



SPRING 2025

# groupcircle

## Racism on the Couch: Group Therapy and the Challenge of Undoing Racialized Harm

Willard Ashley, Sr., DMin, REV, SCP, CGP

### Introduction: The Elephant in the Room

The patient sat across from me, their voice hesitant, their body tense. “I do not think my last therapist understood what I was saying,” they confessed. “Every time I brought up race, she changed the subject.” A familiar ache rose in my chest. I had heard these words before—too many times. Moreover, I knew I would hear them again.

Race is the elephant in the therapy room—lurking in the silence, unsettled in the tension, present even when unnamed. Too often, it is deflected, dismissed, or deemed a distraction from psychoanalysis and psychotherapy’s so-called *real work* (Comas-Díaz et al., 2019). However, racism is not incidental to our psychic lives; it is woven into the very fabric of our world, shaping both our unconscious and our suffering (Fanon, 1963).

*How, then, do we unmask its presence in clinical practice? How do we ensure that therapy does not become another space where racial pain is ignored rather than addressed?* For group therapists, these questions take on an even greater urgency. In the charged space of group dynamics, race does not sit quietly in the background—it erupts in microaggressions, silences, power struggles, and collective biases (Hays, 2021). Group leaders must be ready not just to witness these tensions but to navigate them with skill and courage—ensuring that the group becomes a place of healing rather than another site of racial harm.

Drawing on Paulo Freire’s (1970) concept of praxis—critical reflection followed by action—this article explores how racism manifests in group therapy, the field’s historical reckoning (or lack thereof) with racial dynamics, and strategies for creating an antiracist group practice.

### The Historical Foundations of Group Therapy and Race

While Freud’s early psychoanalytic work primarily focused on the individual psyche, group therapy emerged as a response to collective trauma and societal shifts. Wilfred Bion’s work with groups in wartime England provided insight into how groups unconsciously organize around authority, power, and anxiety (Bion, 1961). Bion’s seminal contributions to group analysis emphasized the unconscious life of groups, identifying basic assumptions that members bring to therapy, including dependency, fight-flight, and pairing, which shape how individuals relate within a collective setting. His insights remain foundational for understanding how racialized anxieties manifest in group dynamics.

Irvin Yalom’s contributions further shaped contemporary group therapy, emphasizing interpersonal learning, group cohesion, and corrective emotional experiences (Yalom & Leszcz, 2020). Yalom articulated therapeutic factors unique to group work, including universality, altruism, and the instillation of hope. However, early models of group therapy, including Yalom’s framework, were primarily developed within a Eurocentric lens, often neglecting the impact of race and systemic power dynamics within the therapeutic setting. The forced exclusion of Black, Indigenous, and other marginalized people from early mental health institutions meant that most foundational theories lacked racial awareness (Gantt, Ashley, Adams, & Carter, 2025). As a result, contemporary group therapy still struggles with how to integrate racialized experiences without reproducing harm. Many groups operate as though the racial difference is an incidental factor rather than an essential structuring force in psychological and group identity.

At the same time, the historical marginalization of Black, Indigenous, and other racialized clinicians from formal psychological institutions has led to the development of alternative therapeutic frameworks grounded in community

healing traditions, liberation psychology, and social justice movements (Comas-Díaz, 2019). These traditions offer critical insights into how group therapy can move beyond Eurocentric frameworks and engage with racialized trauma in a meaningful way.

Additionally, it is crucial to acknowledge that Germany’s colonial medical experiments on Africans in the early 20th century laid the foundation for later Nazi racial policies. The genocide of the Herero and Nama peoples in Namibia (1904-1908), conducted under German colonial rule, involved forced labor camps, starvation, and medical experiments on African bodies. German scientists used these experiments to develop racial hierarchies that were later applied to Jewish people during the Holocaust (Zimmerer, 2011; Olusoga & Erichsen, 2010). This disturbing continuity between colonial violence and later genocidal policies underscores the urgent need to recognize historical racial trauma as foundational to modern psychoanalysis and psychotherapy.

### The Challenges of Addressing Race in Group Therapy

Clinicians often struggle with how to facilitate discussions of race in therapy groups. Fear of saying the wrong thing, discomfort with conflict, and a lack of training usually lead therapists to avoid racialized topics altogether (Neville et al., 2020).

#### Common Challenges Include:

- **White Fragility in Group Settings** – White group members may react defensively when racial topics arise, derailing discussions.
- **Racialized Emotional Labor** – BIPOC members are often expected to educate white peers about race, leading to burnout.
- **Colorblindness as Avoidance** – Therapists sometimes emphasize *we are all human* as a way to sidestep racial realities.
- **Unacknowledged Power Imbalances** – Facilitators may fail to address dynamics where certain voices dominate while others are minimized.

Without active intervention, these issues lead to racial reenactments, leaving BIPOC members feeling unseen and retraumatized. Therapists must develop the ability to name and address race-related tensions rather than bypass them.

### Anger, Anxiety, and Attacks in Group Therapy

BIPOC participants often find themselves navigating an unspoken tension in racially mixed group settings. After much internal debate and external prompting, they may choose to share their racial experiences—only to be met with discomfort, defensiveness, or outright dismissal. This response, whether rooted in anxiety, guilt, or resistance, sends a clear message: Vulnerability comes at a cost.

To protect themselves, BIPOC group members often learn to self-regulate—offering just enough honesty to participate but not so much that it disrupts the comfort of the group. To do otherwise can invite skepticism, emotional backlash, or what some call the “oppression Olympics,” where expressions of racial pain are measured, debated, or minimized.



Willard Ashley, Sr.



from the  
president

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

### AGPA Connect 2025: Did You Have a Moment?

The theme of AGPA Connect 2025 was *Being Seen: The Many Faces of Group*. Who did you see: friends, colleagues, mentors, mentees, new members, and first-time attendees? What did you face: new learning, new humility, new ideas? What did you experience: moments of connection, engagement, friendship? What did you feel: challenge, sadness, discomfort? There were countless possibilities for memorable moments.

But did you have a *seminal moment*?

I’ve been thinking about the concept of seminal moments and that Connect 2025 provides the potential for these powerful experiences throughout the conference. What is a seminal moment? It is an influential event that changes us and lays the foundation for our future growth. The term *seminal* suggests something foundational, groundbreaking—an experience that sets the stage for future developments. These moments can be unexpected and can occur in just seconds. They may solidify an idea or experience that has been forming within you, or they may spark an entirely new perspective that dramatically shifts your life’s direction.

For example, a seminal moment in my life happened when I was 16. Picture this: It’s 1964, and I am attending Queens College in New York City with another 10,000 undergraduates. As always, the college cafeteria is overcrowded, and I’m saving a seat for my friend, Sharon. I’m wearing a wraparound plaid skirt and a white sweater (pants—not even pantsuits—were not allowed for women in those days). Sharon is late, and I keep glancing at the entrance. Bored, I begin to eavesdrop on the conversation between two women across from me. They’re discussing their majors and how their studies will lead them to careers as therapists.

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**Tony Sheppard, PsyD, CGP, ABPP, AGPA-F**

Group therapy is alive and well. AGPA Connect 2025 brought together some of the best group therapists in the world. Whether you were there in person, virtually, or in spirit, our annual conference was a success. AGPA Connect occurs within the context of the larger world in which we live. There are ongoing conflicts around the globe and staunch political disagreement here in the United States. AGPA Connect once again served as a container for all that we brought to San Francisco. The meeting, I believe, also served as a respite from some of the tension many of us feel in our daily lives. AGPA Connect was an imperfect but good-enough container for our range of emotions and experiences. I left with a sense of hope for our profession after a week of meetings, trainings, and social gatherings. Group therapists from across the age spectrum and from all walks of life came together to hone our craft alongside each other.

Building upon the idea that group therapy is a thriving and dynamic field, AGPA President Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, in her column, asks us to reflect upon our experiences at AGPA Connect 2025. She specifically talks about seminal moments that might have occurred at the conference. I hope you'll take the opportunity, following Lorraine's lead to consider your own seminal moments.

