



FALL 2025

# groupcircle

## What Do We Do Now?!

Kumea Shorter-Gooden, PhD

**EDITOR’S NOTE:** Kumea Shorter-Gooden, PhD, is a licensed psychologist. A decade ago, Dr. Shorter-Gooden became the first Chief Diversity Officer at the University of Maryland, College Park. A Fellow of the American Psychological Association, Dr. Shorter-Gooden is the co-author of *Shifting: The Double Lives of Black Women in America*. Since spring 2021, she has served as a DEI Consultant to the leadership of AGPA.



Kumea Shorter-Gooden

This past June, I was part of a group that did a Civil Rights Pilgrimage to Alabama. We visited the church in Birmingham that was bombed on a Sunday morning in 1963, killing four Black girls. We gathered in the sanctuary in Montgomery where hundreds convened to organize a bus boycott after Rosa Parks was arrested. We walked the Edmund Pettus Bridge in Selma, where the late Congressman John Lewis and 600 others were tear-gassed and billy-clubbed as they headed to the state capitol to advocate for voting rights. Bloody Sunday led to the passage of the Voting Rights Act of 1965 five months later.

By the end of the pilgrimage, I had a powerful and deepened sense of gratitude for those who’d made enormous sacrifices for me and my freedom. Though I had grown up in Washington, DC, during this same era, I had been insulated from the terror of White supremacy and the violent backlash to protest and resistance.

It’s now 2025, 60 years since Bloody Sunday, and I’m in terror. ICE raids. Federal troops occupying big cities. Deportations of law-abiding immigrants. Severe cuts to Medicaid and healthcare. Suppression of the free press and free speech. The takeover of museums and art institutions. The attempted erasure of history. Voter suppression. Political violence. Authoritarianism in the making!

I’m no longer a child. I’m a psychologist, a therapist, and a former professor and university administrator. I’m upper middle class. Yes, I am Black, yet I have far more power and privilege than I had in 1965. And I’m asking myself daily: What am I doing to push back, to resist, to make a difference? What sacrifices am I making? How am I showing up?

All of us who are therapists have a degree of privilege. We are highly educated, hold a certain status in society, and we are often (though not always) relatively financially secure. Yet, many of us are experiencing terror – directly or indirectly. Our clients, students and supervisees bring their anxieties and fears to us. And notably, in recent years, U.S. residents report significant stress linked to political and social uncertainty and they say that politics are taking a toll on their health (APA, 2024; K. Smith, 2022).

As therapists our job is to support others in navigating through it all. Therapists hold and carry a lot! Yet we too have anxieties and fears – about our own safety, well-being, and future, and that of our loved ones.

Therapists who have marginalized identities, for example, who are Black, Latine, Asian, Arab, or Indigenous, who are immigrants, who identify as LGBTQ, or who live at the intersection of marginalized identities, are especially burdened at this moment in time. Many people with marginalized identities are simply exhausted. What’s happened in the past year is layered on top of generations of discrimination, exclusion, and maltreatment, and a parallel history of activism, resistance, and efforts to create a better nation for all. After the November 2024 election, Christina Greer, a political science professor, conveyed the sentiment of many Black women as “You know what? I am working my tail off for this country that doesn’t appreciate my efforts.... And so you guys can figure it out.” (Lopez, 2024).

More than ever, this is a time when allies are needed! We need allies (sometimes referred to as accomplices or co-conspirators, to emphasize the centrality of action) who use their power, privilege, and positionality to support and act on behalf of others who are mistreated or excluded, even when it’s not comfortable and even when it feels risky (Toporek et al., 2026).

In what follows, I will focus on three areas: what allies can do to make a difference, what gets in the way of us showing up as allies, and what supports and sustains allies in this work.

### What Can Allies Do?

First, let me make it clear that we all have the potential to be allies – to support a marginalized identity group’s well-being and thriving. We each have multiple identities, and though, for example, I personally need allies who will step into the breach to support Black folx and women, I have the potential to be an ally to the LGBTQ community, to people with disabilities, to the economically disadvantaged, to the undocumented, to Muslims and Jews. I have many opportunities for allyship!

Allies engage in ongoing self-reflection about their identities, their power, privilege, and positionality; they are aware of their social location. This enables them to work on behalf of others who are different, not as saviors, but with an understanding that one person’s experience of injustice is an injustice to all (Edwards, 2006). Allies seek to continually learn about themselves and others. They see this as a lifelong journey, and they recognize that they will stumble and fumble along the way.

Adams et al. (2018) and Harro (2013) are two of my favorite resources that support the development of allies through introspection and reflection about one’s own identities, power, privilege, and positionality and through learning about the experiences and stories of people across an array of identities.

As therapists and related professionals, there are numerous steps we can take to enact our allyship:

1. *We can strive to do all of our professional work – therapy, teaching, training, supervision, coaching, organizational consultation, administration, research – in an anti-oppressive way, where we are continually mindful of the social-cultural-structural context and how differences in identity, power, and privilege impact people’s experiences, challenges, and healing.*

An ally’s aim is not to help clients and students adjust to an unjust world, but rather to help them understand the context of their concerns and needs and be able to make choices that support their well-being. If we are unable to acknowledge systemic injustices that affect our clients, students, and consultees, and if we don’t integrate cultural and structural considerations in our work, we cause harm (Nadal, 2017).

