect 2023. Possible changes and streamlining of the Member Engagement Committee's scope and responsibilities were reviewed at the June 2023 AGPA Board meeting with input from Kellen membership specialist Nakeshia Betsill. Look for a report on these changes in an upcoming *Group Circle* column.

A third initiative begun in 2022 was making our member eCommunity an inclusive and safe environment for sharing ideas and reducing harm. Input from the Membership Engagement Committee was incorporated into an Executive Committee Subcommittee that was appointed in 2022 and composed of Sophia Aguirre, PhD, CGP, AGPA-F, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, and Lorraine Wodiska. They created a proposal that split our old member eCommunity into two separate communities that would be moderated by AGPA volunteers to address past challenges. After seeking feedback and input on the proposal from all levels of the organization, the AGPA Board approved this proposal in early 2023, and the details of the proposal were published in the Spring 2023 *Group Circle*. Unfortunately, the roll out was delayed until the first step of IT infrastructure (the new member portal) was implemented during the fall of 2023. Now that this step is complete, the two moderated communities—one for referral and a second for topic discussion—have been launched. A huge thank you to Diane Feirman, CAE, Public Affairs Senior Director, who devoted an enormous amount of time to mastering the underlying IT structure of these two moderated communities, along with Sophia Aguirre, Leo Leiderman, and Lorraine Wodiska, who invested considerable time in testing these two communities. It's important to remember that we expect to learn about the strengths and limitations of the new community portals and make revisions and changes as we move forward. Member input and feedback are welcome!

Finally, I wanted to call your attention to our exciting AGPA Connect 2024 program. Once again, our Co-Chairs—Tom Stone, PhD, CGP, AGPA-F, and Ginger Sullivan, MA, LPC, CGP, AGPA-F, along with Co-Chair Designate Brenda Boatswain, PhD, CGP, and their committee have produced an outstanding program that includes:

- Two Special Institute Presentations:
  - **Adeyinka Akinsulure-Smith, PhD, ABPP, and Hawthorne Smith, PhD**, *Forced Migrant Mental Health*
  - **Farooq Mohyuddin, MD, CGP, FAPA, AGPA-F,** *Thinking Existentially: Living Authentically in Turbulent Times*
- Institute Opening Plenary: **Nina Brown, EdD, LPC, NCC, AGPA-DLF**, *AGPA Institutes as Adventures in Learning Group Psychotherapy*
- Conference Opening Plenary: **Julianne Holt-Lunstad, PhD**, *Social Connection as an Underappreciated Determinant of Health and Wellbeing*
- Anne & Ramon Alonso Presidential Plenary: **Lorraine Wodiska, PhD, ABPP-F, CGP, AGPA-F**, *This is Your Pilot Speaking. Buckle Your Seatbelts: We Expect Turbulence Ahead*
- Mitchell Hochberg Memorial Public Education Event: **Cynthia de las Fuentes, PhD**, *Inclusion's Imperative: Understanding the Root Causes of Health Inequities and their Antidotes.*

I hope to see many of you at Gaylord National Resort and Convention Center in National Harbor, Maryland, at AGPA Connect 2024. I've appreciated the support and counsel over the past two years and the opportunity to serve. If you have comments or feedback, I can still be reached at gary_burlingame@byu.edu.

WORKING WITH THE EMOTIONAL FLASHBACKS OF CPTSD PATIENTS IN GROUP THERAPY

Continued from page 4

Jane's mother and father hated each other and obliterated Jane with their continual fighting. Jane always sided with her dad. Jane's mother was enmeshed with her own highly dysfunctional family, which included mostly criminals and drug addicts. One of Jane's cousins had sexually abused Jane for years when she was a teenager. Jane had not revealed the abuse to her parents nor to her adoring grandparents.

During one group session, Jane was talking about hosting Thanksgiving dinner at her house; she became very agitated when the question came up as to whether the cousins would have to be invited given that her grandparents were attending. The session ended, and she ran from the room clearly very upset. The next week, Jane declared that Thanksgiving had gone well. A few weeks later, Bart, an older man in the group, was listening intently as some group members gave him feedback about what seemed to them like passive behavior in the group. Jane's foot began to shake vigorously, and she exclaimed "I can't do this!" and bolted from the room. I told the startled group that I thought Jane was having a flashback. I texted Jane to please come back into the group room, which she did, but she was disoriented and fearful, and kept repeating the phrase "I can't do this!"

The next week Jane gave her three-week termination notice, saying it was too stressful for her to be in group therapy at this time, especially given that she had just embarked on a master's degree that required all her energy and focus. No one argued with Jane's decision. While she had acquired Walker's book and intellectually acknowledged the importance of knowing one's triggers, she showed little or no insight about what had happened the previous week. Jane attributed her extreme reaction to someone's casual quip about Bart's age, reinforcing the fact that her threshold for being triggered was low and capacity for deciphering the meaning of her flashbacks minimal. In her last sessions, Jane credited the group with helping her with her relationship and in furthering her career. I was relieved that she was leaving the group with positive memories and hoped she would one day join another group to resume work on her CPTSD.

It would not have been useful for the group had Jane remained. An extremely valuable part of group therapy involves enactments—unplanned within-group regressions in which group members spontaneously and unconsciously enact one or more members' previously dissociated traumatic experiences, providing an opportunity for fruitful analysis of group participants' traumatic material. (Grossmark, 2017, p. 27). Perhaps, had Jane been developmentally ready to verbally share the feelings she experienced during the enactment, another outcome would have ensued. Perhaps others would have shared Jane's anger at me and/or the group members for suggesting she invite her abusive cousin to Thanksgiving and/or for criticizing Bart. Given Jane's fragility, however, my role as her trauma therapist had to supersede my role as group therapist. I felt I could not explore these potentially brewing within-group conflicts in her presence for fear of precipitating another flashback that she could not tolerate.

Flashbacks are terrifying and destabilizing events for the person with CPTSD, and when they occur, the first priority for the group therapist is not to elucidate group process, but to restore stability for that individual and to try to help them understand and bear what was triggered. Then, wearing our group therapist hat, we again delve into the dynamics of the group enactment, exploring with members the transferences and memories that were stimulated in them by the enactment.

It seems like a lot to manage. Indeed, it is, but that's why AGPA with its training and educational resources exists—to help us become ever more nimble in our clinical work with difficult patients, such as those with severe Complex Post Traumatic Stress Disorder.

References

Grossmark, R. (2017). Narrating the unsayable: Enactment, repair and creative multiplicity in group therapy. *International Journal of Group Psychotherapy,* 67, 27-46.

Walker, P. (2013). *Complex PTSD: From surviving to thriving.* CreateSpace Independent Publishing Platform.