I'm excited to present the Spring 2025 Edition of the *Group Circle* for your enjoyment. This issue features a Letter to the Editor from Jenifer Guarke, CADC, CGP, LMHC, who writes about the Fall 2024 *Consultation, Please*. I always enjoy hearing from readers who offer their insights into these complex issues. Willard "Will" Ashley, Sr., DMin. REV, SCP, CGP provides a very thoughtful article titled, "Racism on the Couch: Group Therapy and the Challenge of Undoing Racialized Harm." He calls upon us to consider the ways that racism shows up in our therapy rooms and provides us with ways to manage it when it does. Barney Strauss, LCSW, CGP tells us about his experience with the Transmodal Continuous Online Group (TCOG), perhaps AGPA's best kept secret!

Aziza Belcher Platt, PhD writes about how climate concerns and social justice converge in group therapy in *Widening the Circle*. In *Consultation, Please*, we are presented with a thought-provoking question that involves information shared in the context of a closed religious community group that goes unaddressed. Our *A View from the Affiliates* column provides readers with an informative interview with Anwar Francis, LCSW, and Lily Wolf, LMFT regarding their work with AGPA Connect Scholarships. Finally, we recognize AGPA's newest Fellows. Seeing such a large group of Fellows being honored warms my AGPA heart!

Thanks for reading! Thanks to all who contributed to this edition of *The Group Circle*. I'm very pleased to

present it to you. Don't hesitate to reach out with your ideas, comments, feedback and contributions. 🙌

**FROM THE PRESIDENT**

*Continued from page 1*

I am intrigued—no longer bored and, in that moment, I am grateful that Sharon hasn't shown up. As I listen, I experience an inexplicable shift. I will take on a second major—psychology. In an instant, I reconsider the path my family had set for me to become a teacher. Instead, I imagine working in the field of mental health. That unexpected conversation—one in which I was not even involved—changed my college plans and laid the foundation for my career as a psychologist.

**Did you have a moment at AGPA Connect?**

During the conference, we had multiple opportunities for the possibility of a seminal experience. As you reflect on the offerings—did you have encounters that changed a direction in your life, perhaps in just seconds, and laid a path for profound change?

For me, the seminal moment of Connect 2025 occurred during the workshop I co-presented with Tony Sheppard, PsyD, CGP, ABPP, AGPA-F, on bringing group member suicide out of the darkness. Dr. Sheppard thoughtfully shared his wisdom on how group therapy can prevent death by suicide. I spoke to the sadder side of the issue: postvention—how we, as clinicians, respond when a group member dies by suicide. The loss of a client to suicide can be the most profoundly disturbing and unsettling event of one's professional career. This was true for me. There are common experiences particular to this grief: overwhelming emotions, distressing physical symptomology, challenging relational responses, questioning competence. As with any loss, we move unevenly through stages. The last stage can be one of hope, with new learning, resolution, and possible transformation. Although I had thought often about offering a workshop about this group experience, it took me 2 ½ years to tentatively present it publicly. Anxiously, I began to talk about what happened with me and with the group after the suicide of this young group member.

The moment happened within seconds. When I shared openly about the impact of the suicide on me and our group, I felt the compassion in the room. Although other clinicians have shared similar tragic experiences, we rarely talk about the toll this takes on our lives and careers. I knew that this topic would become a priority for me: to help others navigate one of the most profound and difficult moments a therapist can face.

We cannot predict when these moments will happen. Did you have a moment in any of your experiences at the conference? Perhaps it happened at a workshop or open session, a SIG meeting, a meal with friends or colleagues, an affinity group, the Memorial Session, the Award Ceremony, or the Community Meeting. Or maybe it occurred during a chance meeting at the coffee shop.

Did your moment occur during one of these key events?

**Monday:**

- Armand Volkas, MFA, MA, MFT, RDT/BCT, presented *Healing the Wounds of History through*

*Drama Therapy*, demonstrating therapeutic approaches to address intergenerational and collective trauma. Did you have a moment?

- Donna Harris, MA, LCSW, CGP, led *Reflections of Us: Processing the Many Faces of Intercultural Dynamics in Groups*, reminding us about mindful listening, reflections, and inquiries. Did you have a moment?

**Tuesday:**

- Suzanne Phillips, PsyD, CGP, ABPP, AGPA-DF, presented the Sally B. Henry Institute Opening Plenary, *Process and Possibility—The Power of People in Groups*, challenging us to understand how sexism, racism, and trauma steal the authentic self from our members. Did you have a moment?

**Thursday:**

- The Conference Opening Plenary Speaker, Melba Vasquez, PhD, ABPP, presented *Multicultural Psychotherapy: An Ethical Responsibility*, urging us to develop cultural awareness and take action for justice and equity. Did you have a moment?

**Friday:**

- Daniel José Gaztambide, PsyD, delivered the Anne & Ramon Alonso Plenary, *Decolonizing the Bifurcation Between the Interpersonal and the Sociocultural*, highlighting how collective issues shape mental health while emphasizing the need for connection and intimacy. Did you have a moment?

**Saturday:**

- Tania Israel, PhD, the Mitchell Hochberg Memorial Public Education Event Speaker, presented *Healing Tribal Division: The Problem and Promise of Group Dynamics in a Polarized Society*, asking us to listen non-defensively and explore how our views have evolved. Did you have a moment?
- The Louis R. Ormont Lecturer George Bermudez, PhD, PsyD, led *Dreaming Democracy Forward: Social Dreaming Toward a Deliberative Democracy*, inviting us to reflect on our dreams as collective intelligence for social justice and healing. Did you have a moment?

Groups heal. We mostly think about healing for our clients. Often groups heal us as well. Would you like to share your moments with us? Would you like to help create spaces for these moments at AGPA Connect 2026 in New York City? Consider offering a workshop or an open session. Engage more in AGPA leadership. Create opportunities for learning, connection, and transformation.

I welcome your comments, questions, and suggestions. Reach out to me anytime at [lwodiska@gmail.com](mailto:lwodiska@gmail.com). 🙌

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## Learning and Growth Through Collaboration: Sharing Ideas about Scholarship Review Processes

Stephanie Vail, LCSW, CGP

In the Affiliate Society Assembly, or ASA – the group made up of each AGPA society’s leaders – we look to one another’s successes and challenges for inspiration and support. In this month’s column, we’re taking a look at how members of the ASA’s scholarship review committee found meaning in their collaboration, and how their candid conversations helped them create a more thorough and intentional rubric for assessing scholarship applications. The following is an interview with Anwar Francis, LCSW, president of the Louisiana Group Psychotherapy Society, and Lily Wolf, LMFT, president of the Rochester Area Group Psychotherapy Society. The scholarships they review are the Barry Bukatman and Southwestern Group Psychotherapy awards – both of which have geographic limitations and a preference for newer professionals or clinicians in training. The scholarship program is funded by the Group Foundation for Advancing Mental Health.

**SV:** What motivated each of you to volunteer to review scholarship applications for the Group Foundation?

**LW:** I had received a financial award in 2016, and without it I would not have been able to attend Connect, a pivotal experience for me. I also wanted to get a better sense of who was being served through the Foundation’s scholarship program. The previous committee chair, Deborah Sharp, LCSW, CGP, AGPA-F, who is the current Affiliate Societies Assembly (ASA) Chair, assured me that the job didn’t require more labor than I was prepared to devote. She also shared what a meaningful experience it had been for her.

**AF:** I’ve learned a lot since becoming involved with the ASA, and was motivated to offer help after feeling the benefit of being part of the group. It was a way to get more involved without over-functioning. I met Lily Wolf the year before at the previous AGPA Connect conference. Through some combination of professional effectiveness and personal flair, she penetrated the defenses that make getting to know me a somewhat laborious task. Agreeing to work with her on the scholarship committee was not a difficult decision.

**SV:** In our conversations together it’s clear that the job evolved beyond its original goals. Could you say more about this?

**LW:** When I initially joined in 2023, Deborah explained that we review applications for two different Connect scholarships. She also shared her efforts to create a cursory rubric to help reduce unconscious bias in the process. As we applied her initial rubric to the scholarship applications, we both recognized that it relied too heavily on subjective experience. So, we decided to examine the review process from an equity perspective.

I began to think more carefully about what was motivating me to reduce bias in the review process and where my fire for social justice comes from. My family’s orientation to social justice lived inside me as a confusing mixture of ideas and feelings about difference alongside a whispered instruction to never discuss this directly. My father, a closeted gay man raised in poverty by a single mom in Salt Lake City, was a kindergarten teacher in the era of Anita Bryant’s (an American singer and Christian activist) assertions that gayness was synonymous with sexual perversion. As I grew up in the diverse environment of Los Angeles in the 1970s and ’80s, I had many humbling learning experiences, benefiting from the sometimes painful honesty and emotional labor of my peers who held identities different from my own.