Some specific examples of what we can do in our professional roles:

- Conduct therapy that is culturally and structurally responsive, where we address cultural and societal/ structural factors in addition to individual and interpersonal issues, with an attitude of cultural humility. (This is, of course, a big, complicated task that requires ongoing learning and attention. A few suggested resources are Abernethy [2025]; Pérez-Rojas et al. [2025] that introduces a special section of *Psychotherapy* that is devoted to these issues; Ribeiro [2020]; Wilcox [2023]).
- Teach, train, supervise, and mentor with attention to individual, interpersonal, cultural, and structural dynamics. (A couple of resources are Wilcox et al. [2022] and Wright et al. [2025]).
- Call-in colleagues, students, supervisees, and mentees when you experience or witness a microaggression, with the knowledge that you are helping them (and the team or organization) to be and do better. Invite them to call you in when you stumble. (See Shorter-Gooden [2024] on “calling-in in love”).

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from the  
president

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

### Are We There Yet? “Bang Ups” and “Hang Ups” are on our Road to Healing and Equity

*Between hurt and harm lies a bridge— Built with empathy, Crossed with courage, and Leads us toward healing.*

Groups heal. I say it often because it captures the heart of why we are group therapists. We gather in groups to witness, to tend, to repair. And sometimes, we gather to change what needs changing—not only within ourselves, but within our community, our culture, and our organization. This column is about that kind of change—about the road we are traveling together, and what it is asking of us as we look to the future.

Like every meaningful journey, ours has had many stages. As in earlier periods of AGPA growth, we travel intentionally toward organizational change. In this era, we strive to become a community that centers equity, inclusion, and fairness for all our members. I find myself asking, as many of us do when traveling long roads, “**Are we there yet?**” **The answer, of course, is no.** But we are on our way. And the road looks different now because of the work we have already done together.

The Joint Leadership of AGPA has been steadily making improvements in our commitment to DEIA (Diversity, Equity, Inclusion, and Accessibility). In this spirit, we have begun expanding membership access and engagement, broadening leadership recognition, restructuring elements of our organization, creating new educational and learning goals for faculty and members, increasing opportunities to present at Connect, and offering more scholarships. These are mile markers of progress.

One powerful marker on this road has been the creation and growth of the Safe Environment Response Team—SERT. Its message is simple yet profound: **We are here to help.** Or perhaps more deeply: **We are here to help us heal.** In our field, where trust and vulnerability are essential, SERT is a living expression of our values. It is not just about our policies—it is about our presence. It means

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

Mary Pipher, PhD, renowned author and psychologist, popularized an Irish proverb with her book, *The Shelter of Each Other* in the 1990s. Translated, the proverb states, “It is in the shelter of each other that the people live.” Shelter is something that we all need, particularly during difficult times. These are difficult times for many of our colleagues and clients. Divisions in our country and our world only seem to grow as time progresses. People from marginalized identities often bear the greater weight of these divisions and their repercussions. Even though our organization is not immune to these divisions, AGPA and group therapy have great potential to offer us and our society shelter. I hope, as you read this edition of the *Group Circle*, you’ll experience some of the shelter of AGPA. Additionally, I hope you’ll challenge yourself to broaden the circle to include those outside your usual realms of influence.

Neurodivergence is a term that we hear a lot lately, but do we really know what it means and how it impacts our colleagues and clients? Further, we speak about intersecting identities and their impact on individuals and groups. In this edition of the *Group Circle*, we feature an informative and personally engaging article from Sasha Strong, who shares their experience as a way of informing us about neurodivergence and its intersection with Queerness.

AGPA President, Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, in her column asks us to lean into organizational change. She calls on us to value the “courage, resistance, discomfort, inspiration—and deep hope” that comes with embracing sometimes difficult changes. I think you’ll find her words both challenging and inspiring.

In her article, AGPA DEI Consultant Kumea Shorter-Gooden, PhD, speaks to us about the importance of allyship during difficult times. Her timely words inspire and guide us in stepping up to the tasks at hand.

In *Consultation, Please*, we explore the boundaries involved with groups in small communities where there is physical and social overlap of relationships. Our *A View from the Affiliates* column provides insight into the successes of the Houston Group Psychotherapy Society (HGPS) and how they have employed a ground-up approach to rebuilding their affiliate society. After reading this column, you might be tempted to book a flight to Houston to meet them at one of their monthly dinner meetings!

Finally, we say a difficult farewell to our dear colleague, past-president and friend, Eleanor Counselman, EdD, CGP, AGPA-DF. Her memory is honored by her colleagues, Kathy Ulman, PhD, CGP, AGPA-DF, and Alexis Abernethy, PhD, CGP, AGPA-F. It’s hard to find anyone who gave

more of themselves to AGPA than Eleanor. Her energy, dedication and kind nature will be missed.

In this time of loss and division, I hope that AGPA offers you some shelter. I encourage you to extend that shelter to those outside your normal circles. Reach out to someone with differing identities from your

own and let them know you value them. Be their ally. It is in the shelter of each other that we thrive! Don’t hesitate to reach out with your ideas, comments, feedback and contributions. You can always reach me at [tsheppard@groupworksky.com](mailto:tsheppard@groupworksky.com). 🧡

FROM THE PRESIDENT

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standing with each other when someone says, “That hurt,” or “That harmed me.” And it means learning the difference.

Hurt can be a passing sting—a misunderstanding, an unintended slight, a moment of friction. Harm runs far deeper; it is a wound that lingers, an injury that alters trust. Between them lies a wide landscape: confusion, disappointment, discomfort. But these in-between feelings can be openings—moments to pause and ask, “*What happened here?*” and “*What do you need?*” Sometimes the answer is acknowledgment. Sometimes repair. Sometimes systemic change. Always, it is an invitation to listen and to learn.

Between hurt and harm is a bridge.  
We build it with empathy,  
We cross it with courage, and  
We arrive together.