**AF:** By the time Lily and I began working together, the goal was to review two scholarships and revise the scholarship process in order to “eliminate” unconscious bias. I don’t remember what I said in response to that information, but I do remember laughing at the audaciousness of Lily’s mission,

which I later realized obscured the sincerity of it. I also realized I had intended to join a committee but instead might have been enlisted into a battle. We wouldn’t just be reading applications and making decisions but improving a larger process.

There was a lot of uncertainty that I felt at the prospect of this, but I appreciated the conversation happening between us. I could tell how serious Lily was about improving the process, and I was curious about the inner motivations that seemed to drive her toward that goal. She shared with me some of her childhood experiences. Speaking for myself, I realized that being helpful has been a way of proving my value, driven perhaps by a silent, hopeful longing to be liked. This can show up as a bias toward “caring.”

Focusing on the topic of unconscious bias in the applications allowed us to talk about our own unconscious biases, which is not as easy as it seems. It requires you to be a witness to the multitude of ways unconscious bias can show up in people’s lives while avoiding allowing what you see to move you toward bitterness and judgment.

**SV:** How did you approach reducing unconscious bias in the scholarship review process? What was it like to do this together?

**AF:** It felt evident to me, as someone who respects and admires the effort that goes into good writing, that it would be necessary to resist the temptation to assign too much value to those who had written strong personal statements. Exactly how much value should be assigned to any particular quality was a question that came up often between us and it is still a difficult one to answer.

I was also ambivalent about people with marginalized identities having to plead their case to demonstrate their financial need in addition to being skeptical of those whose writing seemed to testify to privileged status. It occurs to me that there was no manual that I was following which specifically outlined my role. I began to think in terms of what candidates could offer to AGPA. This thought would never have crossed my mind prior to joining the scholarship committee.

We both had a logic which mostly found us aligned but occasionally led us to different decisions as we outlined our preferred candidates and provided space to compare our individual processes.

**LW:** As I began to review the application materials, I, like Anwar, tuned in to my emotional reactions. I noticed how these shifted around applicants’ gender identity, race, sexual orientation, age, country of origin, personal interests, and other variables. I considered when my reactions were rooted in a privileged or marginalized part of my identity. When it came time for Anwar and I to talk about the rubric, I was initially



Anwar Francis



Lily Wolf

hesitant. It felt vulnerable to know that working together effectively would mean revealing my biases, and I knew this was likely true for him too.

We read and shared our impressions of each application, and we discovered unconscious oversights and unanticipated biases that might interfere with our relative objectivity. Anwar’s reflection on his experience reminded me of how we discussed and processed one particular inequity in the rubric.

We were considering adding a criterion that would give applicants an advantage if they somehow demonstrated financial need in their letters. Because the Foundation doesn’t require any specific financial markers in the application process, we had to ask ourselves why we wanted to include this criterion. We had to share our judgments about who we each perceived as more or less “deserving” of help, looking at biases that we might be acting out unconsciously. Anwar and I discussed where our individual relationships to scarcity and abundance intersected with race, class, and gender variables in our personal histories.

We recognized that we had to treat all applicants’ experience of need as equal and develop other criteria that could speak to different identity variables instead. Since the Foundation’s scholarship process does not require applicants to “demonstrate” their financial need, we couldn’t either.

**SV:** Were the other scholarship reviewers going through this same process? If so, did you collaborate at all?

**LW:** I had a lot of questions about how (or if) other reviewers were thinking about bias in the application reviews. When Anwar and I met with other reviewers, we learned more about the differences among the scholarships themselves. We also benefited greatly from the work of Sam Ardoin, LPCC, and Charles Zheng, MA, LMFT, LPCC, CGP, from the LGBTQIA Special Interest Group (SIG), who shared their own developing rubric with us.

At the conclusion of our conversations, the rubric Anwar and I established for applicants who met the basic criteria of each scholarship also included added points for a number of variables.

Our hope is to propose this as the starting point for conversations with the other reviewers before the next cycle. My work with the scholarship committee has provided an opportunity to reexamine how power is used organizationally in one tiny corner of organizations’ systems. This is all still a work in progress. I see it as an opportunity to translate our values and beliefs into action and build a stronger relationship with ourselves and our colleagues. 🌱

## Harold S. Bernard Group Psychotherapy Training Award 2025 Recipients

The International Board for Certification of Group Psychotherapists celebrated excellence in group psychotherapy training when it presented the 2025 Harold S. Bernard Group Psychotherapy Training Awards during AGPA Connect 2025 in San Francisco during the Annual Tri-Organizational Awards Ceremony.

The award was established in 2001 and is given annually to individuals or organizations whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. It was renamed through a legacy gift provided to the Group Foundation for Advancing

Mental Health by Dr. Bernard for the purpose of endowing the award. Throughout his lifetime, training in group psychotherapy was near and dear to Dr. Bernard’s heart. His legacy bequest and this award ensure that individuals and programs meeting a high standard of training quality be identified and honored for their contributions to the field in developing the next generation of clinicians who use group psychotherapy to help people.

This year’s recipients are:

- Seth Aronson, PsyD, CGP, Thomas Hurster, MSSW, LCSW, CGP, AGPA-F, and Andy Pojman, EdD,

CGP, AGPA-F, have had a deep impact in AGPA as Co-Chairs of the Child and Adolescent SIG, Faculty in AGPA Connect, in AGPA governance roles and in the broader professional community by promoting teaching, training, supervision, mentoring, and writing about Group Psychotherapy for Children and Adolescents. Among them they have: 130 years of combined clinical practice; 69 years of teaching child/adolescent and/or group psychotherapy across the U.S.; 46 publications; 150 presentations worldwide,

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**Paradigms for Antiracist Group Practice**

Group therapy is a microcosm of the world—it mirrors both the potential for healing and the persistence of racial harm. Without intentional intervention, therapists risk replicating the same racial power dynamics that their clients experience in society. Below are two frameworks for fostering antiracist group therapy, ensuring racial honesty, systemic awareness, and active disruption of racial harm.

**Paradigm 1: The Willard Ashley Break the Rules Model**

This model disrupts the unspoken rules of whiteness in group spaces by pushing therapists beyond neutrality, politeness, and avoidance. It calls for direct engagement, racial honesty, and systemic awareness.

- Engage the Community** – Build relationships with racially diverse communities before they enter therapy. Cultivate trust outside of your private practice or clinic.
- Express Curiosity** – Approach racial identity and lived experiences with openness, not defensiveness. Be willing to hear hard truths.
- Exegesis of the Context** – Understand the historical and systemic racial inequities affecting clients. A person’s distress does not exist in a vacuum.
- Embody Compassion** – Recognize how systemic racism impacts mental health—from intergenerational trauma to everyday racial stressors.
- Entertain Critique** – Be willing to challenge dominant narratives, unpack internalized biases, and make space for racially conscious accountability.
- Educate Clinicians** – Provide ongoing training in racial literacy, historical trauma, and group facilitation that does not center on white comfort.
- Embrace Culture** – Therapy should not erase culture; it should honor it. Affirm cultural narratives rather than forcing assimilation into dominant norms.
- Examine Color** – Acknowledge racial identity as central, not incidental. Colorblindness is not neutrality; it is erasure. Explore color and colorism in all of its forms.
- Expect Conflict** – Racial discussions will be uncomfortable, but they are necessary. Do not shut them down—facilitate them skillfully. Expect emotions to run high.
- Enlist Colleagues** – Develop a network of antiracist practitioners who can offer support, consultation, and accountability. Meet regularly!
- Encourage Collaboration** – Work with interdisciplinary teams (educators, social workers, activists) to provide holistic support beyond therapy walls.

**Paradigm 2: The Simple Decolonized Psychotherapeutic Model**

This model calls for a radical reexamination of the foundations of psychotherapy, ensuring that therapy itself does not reproduce the harms of colonialism, white supremacy, and racial trauma.