Excellence in group psychotherapy has always been the compass guiding AGPA—offering high-quality training, advancing research, and fostering professional growth. That compass also points us toward equity. This commitment is not separate from our DEIA work: it is embedded within our responsibilities to one another. The more we cultivate diverse voices, the richer our learning. The more we ensure equitable access to research and leadership, the more relevant and impactful our field becomes.

This journey reminds me of a course I taught at Johns Hopkins University on Advanced Group Counseling. Each year, I ran a five-day group program at a women’s homeless shelter. Even though the residents changed year to year, they always knew when “the class” was coming—and they felt special to be part of it. The students co-led group sessions consisting of 20–30 members. We combined process with content on the topics on self-esteem, emotional regulation, and family dynamics. Each group was 45 minutes long and the pairs of leaders rotated after each break. Two new leaders moved into the circle while the previous leaders moved outside the circle and joined the other observing students.

These shifts in leadership occurred with surprising seamlessness. As can occur with well-constructed cohesion, the group and their increasing connections to one another became more important than the leaders. On the final day, we held a closing ceremony. Each woman sat in a decorated chair while each group member chose a colorful foam heart to give to her along with words of love, challenge, pride, courage, joy and hope. Each participant also received a keychain symbolizing the home she planned to have in the future. As they sat in a circle, I read Dr. Seuss’s *Oh, the Places You’ll Go!* After this, each woman received their personal copy of the book, dedicated to her and signed by every student.

As AGPA continues its vital work to become a truly inclusive, equitable, antiracist, and anti-oppressive organization, Dr. Seuss’s words resonate with me. Change

is filled with moments of courage, resistance, discomfort, inspiration—and deep hope. Perhaps these phrases also speak to you, and offer relevant messages as we continue to reshape the future of AGPA:

*“You’ll look up and down streets. Look ’em over with care. About some you will say, ‘I don’t choose to go there.’”*

Becoming an antiracist and anti-oppressive community requires leaving familiar roads and bravely choosing new ones.

*“You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose.”*  
We have the capacity to choose a just direction.

*“Bang-ups and Hang-ups can happen to you.”*  
Setbacks are inevitable. The way forward may not always be clear.

*“When things start to happen, don’t worry. Don’t stew. Just go right along. You’ll start happening too.”*  
Even when progress feels slow, movement is happening.

*“Except when you don’t. Because sometimes you won’t.”*  
We will fall short. But falling short does not mean failing. It means recommitting.

*“You’ll find the bright places where Boom Bands are playing.”*  
That is the destination: a professional home where all feel safe, seen, and valued.

*“And will we succeed? Yes! We will, indeed. (98 and ¾ percent guaranteed.)”*  
Hope and confidence fuel our journey forward.

The work we are doing through SERT, through DEIA, and through ongoing self-reflection will understandably bring discomfort and conflict. But as group therapists, we know these are not signs of failure. They are signs of engagement with what matters most. Healing often begins in the tender space between pain and repair.

For us long-time members, change can feel especially difficult. We know that there is comfort in the familiar. Let’s remember that this journey is not about discarding our past—it is about strengthening our roots so the whole tree can grow. We honor where we’ve been by ensuring the road ahead includes and welcomes everyone.

**So—are we there yet? No.** But we are traveling forward. Together. With humility, honesty, and hope.

Groups heal—and so must we.  
Let’s keep healing together.

Let me know your thoughts. Contact me at [lwodiska@gmail.com](mailto:lwodiska@gmail.com) 🧡

Suess, Dr. (1990). *Oh, the places you’ll go!*. New York: Random House.

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is published four times a year by the American Group Psychotherapy Association, Inc. and the International Board for Certification of Group Psychotherapists.

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# Neuroqueer Horizons in Group Therapy

Sasha Strong, PhD, LPC, CGP (they/them)

I am a queer, trans, and autistic group therapist in Portland, OR. I had the pleasure of presenting a queer, trans, and neurodivergent specific focus institute, and a trans-affirming group therapy workshop, at AGPA Connect 2025 in San Francisco. I was gratified to feel well-received by the AGPA community, and I am thankful to my institute and workshop attendees for the opportunity to learn with them. I am writing this article to explain the importance of neuroaffirming therapy, to provide some suggestions for making groups more neuroaffirming, and to connect with other neuroqueer group therapists. Where relevant, I discuss my lived experience.

## Introduction and Definitions

In recent years, clinicians and the public have increasingly recognized that some people have brains that do not conform to cultural expectations. Autistic people, those diagnosed with ADHD, and folks with dyslexia, dyspraxia, dyscalculia, and Tourette’s, are examples of people with different brains. *Neurodivergence* means that some nervous systems differ from this cultural “normal.” It is debatable whether neurological norms are statistical, inborn, learned, or imposed; probably it is a combination of these. Brains that can conform to these cultural norms are referred to as neurotypical (Walker, 2021).

Cultural institutions and practices such as education, work, psychology, and psychotherapy cater to and cultivate “normal” brains. These fields have mostly sought to marginalize, pathologize, and control neurodivergent people (Price, 2022; Chapman, 2023). Institutions and practices that punish the neurodivergent and reward the neurotypical are *neuronormative*. In sum, neuronormative culture creates and rewards neurotypical people, and punishes and pathologizes neurodivergent people (Walker, 2021). Happily, in recent years, neurodivergence is becoming more accepted, and people increasingly accommodate the needs of diverse neurotypes. A neurotype is akin to a distinct style of brain.