- Reexamine Psychoanalytic Theory** – Question Freud, Jung, and other Eurocentric theorists. Where are the racial blind spots? How do dominant theories reinforce white pathology as “universal”? Hear from BIPOC voices and scholarship.
- Acknowledge Historical Trauma** – Integrate historical analyses, such as the Herero and Nama genocide, Nazi racial policies, the transatlantic slave trade, and Jim Crow, into psychoanalytic training. History lives in the body.
- Develop Group Work Models** – Create therapy models that explicitly address racial trauma, racialized unconscious fears, and systemic oppression.

**Self-Care and Sustainability: Protecting Ourselves in the Work**

Engaging in antiracist clinical work is emotionally demanding. The weight of dismantling racism does not rest on intellect alone—it takes a toll on the body, mind, and spirit. Therapists and group leaders must recognize that self-care is not an indulgence but an act of resistance. Burnout serves no one, least of all the communities we seek to serve (Ginwright, 2018).

Sustainability in this work requires more than good intentions. It demands intentional practices—community accountability groups, supervision with racially conscious mentors, and firm boundaries against racial fatigue (Parker & Neville, 2019). We cannot challenge oppressive systems if we are exhausted by them.

Racial justice work is not a sprint; it is a lifetime commitment. This means embracing practices that replenish rather than deplete: meditation, collective care, ongoing education, and the courage to step back when needed (Hooks, 2000).

Most importantly, we must remind ourselves: We do this work to dismantle harm and build something more significant. We fight for healing. We fight for liberation. Moreover, that means we, too, must be whole.

**Transforming Group Therapy for Racial Healing**

Group therapy can either be a site of liberation or a space where racial harm is re-enacted. The therapist’s responsibility is to intervene proactively rather than wait for damage to occur. Transforming group therapy into a space of racial healing requires:

- Cultivate Inclusive and Accountable Group Spaces**
  - Establish group norms that explicitly address race and power dynamics from the start.
  - Validate BIPOC experiences without asking them to educate white group members.
  - Foster an environment where discomfort leads to growth, not avoidance.
- Address Racial Trauma in Group Therapy**
  - Recognize that racial trauma manifests in body language, silence, and avoidance—not just words.
  - Encourage somatic awareness—helping clients notice how race-related discussions impact their physical and emotional states.
  - Provide space for processing racial grief, anger, and exhaustion rather than expecting “resolution” within one session.
- Re-Envision Healing**
  - Healing is not about erasing racial differences but about affirming them.
  - True healing happens when historical and personal racial trauma is acknowledged—not dismissed as individual pathology.
  - Racial healing requires structural change in group therapy models—not just better facilitation.
- Move From Bystanders to Builders**

Therapists must decide—will we be bystanders to racial harm, or will we be builders of something better? Antiracist group therapy is not about comfort; it is about transformation. It requires therapists to resist neutrality, lean into discomfort, and actively create spaces where racial harm is acknowledged and dismantled. The work is not easy, but neither is healing. Moreover, our clients—our communities—deserve nothing less.

**Keep Your Eyes on the Prize**

We must resist the unspoken expectations placed on BIPOC participants in racially mixed groups. White supremacy culture demands three things:

- Forget History** – Do not teach Black history. Furthermore, if you do, sanitize it. Minimize the horrors of the Middle Passage, slavery, Night Riders, Jim Crow, and today’s dismantling of DEI initiatives. The late pastor, activist, and author Joseph Barndt reminds us: “Every system and every institution in our society was created originally and structured legally and intentionally to serve white people exclusively.” (Barndt, 2007, p. 2).
- Forgive Hurts** – *It happened long ago. Move on.* That is the repeated refrain.
- Flatter Harm** – Comfort white people. Make them feel safe.

The common plea is—*Give me credit—at least I am trying.* Nevertheless, acknowledgment alone is insufficient. Change is the goal. Instead of yielding to these demands, clinicians must remain steadfast in their commitment to justice and truth-telling—keeping their eyes on the prize:

- To improve the quality of life for all group members.
- To offer comfort and validation to those who have been unheard for too long.
- To help people stay alive—figuratively and literally.

Group therapy must not become a space for privileged comfort at the expense of marginalized truth. It must be a place where silenced voices are heard, vulnerability is honored, and power is reclaimed. If we do this work right, we do more than facilitate discussions—we help people reclaim their voices, own their power, and heal. That, above all else, is the prize. A dear friend and nationally acclaimed

clinician sent me this reminder. “Some people are human medicine. You spend an hour with them, and everything feels better.” Let us be that person who makes everything feel better. Put racism on the couch. 🛋️

**References**

Abernethy, A. (Ed.). (2025). *Addressing diversity dynamics in group therapy*. Routledge.

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. The New Press.

Arendt, H. (1951). *The origins of totalitarianism*. Harcourt Brace.

Bion, W. R. (1961). *Experiences in groups*. Tavistock.

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). *Racial trauma: Theory, research, and healing*. American Psychological Association.

Fanon, F. (1952). *Black skin, white masks*. Grove Press.

Fanon, F. (1963). *The wretched of the earth*. Grove Press.

Freire, P. (1970). *Pedagogy of the oppressed*. Bloomsbury Academic.

Freud, S. (1930). *Civilization and its discontents*. W. W. Norton & Company.

Gaztambide, D. J. (2019). *A people’s history of psychoanalysis: From Freud to liberation psychology*. Lexington Books.

Gantt, S., Ashley, W., Adams, J., & Carter, F. (2025). *Addressing power dynamics in systems-centered training groups: Undoing racialized enactments by developing a decolonizing group culture and weakening closed survivor roles*. In A. Abernethy (Ed.), *Addressing diversity dynamics in group therapy*. Routledge.

Ginwright, S. (2018). *The future of healing: Shifting from trauma-informed care to healing-centered engagement*. Youth Research and Evaluation Exchange.

Hardy, K. V., & Bobes, T. (2017). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge.

Hays, P. A. (2021). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy*. American Psychological Association.

Hooks, B. (2000). *All about love: New visions*. William Morrow.

Hull, I. V. (2005). *Absolute destruction: Military culture and the practices of war in Imperial Germany*. Cornell University Press.

Levin, K. (1948). *Resolving social conflicts: Selected papers on group dynamics*. Harper & Row.

Lusane, C. (2002). *Hitler’s black victims: The historical experiences of Afro-Germans, European Blacks, Africans, and African Americans in the Nazi era*. Routledge.

Major, B. & Barndt J. (2023). *Deconstructing Racism: A Path Towards Lasting Change*. Fortress Press.

Metzl, J. M. (2019). *Dying of whiteness: How the politics of racial resentment is killing America’s heartland*. Basic Books.

Neville, H. A., Spanierman, L. B., & Lewis, J. A. (2020). *The psychology of privilege, power, and oppression*. American Psychological Association.

Olusoga, D., & Erichsen, C. W. (2010). *The Kaiser’s Holocaust: Germany’s forgotten genocide and the colonial roots of Nazism*. Faber & Faber.

Parker, W. M., & Neville, H. A. (2019). *Psychological liberation and self-care strategies for therapists of color*. *Journal of Multicultural Counseling and Development*, 47(3), 163–179.

Williams, M. T. (2020). *Managing microaggressions: Addressing everyday racism in therapeutic practice*. Oxford University Press.

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Zimmerer, J. (2011). *From Windhoek to Auschwitz? On the relationship between colonialism and the Holocaust*. In D. Stone (Ed.), *The historiography of the Holocaust* (pp. 87–101). Palgrave Macmillan.

## The Ecosystem and the Microcosm

Aziza Belcher Platt, PhD

Spring is in the air! But so are air pollutants, including smoke and wildfires; particulate matter; gaseous pollutants, e.g., carbon monoxide (CO), nitrogen oxides (NO<sub>x</sub>), volatile organic compounds (VOCs); black and brown carbons; greenhouse gases such as carbon dioxide (CO<sub>2</sub>); micro dust; toxic petrochemicals such as lead; and a host of other respiratory and health irritants. In the 1980s Dr. Benjamin F. Chavis, Jr., coined the phrase “environmental racism” to describe (1) the intentional siting of polluting facilities and infrastructure in communities that have been marginalized especially those of African Americans, Latines, Indigenous People, Asian Americans and Pacific Islanders, migrant farmworkers, and low-income workers; (2) the disproportionate exposure of those marginalized communities to environmental hazards; and (3) disparate access to environmental benefits, such as clean air, water, and green spaces (NRDC, 2025). In part due to segregation and redlining many of the communities were created and/or enforced by policies that devalued the neighborhoods and neglected public infrastructure. Consequently, corporations seized on these communities due to cheaper acquisition and fewer regulations (NRDC, 2025).

Some examples of environmental racism are Flint, Michigan, where government neglect has led to lead-contaminated water since 2014 (NRDC, 2025). Similarly, “Cancer Alley,” a strip of land between Baton Rouge and New Orleans, which is the location of multiple petrochemical plants and refineries and not coincidentally high rates of cancer, respiratory illnesses, birth defects, and other health issues (NRDC, 2025). Likewise, “Asthma Alley,” also known as the Bronx, New York, where the truck traffic has created particularly poor air quality causing the predominately Latine and Black residents to suffer rates of asthma at 12 times the national average and hospitalizations at five times the national average (NRDC, 2025). A final example is Standing Rock, North Dakota, where a pipeline to transport crude oil was purposely routed underneath the Standing Rock Sioux Tribe’s primary water source and has since disproportionately exposed the tribe to fumes, toxic dust, ash, soot, and other pollutants (NRDC, 2025). Like the climate, environmental racism is global and while the primary underlying mechanism (i.e., race, caste, ethnicity, and class) may differ, the impact does not.

Environmental racism and climate change intersect because the former makes said communities more vulnerable to the impacts of climate change due to their location and resource deficits including but not limited to extreme weather such as heat waves, cold waves, droughts, rising sea levels and flooding among other weather phenomena.

April is Earth Month, so it is an appropriate time to focus on the impact of environmental racism and climate change on mental health. The Climate Psychiatry Alliance asserts that “the climate crisis is one of the most significant psychosocial stressors of the 21st century” (Climate Psychiatry Alliance, 2025, para. 2). Climate distress has been a demonstrated factor in anxiety, depression, post-traumatic stress disorder, burnout, and despair. Climate anxiety, also known as eco-anxiety, is anxiety, depression, guilt, grief, trauma, desperation, and a sense of doom about the state of the environment. Climate psychology and psychiatry are both focused on the mental health effects of climate change and seek to transform practice to address these issues and impacts. *How do we do that in our groups you might you ask?*

LaUra Schmidt and Aimee Lewis Reau co-founded Good Grief Network to create tools “to help sustain individuals on this difficult and brave journey of being a change-maker amidst such overwhelming destruction” (Heart-Centered Leadership, 2024, para. 8). Described below is their 10-step program “to build resilience and empowerment for those of us aware of, and overwhelmed by, the state of the world. It provides networking opportunities to share resources and strategies for healing and co-creating a life-centered society” (Heart-Centered Leadership, 2024, para. 8). This program is meant to be done in group/community and in fact they note “Community is tragedy’s remedy. You don’t have to do this alone. In fact, you cannot do it alone” (Heart-Centered Leadership, 2024, para. 9). Blair Nelsen is the executive director of Waterspirit, a nonprofit center for spiritual ecology and when she co-facilitates this 10-step eco-anxiety

support group she adds a preliminary step, Step 0, also described below (Redbank Public Library, 2020).

- **Step 0: Understand the World as We Know It** – Group members are oriented to eco-anxiety and climate support in community (Redbank Public Library, 2020).
- **Step 1: Accept The Severity of Predicament** – This involves group members facing the crises of our society and how those are interrelated with mental health. Additionally, the co-founders emphasize that “while we are all affected by this way of being, the impacts vary greatly depending on factors including our families, gender, past traumas, race, culture, geographic location, history of colonization, and our levels of privilege” (Heart-Centered Leadership, 2024, para. 12). Another important goal at this step is to “find the delicate balance between unrealistic optimism and resigned nihilism” (Heart-Centered Leadership, 2024, para. 13). In this space, group members both embrace ancient ways of being and cocreate new ways toward an equitable and sustainable future.
- **Step 2: Be with Uncertainty** – Little feels certain in our current world so in this phase, group members cultivate flexibility and resilience that allows them to be present in awareness and responding (Heart-Centered Leadership, 2024).
- **Step 3: Honor My Mortality and the Mortality of All** – Herein, group members mourn the losses our world has experienced and is experiencing as well as find courage to protect the people and species of the world (Heart-Centered Leadership, 2024).
- **Step 4: Do Inner Work** – Group members individually and collectively address their own personal wounds, traumas, and experiences that add to the generational and collective heaviness which might hinder focusing on the collective predicament (Heart-Centered Leadership, 2024).
- **Step 5: Develop Awareness of Biases and Perception** – Per the co-founders, in this step, it is important for group members to accept the following (Heart-Centered Leadership, 2024, paras. 24 -26):

Each of us has permission to be wrong. We only take in a portion of the world around us, constructing our reality from information collected and processed by our instincts, cognitive and cultural biases, senses, complex thinking, and the stories we are told and those we tell ourselves. This combination is limiting. We can’t know what we don’t know. If we never learn how our brains overcompensate for our limitations, we are held captive by our perceptions and judgements. As we begin to notice our biases and limited perception, we are invited to break through our rigid understanding of the world and cultivate a mindset that is curious and open.

Compassion and humility are required as we explore our own reactivity, cognitive shortcuts, and limited perceptions. We can extend these values to others, too. Once we understand that the human world is made up of individuals with limited perceptions—patience, compassion, and forgiveness follow.

- **Step 6: Practice Gratitude, Witness Beauty and Create Connections** – Group members adopt practices related to gratitude, beauty, and connection to heal and strengthen their inner world and create connection and courage in the outer world. The practices directly contravene the scarcity mindset present in much of society (Heart-Centered Leadership, 2024).
- **Step 7: Take Breaks and Rest** – Rest is a human right despite its framing as a luxury to be earned and/or afforded. Dr. Sandra Dalton-Smith is the author of Sacred Rest and describes the seven types of rest: physical, mental, emotional, sensory, creative, social, and spiritual (2017). In this step, group members take breaks relying on the group to hold space for their needed rest and when they are rejuvenated, they reciprocate.

- **Step 8: Grieve the Harm I Have Done** – Schmidt and Lewis Reau (Heart-Centered Leadership, 2024, paras. 35-38) posit the following regarding this step:

Part of the human condition involves being both the recipient and perpetrator of harm throughout our lives. As such, we must heal from the harm we receive and hold ourselves accountable for the harm we cause. The harm we engage in varies greatly based on how and where we live, the social and cultural norms we follow, our individual levels of power and privilege, and our past traumas and experiences.

Power-over structures, like patriarchy, colonialism, capitalism, racism, ableism, and heteronormativity determine who has access to power, wealth, and resources, and who does not. For those of us living in the dominant culture, these structures are alive in each of us. And unless we do the gritty work of noticing, questioning, and transforming them, we let them live. Just by moving through our days and trying to fit into a deeply wounded culture, we may cause more harm. To survive in these toxic systems, we often disconnect, numb ourselves, and throw up walls, generally leading to feelings of guilt and shame over our actions. But we cannot get boxed in by our heavy feelings over the harm we have caused because the political and corporate elite prey on our immobilization, keeping us compliant.

This step is your personal invitation to turn inward, explore the ways in which you have caused harm, and become accountable for your actions. This practice is a continuous dance of learning, unlearning, grieving, forgiving, and repairing. By doing this, we open to new (and ancient) ways of being that dignify and protect those most vulnerable, our communities, and our planet.

Working toward collective liberation demands compassion and fierceness as we own our mistakes, reclaim our own agency, and tear down any walls that disconnect us, repurposing their scraps to build bridges.

- **Step 9: Show Up** – Group members focus on the discernment of how their energy and bandwidth is best harnessed in the spirit of the people and the planet and act (Heart-Centered Leadership, 2024).
- **Step 10: Reinvest In Meaningful Efforts** – In this final step, members are actively engaged in community and meaningful actions that mobilize their talents, skills, passions, interests, experiences, and resources (Heart-Centered Leadership, 2024).

How eco-literate are you? How, if at all, do you address environmental racism and climate change and distress in your groups? What, if anything, are you willing to do to become a climate-aware mental health professional and group leader and use the power of the microcosm to help save the ecosystem? 🌱

**EDITOR’S NOTE:** AGPA has a newly formed Climate Polycrisis SIG, chaired by Anna Graybeal, PhD, CGP, and Janet Castellini, MSS, LCSW, CGP.