*Neuroqueer* is where neurodivergence meets queer theory (Walker, 2021). This could mean queer, trans, and neurodivergent brains; or people whose practices make their brains neurodivergent; or neurodivergent people whose queer theory and practices subvert and resist neuronormativity’s hegemonic grip (Walker, 2021). Personally, my autistic, trans, and queer experience and life practices are an interwoven and inseparable whole cloth of joy, strength, pain, difference, and resistance.

Neuronormativity creates enormous pressure and friction for neurodivergent people. Minority stress theory is one way to conceptualize this process. It was first developed and applied to LGBT populations (Brooks, 1981; Meyer, 1995) and later extended to autistic people (Botha and Frost, 2020). Minority stress is the result of living in a society that is not built for you and that constantly creates obstacles, shame, and confusion about who you are and whether or not you belong. Minority stress leads to adverse life outcomes, and it can be expressed through mental health symptoms. Therapists who treat the symptoms—rather than minority stress, internalized oppression, and the person-environment mismatch—miss the root causes of distress and risk recapitulating these harms.

Ideas have power, and I’m a fan of theory you can use. These definitions and their associated ideas around neuroqueer liberation have made a difference for me (Strong, 2024). They are theoretical tools for creating neuroaffirming groups, cultivating cultural humility, and accepting and accommodating neurodivergence. To make them useful, you have to use them.

## Neuroaffirming Therapy

I think of neuroaffirming therapy as having three main components: 1) Understanding, accepting, and accommodating neurodivergence; 2) Reprocessing, deconstruction/reconstruction, and identity transformation; 3) Dealing with neuronormative hassles. These are interwoven processes, and they apply just as well to a neuroaffirming self-help journey. I’ll briefly explain each with personal examples.

## Understanding, Accepting, and Accommodating Neurodivergence

Some people have known that they are neurodivergent for a long time; others have only recently learned about it. People are in different places in their different journeys. Neurodivergent people often suffer from shame, self-judgment, and internalized ableism. When neurodivergent people understand and accept their differences, they can acknowledge and work with their strengths and limitations.

Since self-identifying as an autistic person, I have relinquished years of misplaced shame and striving (i.e.,

holding myself to neurotypical standards) and reoriented to the things I actually enjoy and want to do in my life. I have learned more about what my needs actually are and how to accommodate them. For example, I am quite sound- and light-sensitive. I have started using supports, such as sunglasses and earplugs, and I have learned about which environments I can tolerate. I continue to work to understand, accept, and accommodate my needs in different life situations.

## Reprocessing, Deconstruction/Reconstruction, and Identity Transformation

Neurodivergent people often need to reconceptualize the past, reprocess their feelings and needs, and come to a new self-understanding. They may need to relinquish long-held habits of body and mind, find new ways to be themselves, and gain more flexibility around masking that used to seem automatic and compulsory. Neurodivergent people use masking behaviors to camouflage and compensate for their differences, (Pearson & Rose, 2021) People may feel grief about the past, relief at recognition, and longing for neuroaffirming community. Neurodivergent people may need to modify their self-concept to include their specific strengths and vulnerabilities. This can make it much easier to accommodate their needs and request accommodations from others.

Personally, accepting autism has opened the door to meeting my authentic needs and enjoying their satisfaction. For decades, I used striving, perfectionism, and intellect to compensate for my differences. This was a constant and dissatisfying struggle. In my early 20s, I experienced a period of intense emotional and existential turbulence, which was diagnosed as bipolar (II) disorder. Looking back, this is better explained as autistic burnout due to minority stress, unmet needs, and masking (Strong, 2024). Since retelling my life story, I am more compassionate toward myself, more realistic about my needs, and more forgiving about the ways I have tried to survive neuronormative culture. These change processes take place on somatic, social, emotional, conceptual, imaginal, and spiritual levels.

## Dealing with Neuronormative Hassles

Most neurodivergent people will need to relate to neuronormative society in some fashion for the rest of their lives. Each contact with neuronormativity and ableism occasions minority stress. Thus, there is an ongoing need for neuroqueer resilience when dealing with ableist culture. Anticipating needs and challenges, having a deep well of self-compassion and inner resources to draw on, and building neuroaffirming community can all help buffer against such insults and injuries.

I’ll use my experience of AGPA Connect 2025 as an example, not because it was terrible, but because it is illustrative. Initially, the presenter application process, which I began in May 2024, demanded a great deal of executive function. The forms were confusing and the online platform was finicky. Even my strong executive function skills were taxed. I suspect the process is insurmountable for many folks with executive function challenges.

I have sensory sensitivities and significant dietary restrictions (two common autistic traits.) Thus, travel is stressful and exhausting. The airport lighting, the din of traffic and plane engines, the insufferable reading lights in the plane, the tinny speakers and the captain’s blaring announcements, all impinged on my sensitivity and eroded my ability to self-regulate. Finding food I can actually eat in an airport is always a struggle, so I brought my own. This added weight to my baggage, which stressed my injury-prone shoulders.

The built environment of the hotel was mostly tolerable, both because I wore sunglasses and a hat constantly, and because I had been there before and knew what to expect. Still, I switched rooms twice, for fear the street noise would keep me up at night. Workshops with many simultaneous conversations were extremely challenging due to my sensory processing issues. My high-quality earplugs and noise-cancelling headphones were often not enough. I felt overstimulated, overwhelmed, and exhausted every night. Finally, although I made my dietary restrictions clear when I registered, I could eat almost none of the food served at the institute faculty tables or the Foundation banquet. (I believe this is the hotel’s shortcoming.) I subsisted on roasted almonds and rice cakes, and by day five, my stomach was quite irritated.