### Resources

- A Field Guide to Climate Anxiety by Sarah Jaquette Ray  
 Climate Psychology Alliance:  
<https://www.climatepsychologyalliance.org/>
- Climate Psychology Handbook: <https://www.climatepsychologyalliance.org/index.php/component/content/article/climate-psychology-handbook?catid=15&Itemid=101>
- Climate Psychiatry Alliance:  
<https://www.climatepsychiatry.org/>
- Ecopsychepedia: <https://ecopsychepedia.org/>
- Good Grief Network: <https://www.goodgriefnetwork.org/>  
 Natural Resources Defense Council (NRDC):  
<https://www.nrdc.org/>

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# What's the TCOG? It's the Best-Kept Secret at AGPA Connect!

Barney Straus, LCSW, CGP, AGPA-F

TCOG is an acronym for Transmodal Continuous Online Group. It is offered each year in conjunction with AGPA Connect. The group is available to all AGPA members. Those who register for Connect can include the TCOG in their registration, and AGPA members who do not attend Connect can participate in the TCOG for a fee. The three modes of interaction for the TCOG are through the Slack App, which allows conversations through text, including the sharing of images and links to other websites, etc.; three synchronous Zoom meetings; and one in-person meeting during Connect. All of these various modes of communication are consulted to by the TCOG staff. Participants are free to join for as much or as little as they like—there is no implied commitment to attend all of the sessions, as there is for some in-person events. This allows anyone who might be interested to try joining without feeling pressure to contribute. A remarkable thing happened this year in the Slack forum of the TCOG. One member shared a recording of her singing a lovely song while playing guitar. Then, the next day, another participant sent out a new version of the song with added harmony that he provided! I think that this harmonizing of two members singing together crystalizes the kind of magic that can only take place in the TCOG.

Before the “T” was added in recent years, the former COG was text-only. I have been an on-again, off-again member of the various COGs for years. Initially, my interest was piqued partly because I believed those running the COG to be bright and interesting people, and partly because I had the energy and enthusiasm to expand my involvement in the AGPA Annual Meeting, which is now known as Connect. After my initial burst of energy, I found that I was unable to keep up with all the posts, so I took several years off, telling myself that, “it was just too much to keep up with the COG while participating in all the live events during Connect.” Since the Zoom and in-person meetings were added several years ago, I have reengaged with the TCOG, and the experience has been very rewarding.

The TCOG members have become a subgroup of AGPA as a whole. Most of us also participate in the Large Group, and

we are interested in group-as-a-whole dynamics, in addition to interpersonal dynamics. The conveners of the TCOG have had training in the Tavistock method of group work, and accordingly, they bring a group-as-a-whole perspective to their work. In addition to being insightful and compassionate, the staff of the COG represent diverse backgrounds in terms of race, gender, sexual orientation, and nationality. These diverse identities among the staff mean that participants are likely to find leaders with whom they identify. Some of the TCOG leaders have consulted to and Zoomed in to the COG from thousands of miles away. I'd say that reflects their commitment to this work!

Just as there is a Member's Lounge at most Tavistock Group Relations Conferences, the TCOG offers a virtual Member's Lounge channel on Slack. This allows those who want to share songs, pictures, ideas, or whatever they wish, out of purview of the consultants. In other words, the TCOG is a world unto itself, well worth venturing into. For those who have a lot to say, the TCOG offers a venue in which they can be heard. For those more interested in lurking and/or listening, they will find stimulating and thoughtful discourse. In my experience, the TCOG is a real bonus to Connect, for several reasons. I share some of these below.

One concrete benefit of the TCOG is that it begins a few days before Connect and ends a few days afterward, allowing for a gentler transition in and out of the week of Connect. Participants are able to continue to process their thoughts and feelings that arose during their institutes, workshop sessions, and especially those that emerged during the Large Group sessions. It's been amazing to me to see how the relationships between TCOG members deepen through the synchronous Zoom and in-person meetings. Further, after those events, the text threads take on increased depth, mutual sharing, and empathy.

I had an experience this year during which I realized how limited my sense of another person was until I had had in-person contact with that individual. That made me want to become a better listener and reader. The Slack space also offers an opportunity for those with marginalized identities

to have a full and equal voice. People who post are free to share as much or as little about themselves as they care to, without being concerned that their appearance will influence how others hear them. Finally, the TCOG offers continuity over time in a more contained way than Connect overall. It's a smaller family within the larger world of AGPA.

This year, the in-person TCOG meeting was scheduled on Saturday morning, opposite other AGPA events. Ironically, the space the TCOG was assigned was the Large Group room. This was ironic because there were only three participants from the TCOG present during the live session. I've learned not to ask *how many?* but rather to ask *who?* when it comes to group work. The three of us who were present did some meaningful work around what it takes to be seen and heard, especially as a person of color. The session was a humbling experience for me. A person who had been very active in the text portion of the TCOG felt hurt that I did not have a better sense of her, given all that she had shared through text. That experience became emblematic of how hard BIPOC individuals need to work to feel seen and heard, especially by those with more privilege, such as myself. The consultants also made space for us to talk about our feelings of disappointment in them and in other people in positions of power.

The relatively low attendance this year in the TCOG overall, and during the in-person meeting in particular, was in some ways unfortunate, and in other ways, a gift. I hope that AGPA will do a better job publicizing the TCOG next year, and maybe schedule the in-person TCOG meeting at a time when no other events conflict. I sincerely hope that more AGPA members will avail themselves of this unique and enriching component of AGPA Connect! Please sign up for the TCOG next year—it will be worth your time and effort! 🙏



Barney Straus

## lettertotheeditor

### Letter to the Editor in response to the Fall 2024 edition of 'Consultation, Please'

Jennifer Gauerke, CADC, CGP, LMHC

We know as trained clinicians that ethical issues are complex, requiring ongoing conversations, with an openness to other perspectives. I would like to expand the dialogue around the Fall 2024 *Consultation, Please* feature involving *Responsible*.

The confusion around whether this is a group facilitator dilemma or ethical dilemma is part of the complexity. No matter the ethical issue, safety is our priority in all situations, whether in our work with clients, coworkers, or in our personal lives. Safety was neglected as the salient issue of this article, instead focusing on truth finding. *Responsible* stated, “I feel pressured to take action but how do I determine the truth of her accusations? What should I do if they're true?” Truth finding is not our role as group facilitators, neither is problem solving.

In the same edition of the Group Circle, Fall 2024, Kumea Shorter-Gooden, PhD, beautifully addresses the true issue that *Responsible* is facing in her article, 'Advancing Social Justice: Building a Bridge.' “In a psychologically safe environment, instead of pivoting to shame and blame, there's an orientation to vulnerability, personal growth, and accountability.”

Utilizing the principles of safety, vulnerability, personal growth, and accountability, I will explore *Responsible's* dilemma within a group context. First, what are the safety issues? There are blurry boundaries in this group scenario.

There are the present members of the group, but there are also members of the group practice who are not present, but who are being discussed. We can only work in the here-and-now with those group members present and consenting to participate in a group process.

Asking about the clinician's safety, both physical and felt sense, will provide important insights. If they feel unsafe in the sexual arrangement with their supervisor, that brings up additional questions about safety in the group practice and if ethics are being violated by those at the top of this professional hierarchy. As the facilitator we can support this group member to take action to restore her safety, and possibly address larger issues in the practice, to which the other group members are responding. After that, we can move on to ensuring the clients of the group practice are safe.

A difficulty in this scenario are the multiple roles each person plays. Your own clarity as the group facilitator is important so that you are not drawn into a conflict that is not yours to address. Empowering the group member who reported the situation to address her problem in her way is vital to retaining group safety and to support her personal efficacy. She is not a helpless child, but she might be a victim in need of protection and advocacy.

In considering vulnerability, the group member sharing these unethical actions in your group shows the level of

safety she feels there, which enables her to be vulnerable with this ethical dilemma. It is our role as group facilitators to continue to hold the safe boundaries of the group and encourage group members to put their actions into words, promoting ongoing vulnerability. As they bombard you with pleas for action, continuing the dialogue in the group is vital.

Personal growth in this scenario is possible for every group member. It is a learning opportunity. Clarity about the prioritization of safety (especially over blame and shame) is one way to promote growth. Despite our fears, our role as clinicians is to do no harm and promote healing. Fear will stultify us, leading to stagnant groups and people. Facing the most catastrophic fears of our group members is how we, as group leaders, model an ethical practice.

Accountability can be a scary part of addressing these types of issues, both in groups and in our work as clinicians. Often it is this issue that we jump to first, in an effort to reestablish safety. But as Dr. Shorter-Gooden explained, 'calling in' is much more effective than 'calling out.' Participating in a group process is a wonderful way to call in. It can provide support and clarity, as a traumatized person processes details of events and emotions, they find their self-efficacy and power. When everyone in a group or a group practice is empowered, regardless of hierarchy, gender, race, etc., we create organizations that are dynamic and inclusive. 🙏

## THE ECOSYSTEM AND THE MICROCOSM

Continued from page 5

### References

- Dalton-Smith, S. (2017). Sacred Rest: Recover your life, renew your energy, restore your sanity. FaithWords.
- Heart-Centered Leadership. (2024, July 9). Tools for the awakening. Medium. <https://heartcenteredleadership.medium.com/tools-for-the-awakening-1f69dbb932c0>
- Learn about climate psychiatry – Climate psychiatry alliance. (n.d.). Climate Psychiatry Alliance. <https://www.climatepsychiatry.org/resources-to-mitigate-climate-distress>
- Red Bank Public Library. (2020, October 21). Understanding Eco-Anxiety [Video]. YouTube. [https://www.youtube.com/watch?v=Np3\\_s6qkLZY](https://www.youtube.com/watch?v=Np3_s6qkLZY)
- What is environmental racism? (n.d.). Be a Force for the Future | NRDC. <https://www.nrdc.org/stories/what-environmental-racism>



# consultation, please!

Members are invited to contact Mendel Horowitz, MS, CGP, 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 Mendel at [mendelhorowitz@gmail.com](mailto:mendelhorowitz@gmail.com).

## Dear Consultants:

**In a long-term therapy group with members from a closed religious community, a member disclosed their same-sex attraction in a fleeting moment of candor. Since that difficult disclosure, the group collectively and implicitly decided never to speak of it again. New members have since joined the group, unaware of this prior disclosure, and the group leader has also maintained silence around it. How should the leader navigate this ethical and clinical dilemma? Should the leader address the group's conspiracy of silence, and if so, how?**

Signed,  
Am I Complicit?



Dear Am I Complicit?,

In ongoing interpersonal process groups, it is not uncommon for members to disclose something significant about themselves that is not revisited for a long time. Additionally, when new members join a group, they enter a space where others have previously shared deeply personal experiences—experiences the new members have no knowledge of. The key question here is how to address a sensitive disclosure that seems to be intentionally avoided by the group, especially now that new members, unaware of the disclosure, have joined.

Generally, when old topics resurface without context, the group leader can facilitate understanding by prompting the group with questions like: “Can you provide some context for the newer member(s)?” or “I’m not sure everyone knows what you’re referring to.” These gentle interventions encourage group members to offer necessary background while ensuring new participants feel included in the discussion.

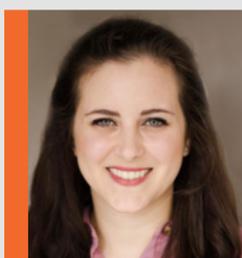
What makes this case particularly complex is that discussing same-sex attraction is considered taboo within this community. Given this, the group leader must handle the topic with extra sensitivity. If avoidance is playing a significant role, as seems likely, it is worth exploring whether the group tends to avoid other difficult subjects as well. Instead of addressing the disclosure directly, the group leader might introduce a broader discussion around avoidance by asking: “When has avoidance come up in this group before?” “Can anyone recall a time when we quickly moved past a difficult subject?” “What causes avoidance in your lives?” “What causes avoidance in this group?” “Who are you trying to protect by avoiding this topic?” “Who has the group protected in the past by steering away from certain discussions?” This approach encourages reflection on interpersonal patterns without singling out the individual who made the original disclosure—someone who likely felt a great deal of vulnerability and shame in that moment.

After examining avoidance on a group level, it may be valuable to explore how individuals experience avoidance in their own lives. For example, some members may habitually share significant disclosures only to find them ignored, mirroring dynamics they have experienced elsewhere. I once worked with a group member who was surprised when others followed up on her disclosures. She later shared that, as a child, her parents never acknowledged anything important she told them, so she had come to expect the same from those around her.

To invite deeper reflection from group members, a group leader might ask: “Where else in your lives have you shared something significant, only for it to be ignored or forgotten?” “Does this pattern show up in your families of origin, in relationships with spouses or children?” “How have other members’ avoidance tendencies contributed to this dynamic?”

Alternatively, some group leaders may choose to address the situation head-on, which might sound like: “I’ve been thinking about you and, specifically, about the disclosure you made some months ago. Since we have new members here, would it be okay if I bring it up? I remember you mentioning your same-sex attraction. I’ve also noticed that the group (and I) moved on quickly and never revisited it. I’m wondering why that is.” This direct approach can be particularly useful in groups with strong avoidance tendencies.

I have outlined three different ways a group leader might navigate this ethical and clinical dilemma: encouraging group members to provide context when past topics resurface, exploring the group’s avoidance tendencies as a broader theme, and directly addressing the original disclosure with sensitivity and curiosity. Each of these strategies offers a different pathway for engagement, and in the fluid and evolving nature of group therapy, leaders need not—and should not—rely on a single approach to be effective.



Sara Schreiber LCSW, CGP  
Teaneck, New Jersey

Dear Am I Complicit?,

This is indeed an ethical and clinical dilemma, and I appreciate you sharing it with us.

The core challenge is finding a way to support the group without harming its members—especially the individual who disclosed their same-sex attraction. Both action and inaction carry the potential for harm, whether to the disclosing member or to the group-a-a-whole. The most relevant ethical principles in this case include beneficence, nonmaleficence, justice, and respect for autonomy.

Given these considerations, what can be done? Ideally, the best time to intervene was immediately after the disclosure. As time passes, revisiting it—and addressing the silence that followed—becomes increasingly difficult. With the introduction of new members, the challenge deepens. There is a clear need to intervene: to counteract the unspoken norm of silence around certain topics, to encourage deeper intimacy and authenticity, and to create a space where all members feel safe to share. However, it is essential to do so in a way that respects the autonomy and self-determination of the disclosing member, ensuring that any intervention does not come at their expense.

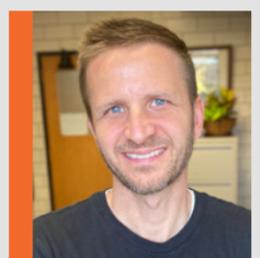
If no new members had joined since the disclosure, I would address this issue directly in the group. I would acknowledge my responsibility for not responding appropriately at the time and explicitly work to repair the group norm around authenticity and sharing (see the chapter by Joseph Shay, PhD, in *101 Interventions in Group Therapy*, edited by Scott Simon Fehr, 2017). I would guide the group in exploring their collective response to the disclosure and navigating any discomfort that arose. This would be an opportunity to communicate respect for members’ religious beliefs while also affirming that all experiences, identities, and values are welcome in the group. Addressing silence, stigma, and shame—particularly around marginalized identities—fosters safety and lays the foundation for deep healing.

However, since new members have since joined the group, I suggest something I rarely recommend: addressing the issue outside of the group first. Specifically, I would meet individually with the member who disclosed their same-sex attraction. In this meeting, I would take responsibility for not responding adequately to their disclosure and express my intention to support them more effectively moving forward. While such repair work is ideally done in the group setting, the risk of further harm—whether by unintentionally outing the member or speaking in vague, secretive language—makes a private conversation the preferred first step.

This meeting serves several important purposes. It helps rebuild trust, reinforces the group norm of open and authentic sharing, and communicates acceptance of the disclosing member. It also provides an opportunity to ask whether they are open to revisiting the topic in group. I would explain the benefits of doing so and discuss ways to approach it that prioritize their comfort and safety. In this case, permission is crucial—some might argue even required—because new members are present, and the disclosing member retains the right to decide whether to share this information with them.

If the member agrees to revisit the topic in group, the leader must take responsibility for guiding the discussion, focusing not on the content of the disclosure but on the group’s response and the silence that followed. The goal would be to explore what that silence meant, to correct the implicit norm that certain topics are off-limits, and to create space for all members to be fully themselves.