I give these examples not to complain about Connect 2025, but to explain the kinds of hassles I face as an autistic person, and what participating in neurotypical society costs me. Certainly, travel and conferences are stressful for many people, we all make sacrifices to participate in

activities we enjoy, and we all deal with challenges and discomforts in doing so. But for neurodivergent people (as for folks in other marginalized identity positions), the costs are higher and seemingly at every turn.

I’m glad to report that my social differences were well-accommodated at Connect. I generally felt accepted and comfortable as a visibly queer and trans person, which was delightful, and I was able to connect with other queer, trans, and neurodivergent community members. I have high needs for interpersonal contact and intellectual stimulation, and these were well met.

I was also able to use a tool to self-accommodate. Over the past several months, I have been developing an autism accommodation card sort. About a week before Connect, awash in anxiety, I used it to analyze my needs. This instance of using the card sort helped me realize that 1) I would need to work hard to accommodate some of my needs, which normalized and eased my anxiety; and 2) my needs for social connection and stimulation would be very well met at Connect. This helped me stay motivated for the experience, anticipate my needs, and plan my accommodations in advance. By helping me take care of myself, it also helped me show up for the folks in my institute and workshop. I feel proud to have offered AGPA’s first queer, trans, and neuroqueer specific focus institute.

## Neuroaffirming Group Therapy

My connection to my own neuroqueer identities allowed me to hold an emancipatory space in my institute and workshop. Neuroaffirming groups are perhaps best offered by neuroqueer therapists who are engaged in their own journeys of neuroqueer liberation (see Strong, 2024). Something special happens when group leaders share (some of) the marginalized identity positions of their group members. Leticia Nieto and colleagues (2014) articulated a developmental model of social justice skills. For people in an oppressed identity position, a turning point occurs with regular access to social space composed only of folks who share that identity position, and in which they discuss the reality of their shared oppression (Nieto et al., 2014). That said, it is meaningful and important for neurotypical group leaders to adopt neuroaffirming practices. Moreover, in any group, there may be a mix of neurotypes. Here are five suggestions for neuroaffirming group therapy for all group leaders.

### 1. Listen to peoples’ access needs and accommodate them.

Different people have different needs. These can include sensory sensitivity, the need to stim, the need for things to be explained differently, physical impairments, the need to use assistive devices, and so on. Group leaders can accommodate neurodivergence by not imposing neurotypical norms on group members.

### 2. Get curious about your own unmet needs.

As group leaders, we may have needs that are poorly accommodated by our assumptions about how group therapy is ‘supposed’ to work, or what being ‘professional’ means. Growing as a neuroaffirming group therapist includes accommodating your own needs and preferences, rather than policing yourself according to neurotypical standards.

### 3. Accept neurodivergent communication styles.

Neurodivergent people think, feel, act, and experience the world differently, so it makes sense that they communicate differently. This includes differences in narrative style, eye contact, emotional expression, cognition, and perception. Stay curious and accommodate different styles of communication.

### 4. Let my people stim.

Many neurodivergent people need to move their bodies in ways that neurotypical people do not. For my institute at Connect, I brought a bag of stim toys and put them out on the table. Those toys sent the instant message that stimming is acceptable and you’re in good company. Offering stim supports that members can use to modulate their activation is an easy and powerful neuroaffirming practice.



Sasha Strong



# In Memoriam: Eleanor Counselman

**Kathy Ulman, PhD, CGP, AGPA-DF**  
**Alexis Abernethy, PhD, CGP, AGPA-F**

We have lost one of our brightest lights. AGPA Past President Eleanor Counselman, EdD, CGP, AGPA-DF died on September 4 at the age of 79. Eleanor was a natural leader and brought an unusual combination of warm kindness and stellar competence to her AGPA leadership. She extended her welcoming generosity to her mentorship of many young professionals over many decades.

Eleanor received a BA from Wellesley College in 1966 in Psychology and an EdD from Boston University in 1971 in Counseling Psychology. She was Board Certified by the American Board of Professional Psychology (ABPP) in Counseling Psychology and certified as a Group Psychotherapist by the International Board for Certification of Group Psychotherapists. She also received a Certificate in Clinical Hypnosis by the American Society for Clinical Hypnosis.

Shortly after her graduation from Boston University. Eleanor opened her private practice in Belmont, MA, where she treated individuals, couples, and groups. From early on, Eleanor was involved in a variety of mental health organizations in which she quickly took on leadership positions. Before she graduated from BU, she held the position of Director of Testing (1970-1975) and then the Director of Training at the BU Counseling Service (1975-1978). She then moved on to the Wellesley Human Relations Service where she served as a Postdoctoral Fellow (1978-79) and co-led a latency aged boys’ group. In the mid-1980s, she became involved with the Boston Institute for Psychotherapy where she served on the faculty and held several positions: Coordinator of Clinical Consultation (1985- 1989), Assistant Director of Training (1990-1992), member of the Board of Directors (1991-1994), and President (1992-1996). In the mid-1990s, Eleanor followed her usual pattern of being tapped to take on increasing leadership positions. She branched out and brought her talents to the Northeastern Society for Group Psychotherapy (NSGP) where she served on the Board of Directors from 1995-1998, was elected Treasurer from 2004-2008, and President from 2008-2010. She also served as Training Program Co-Chair from 1996-1999 and directed a postgraduate training program in group psychotherapy. At the same time, she became an Instructor in Psychology (Psychiatry) at Harvard Medical School (1989-2009) where she taught and supervised group therapy at The Cambridge Hospital and Massachusetts General Hospital. She was appointed as Clinical Associate in Psychology at Massachusetts General Hospital, serving as faculty at the Center for Group Psychotherapy and at the Center for Psychoanalytic Studies from 2000-2015. In 2007, Eleanor joined the faculty of the Psychoanalytic Couple and Family Institute of New England (PCFINE) where she then developed and co-edited a semi-annual newsletter *The PCFINE Connection* from 2011-2015.