If the member does not want it brought up, their decision must be respected. The leader should encourage them to share again when they feel ready, assuring them that they will receive support in navigating any future disclosures. Meanwhile, the leader can continue working to foster deeper intimacy within the group by addressing other moments of silence, reinforcing the norm that all members and all topics are welcome.



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## See Group Assets insert Congratulations, New Fellows

**EDITOR'S NOTE:** In order to maintain consistency in honoring AGPA's new Fellows, the decision was made to divide those honored at AGPA Connect 2025 into two groups. Four of those Fellows are included in this edition. The other five will be featured in the Summer Edition.

**Kavitha Avula, PsyD** holds a doctorate and a master's in clinical psychology from the Illinois School of Professional Psychology, along with a bachelor of arts in psychology from Providence College. Her advanced training includes a Certificate in Global Mental Health from the Harvard Program in Refugee Trauma and specialized education in group dynamics at the National Group Psychotherapy Institute (NGPI) of the Washington School of Psychiatry, where she later served as dean. Throughout her career, Dr. Avula has contributed extensively to the AGPA, particularly through her work on the Workshop and Institute Committees and as a frequent presenter at AGPA Connect. She played a pivotal role in establishing the first BBIPOC Institute within AGPA, ensuring that Black, Brown, Indigenous, and People of Color therapists have a dedicated space within the organization. Her contributions to AGPA's diversity, equity, and inclusion (DEI) initiatives extend beyond advocacy; she has developed and led AGPA Institutes on navigating microaggressions and othering in group settings, helping therapists deepen their skills in addressing systemic biases. In addition to her involvement in AGPA, Dr. Avula has been instrumental in shaping the Puget Sound Group Psychotherapy Network, where she served as President from 2019 to 2021, Conference Co-Chair, and later as Vice President. She also sits on the Board of Trustees for the Soundview School.



Kavitha Avula

Dr. Avula founded Therapist Beyond Borders, a consulting firm focused on crisis response and culture change within organizations. Recently, her team partnered with The Allies for Racial Justice at the Bill & Melinda Gates Foundation. Her chapter in *The Social Unconscious* examines unconscious biases and the need to relinquish superiority to combat racism, sexism, and homophobia.

**Paul Berkelhammer, LMHC, CGP** earned a master's degree in Counseling Psychology from Antioch University in 1992 and graduated cum laude with a bachelor of science in geology from the University of Massachusetts, Amherst. Further strengthening his expertise, Paul completed advanced post-graduate training, including the Adult Psychoanalytic Psychotherapy Program at the Seattle



Paul Berkelhammer

Psychoanalytic Institute and certifications in Psychodrama, Sociometry, and Group Psychotherapy.

Since establishing his private practice in 1996, Paul has specialized in group psychotherapy, leading a wide range of therapy groups, and facilitating numerous residential retreats and workshops.

He has served AGPA as Co-Chair of the Membership Committee (2016–2020), a member of the Board of Governors (2014–2016), and as a Representative to the Affiliate Society Assembly. Paul has also been instrumental in supporting AGPA's mission through workshops, leadership training, and facilitating process group experiences at AGPA Connect meetings.

As a member and leader within the Puget Sound Group Psychotherapy Network, he has held key roles, including Treasurer and Conference Co-Chair, and provided training for clinicians pursuing AGPA certification. Paul has also mentored new psychotherapists through his involvement with the Northwest Alliance for Psychoanalytic Study, demonstrating his commitment to the next generation of group therapists.

**Vincent "Vinny" Dehili, PhD** received his doctorate in counseling and school psychology from Florida State University, Tallahassee in 2016. For four years, as a Licensed Psychologist, he served as the Group Coordinator for the Counseling Center at the University of South Florida Counseling Center in Tampa where he developed and implemented multiple tools for training, increasing morale, and orienting practitioners to work online. From January 2021 until July 2022, he became the Group Coordinator at North Carolina State University Counseling Center. He created and published an 11-part seminar series for Diversity Conscious "non-Yalom" group psychotherapy theories, including didactic and experiential methods. Since 2022, Vinny has joined Vassar College as a Staff Psychologist and Group Coordinator, implementing a similar task for their counseling center.



Vincent "Vinny" Dehili

He became a Certified Group Psychotherapist (CGP) in 2020 and Board Certified (ABPP) in 2022. Since 2019, he has served as the Racial and Ethnic Diversity (RED), Special Interest Group (SIG) Co-Chair. Since 2020, he has served as the Vice President of the Florida Group Psychotherapy

Society (FGPS). In 2022, he became the Group Specialty Counsel Vice-President. In the same year, he became the AGPA Diversity Equity and Inclusion (DEI) Task Force Co-Chair. Vinny has served as Program Chair for APA for three years. Since 2018, he has served as the Consultation Coordinator for AGPA. Since August 2024, he has served as the Training and Education Co-Chair for the American Psychological Association (APA). He has 13 professional publications, has delivered 28 professional trainings, and six poster presentations.

**Jennifer DeSouza, LICSW, CGP** 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 administration and clinical experience.



Jennifer DeSouza

In 2009, she became the Program Director for the Community Rehabilitation Service at South Shore Mental Health in Quincy, Mass., a position that she held for two years. For another two years, she served as the Program Director of the Community Based Flexible Supports Community Recovery Program of the same institution. In 2010, she took a position at the Massachusetts General Hospital (MGH), Department of Psychiatry, where she started facilitating DBT and psychotherapy groups. In 2010, she also became a member of AGPA and the Northeastern Society for Group Psychotherapy (NSGP). She received her Certification in Group Psychotherapy (CGP) in 2014. By 2015, she became the Group Psychotherapy Program Coordinator at MGH. For the past six years, she has served as a group psychotherapist and supervisor at this hospital and opened her private practice.

For 14 years, Jennifer has been an active member of AGPA and the NSGP. From 2014 until 2023, she participated in the Steering Committee for the Center for Group Psychotherapy at MGH. For the same nine years, Jennifer served as the Membership Committee Chair for the NSGP. From 2015 until 2020, she was the Secretary for the Northeastern Society for Group Psychotherapy (NSGP). She became President of the NSGP from 2020 until 2022. Since 2022, she has served as a Board Member for the International Board for the Certification of Group Psychotherapists. Since 2023, she has been the Conference Committee Co-Chair for the NCGPS. 🌍

## HAROLD S. BERNARD GROUP PSYCHOTHERAPY TRAINING AWARD 2025 RECIPIENTS

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including major cities in the U.S. and Japan, presented across prominent organizations like AGPA and APA; and 70 years in leadership roles within AGPA.

- **Jeanne Bunker LCSW, CGP, AGPA-F**, has been engaged from the beginning of her career in community work against gay/lesbian and misogynist bias, which is reflected in her training and group work. She currently runs three training groups along with several therapy groups in her private practice and supervises group therapists. She has conducted over 50 workshops on Modern Analytic group therapy technique and building relationships across diverse identities, most significantly women in leadership and their positive aggression. She has trained students internationally in Russia, China, Spain, and Romania. Her contributions to the field of group psychotherapy

are marked by her innovative writing, exceptional clinical practice, and leadership in education and training.

- **Michael P. Frank, MA, LMFT, CGP, AGPA-LF**, published articles in the field of group psychotherapy, and led numerous presentations, workshops, and Institutes at AGPA Connect and other organizations over the years. He has been an annual guest lecturer on group psychotherapy at Fuller Graduate School of Psychology for nearly a dozen years and has served as the Coordinator of Group Therapy at the Maple Counseling Center where he has provided training and clinical supervision for over ten years. He has taught the Group Principles Course at the Group Psychotherapy Association of Los Angeles (GPALA) for nearly 15 years. He has made exceptional

contributions to promoting group therapy continuing education including diversity, equity, and inclusion learning in recertification requirements and advancing creative, new ways for group therapists to access the consultation/supervision opportunities they need and deserve.

"This year's Bernard recipients are respected and generous teachers whose dedication to supporting and growing the field of group psychotherapy personify this award," said Steve Van Wagoner, PhD, CGP, AGPA-F, Certification Board Chair. "Their work has had an impact on innumerable trainees and practitioners, benefitting the profession and the public."

Please join us in celebrating these exceptional group therapy teachers. 🌍