Eleanor’s contributions to AGPA are too numerous to describe. In all her leadership roles she conveyed a commitment to excellence and collaboration as well as a

kind and generous spirit. Her major roles in AGPA included Editor of the *Group Circle* (2000-2006), member of the Board of Directors (2004-2007), Institute Committee Co-Chair (2008-2012), and President (2016-2020). Service as AGPA President typically includes two years as President-Elect and two years as Immediate Past President, so a total of six years. Due to unexpected circumstances, Eleanor agreed to serve an additional two years as President, resulting in a four-year term. Toward the end of her presidency, she began to face challenges around her own illness, challenges further exacerbated by the sudden emergence of the COVID-19 Pandemic. She presided over functions with her characteristic welcoming smile, while simultaneously protecting herself as best she could. This sacrifice and extension of herself reflected Eleanor’s deep commitment to group therapy, AGPA, and her colleagues. AGPA is stronger due to her steady leadership during such a turbulent time and close collaboration with AGPA Leadership and the incoming 2020 President Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF.

Eleanor’s scholarship and presentations have offered invaluable insights to her colleagues and trainees. She has published in numerous journals including the *International Journal of Group Psychotherapy*, while also making her insights accessible through newsletters. She has presented locally, nationally, and internationally on a range of topics, but her most consistent written and oral presentations focused on managing affect in supervision, attachment, and group leadership.

In recognition of her significant contributions Eleanor was awarded a Distinguished Fellowship from AGPA in 2020. At the award ceremony, Keith Rand, LMFT, CGP, AGPA-F, highlighted several outstanding characteristics that Eleanor possessed: her diplomacy, her grace, and her wisdom. He highlighted her excellent sense of humor and how much she enjoyed a good laugh. In recognition of her excellent leadership skills, Keith noted that she was a beautiful blend of her father’s emotional attunement and her mother’s excellent organizational skills. A fitting tribute was made by a colleague who said, “Everything that she touches is improved by her presence.”

Eleanor’s humility was one of her greatest gifts. Even at her speech as a newly distinguished fellow in AGPA, she had a message to those who were new to AGPA. She never forgot the importance of teaching the basics of group therapy and being attuned to the anxiety that comes with starting and beginning a group or joining an organization. To be mentored and taught by Eleanor meant that you experienced her empathic presence with you in the midst of your anxiety as well as her encouragement to stretch and grow as a group therapist, leader, and person. This is a gift that will keep on giving as her mentees, students, and peers reflect on our treasured conversations.



Eleanor was also dedicated to training for those who work with the persistent and mentally ill. She was inspired to be a psychologist by her Aunt, Lorelle Machen, who spent much of her career working on behalf of this population. Eleanor and her cousin Leslie Vestrich (Lorelle’s daughter) established the Lorelle H. Machen, Ph.D. Memorial Scholarship through the Group Foundation for Advancing Mental Health. The fund provides an annual scholarship to AGPA Connect for an individual who is committed to work with the severe and persistent mentally ill in agency or institutional settings, who often don’t have access to group training.

Eleanor also received a Lifetime Achievement Award from Northeastern Society for Group Psychotherapy in 2020, an Affiliate Assembly Award in 2008 from AGPA, and the Alonso Award for Excellence in Psychodynamic Group Theory from the Group Foundation for Advancing Mental Health in 2000. These awards reflect her commitment to practice, scholarship, and strengthening group therapy on a local and national level.

As with so much in her life, Eleanor faced her illness with steadiness and courage. During COVID, despite her compromised immune system, she did not withdraw in fear. Instead, she found ways to be present and fully engaged with friends and colleagues.

In recent years, Eleanor had retired from clinical practice, turning her full attention to her family, including her two children, Cathy and Charlie, and two grandchildren, her friends, and her enjoyment of her new retirement community at Brookhaven in Lexington, MA, where she soon was invited to take on a leadership role that unfortunately she did not live to enjoy.

Eleanor and her husband Chuck bought a home near their daughter Cathy in Connecticut where they spent long

*Continued on page 8*

NEUROQUEER HORIZONS IN GROUP THERAPY

Continued from page 3

### 5. Keep learning about neurodivergence and neuroaffirming therapy.

When group leaders accept neurodivergence as a bona fide difference to be accommodated, rather than a clinical problem to be coped with or overcome, neurodivergent members can engage fully with group. Becoming a neuroaffirming group therapist means cultivating curiosity, cultural humility, and respect. This includes ongoing learning from neurodivergent people, as neurotypical “experts” have an unfortunate habit of throwing us under the bus (Price, 2021).

#### Becoming a Neuroqueer Group Leader

The process of neuroqueering my group leadership style has brought me face-to-face with my own vulnerability, tenderness, strengths, foibles, and limits. The work is hardly done, but I would like to offer some initial notes. Pleasure, ease, and curiosity have been watchwords for me in this process.

As a neuroqueer group therapist, I would like to be self-accepting, self-accommodating, and self-aware. I would like to use masking behaviors if I wish, but flexibly and with a light touch. I enjoy and want to continue spending time with my own neuroqueer community, so that my own cup is full. That way I can offer myself to my groups without wanting them to meet too many of my needs. I also want to be able to accept help and nourishment from my groups and group members, in a way that is humane, appropriate, and consensual.

I would like to keep recognizing, enjoying, and expressing my own organicity. I would like to let my aliveness compost the ableism and neuronormativity I have internalized, so that it can make good medicine, good dancing, good stories, and good love for myself and my community. I want to keep coming back to aliveness and keep learning from my aliveness and others’ aliveness about how to live in and enjoy and heal this world. And I want the strange hillock of expertise, training, and administrative skills I have built be a support for doing this alive work in the world.

I hope these remarks are helpful for group leaders of any neurotype. If these words inspire you, I would be happy to connect. Please feel free to get in touch. 🍷

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# a view from the affiliates

Stephanie Vail, LMFT, CGP, ASA column editor

*I recently had the opportunity to sit down with the leadership crew at Houston Group Psychotherapy Society (HGPS). HGPS has really found a way to build meaningful community and inclusivity into their organization from the ground up, in part by introducing a special interest group (SIG) structure like we have at AGPA. This gives members a lot of autonomy and freedom to establish small group experiences. They have also experienced lots of success with a monthly dinner, open to all, where they get groups of 3-12 people to try out new restaurants around town. The idea started as a “restaurant tour of Houston,” fitting for a city known for its delicious and varied food scene.*

*The affiliate has lowered the barriers to entry for new members and has developed a culture of responsiveness to members’ interests and desires for connection: as you’ll hear in our conversation, it’s a bottom-up rather than a top-down approach. I was so struck by how committed this group is to having fun and being together in all sorts of creative ways. There is also a big effort to allow new people to filter in and take on responsibility at a pace and scope that works for them.*

*I felt inspired after this interview, and I hope you will too!*

**Present for the interview:**  
Paul Caluscos, LCSW, CGP, President  
Phuong Nguyen, LMSW, LCDC-I, RN, First Vice-President  
Nina Tahija, LCSW, CGP, Second Vice-President  
Jia Wong-Duffield, LPC, Second Vice-President  
Marina Rathjens, LCSW, Third Vice-President

**SV:** *Can we start with a brief explanation of the structure of HGPS?*

**Paul:** We have a Vice President structure that has first, second, and third vice presidents, and then the president. The first VP is president-elect, and then we have second and third VPs who are next in line. We also have an advisory board that recognizes active, newer members and tries to get them involved in a lower-commitment way. We want to have their voices in our board meetings without overwhelming them with responsibilities right away.

**Marina:** My experience with the advisory board is that I’ve nominated a few people, and they express hesitation at first but it’s a level of involvement that doesn’t scare people away.

**SV:** *It sounds like you’ve built in a lot of smaller opportunities for people to participate. A way to warm up to the organization, so when other chances come up to take on responsibility people may actually want to do that.*

**Phuong:** The dinners are part of this. They’re not an “official networking event,” but it’s one of the first things that new members often come to. They show up, people will come for several of them, find their groove. A core group of us always comes. I’ve also found that it’s a way for some of our older, retiring therapists to stay connected to the organization. They like the restaurants we choose, and they come for community.

**Nina:** Yes. Social activities used to be pretty limited at HGPS. But since Paul and Phuong started the monthly dinners, and Phuong has been to all of them for years... it has been nice having an anchor there. The more I went, the more comfortable I became taking on more responsibilities. I also knew who I was working with!

**SV:** *You have relationships with people, and the increased responsibility flows from that.*

**Nina:** Jia and I had only had contact through these dinners, but through that, I felt that we’d work well together, and we agreed to co-chair an institute together.

**Paul:** The idea for the dinners came on the heels of an ASA retreat a few years back where we talked about avoiding exploiting our membership for tasks. Because there was no relationship in many of the asks. It was, “Hi, welcome new face, will you do this job for free?” And we kept doing that over and over and over. And part of the dinner was “I don’t want to ask you to do anything, but I do want to get to know you.” And then whatever else comes after that is great.

**SV:** *How did you market the dinners initially, and what gets talked about at these events?*

**Jia:** I think Phuong sent things to the email list and it has become word of mouth. So many people are connected to her. Over time, we developed a core group that met up. After you work a full day doing what we do, you just want to be around people who get it. We try not to always talk about clinical work. We also talk about our families, what’s happening in life. I can thoroughly say because we have such a diverse group right now, it brings an extra flavor into the types of conversations that we have, and the types of restaurants we end up trying. We also ask new people, what

do you want that we don’t have? What can we give you that would help keep you here and make you want to hang out with us?

**Nina:** I think the dinner lets us know who the faces in this organization are. When I just see it as an “organization” I get intimidated. When I got to know the people involved it was easier.

**Jia:** It’s low stakes, right? Because... I like socializing, but not really. I’m in the in-between.

**SV:** *A lot of therapists are.*

**Jia:** Exactly. It’s like, “Do I really want to connect? Yes, I think I should.” But at these dinners, everyone’s there and there’s no agenda, there are no meeting notes, there’s nothing like that. It’s *show up as you are*.

**Paul:** When Jia was talking about how the dinners are a good place to find out what on-the-ground membership wants, I was thinking about how it really fosters this bottom-up approach. Rather than the board saying, “We decided that you want THIS this year, so we’re going to make this product for you.” And people are like “We didn’t ask for that.” Versus the other way: People say, “Hey I need help building a group,” we hear about that at dinner. And then we have that feedback and know it’s a need and can respond to it.

**SV:** *How do you manage the logistics of the dinners?*

**Phuong:** I ask for RSVPs, I say, “so we can save a seat for you.” I always get a table for 8-10 and then we work with it from there. A lot of the restaurants don’t take reservations, so I block out my time to get there 30 minutes early, talk to the people and get on a list. I used to do email RSVPs, but this year I did a form so they can click a link and let me know.

**SV:** *I’m looking at you right now, Paul, I remember you talking awhile ago about where the affiliate was, and where you were rebuilding from. I think that would be good context to have in this conversation.*

**Paul:** The headline here is, rupture and repair within an organization being soothed with these low stakes community events. We’ve had a generational shift in our membership. The wants and needs in the community were different from the original layout of the bylaws. When I first became a member, you needed one or two recommendation letters of existing members to join. So we changed the bylaws, we changed a lot of the things we did. This is on the heels of doing a racial justice assessment of the organization that was led by community members. We were asking ourselves, are we still in this country club model? Or are we moving toward accepting more community members?

**SV:** *Would you say the rupture period started before the COVID pandemic?*

**Paul:** The rupture probably preceded all of these things. I’m thinking about all of the people who never joined simply because of the recommendation letter requirement. And then yeah, membership had gotten smaller during COVID as it did for many affiliates as engagement went down. I don’t think it was intentionally exclusionary with the old bylaws.



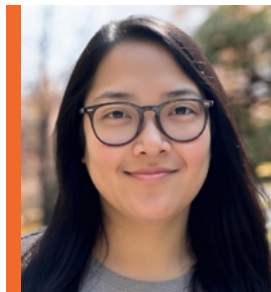
Paul Caluscos



Phuong Nguyen



Marina Rathjens



Nina Tahija



Jia Wong

**Marina:** But the process was excluding people.

**Nina:** The process was much lengthier to become a member.

**Paul:** You had to be voted on! I forgot about that, Nina! When I first started, I remember getting emails from potential candidates, and we had to be like “yay or nay.” And in my head I was like, “Why would anyone ever “nay”?” I would just go through the emails applying for membership and I’d respond “yes, yes, yes.”

**Nina:** One of our members said that when they joined, it was pretty much all older white men who were part of the board.

**SV:** *So it sounds like COVID generated more distance, and a sense of isolation. And the repair was creating an organization where more people felt like they belonged, like there was a place for them, and improving access.*

**Paul:** With the onset of COVID, much of the previous generation was less interested in an online format. Some people backed away. And in the midst of George Floyd and other things going on, more activist voices came up in the community. And that’s the tension of any group – of change. A lot of change happened and people were still resistant to some of that.

**Jia:** I think it was 2022 when I went to that hybrid institute as a new member...

**Paul:** ... The Rupture/Repair conference.

**Jia:** Yeah! I was like...growing pains? It was kind of a half-baked pie.

**Nina:** The large increase in attendance for the Institute after that – I don’t think it would have happened without Paul and Phuong creating more community with the dinners and the Special Interest Groups.

**Paul:** As an organization, we also didn’t lean on the older generation to fix it for us. We just said, “OK what are we going to do?” And it wasn’t such a radical shift. An invitation to a dinner party is a warm and inviting feeling. Then someone says, “I want to do an IFS thing,” and we said, “Then go do it! Have fun!” We didn’t have people fill out a bunch of forms and get things approved. The tone had changed.

**SV:** *So people have permission to try things out. If they have energy behind it, they can just see who they can get to join them in forming a group around their interest.*

**Marina:** They have autonomy. There isn’t a whole system to get things going. We are there to offer support, there’s a way to spread the word. Everyone has more autonomy to do what they want, and things are accepted in a broader way. Your ideas are accepted, how you look is accepted, what you think is accepted.

**Paul:** And it’s still connected to the core of group therapy and education. There are book clubs, other events, often hosted in people’s homes, with snacks.

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- Join a committee that is advancing social justice. Don't leave all the labor to those from marginalized groups.
- Continually interrogate institutional policies, practices, and procedures, and raise questions about their impact on marginalized groups. In other words, does a specific policy, practice or procedure mitigate existing inequities in access, opportunity, representation, voice, or outcomes? Or does it contribute to or exacerbate inequities?
- Step up and speak out about inequity or mistreatment. Don't leave this task to those from marginalized groups. Leverage your privilege.
- Diversify your team; ensure that people from marginalized groups are well-represented and are treated equitably, in other words, are provided the resources they need to be successful. Work intentionally to cultivate inclusion and a sense of belonging by all.
- Think about who you (or your team) are reaching and serving (as a therapist, instructor, supervisor) and who you are not reaching and serving. Figure out and take one step to better meet the needs of an underserved population.
- Research, study, and communicate about the impact of systems of oppression on individual and community well-being.
- Create space for clients, colleagues, supervisees, and students to talk about and process experiences of marginalization, but don't make assumptions about their experiences, simply because of their identities.
- Share and model your process of learning about your own identities, power, and privilege with colleagues, students, and supervisees.
- Ask colleagues, students, and supervisees who have marginalized identities whether and how you can be of support.

2. We can engage in social justice activism that may fall outside of our traditional understanding of our therapist and professional roles.

It has been extensively documented that discrimination and oppression have a deleterious impact on mental and physical health (Heller & Gitterman, 2011; Sinclair et al., 2024). In other words, “the status quo is contrary to wellness” (Toporek et al., 2026, p. 13). Our professional work has the potential to be life-changing and transformative; yet, it typically does not undo systemic oppression (Abrams, 2025). We need allies from all walks of life and professions who are active and engaged in shaping public life. While this has long been true, in today's hyper-polarized and divisive political climate, a number of scholars are calling urgently for therapists to step outside their comfort zone and address the systemic forces that impact mental and physical health (Pérez-Rojas et al., 2025; Searight, 2025). Many scholars argue that therapists have an ethical obligation to engage in social justice work (Nadal, 2017; Toporek et al.).

Here are some things that I believe we are called to do:

- Call-in family members and friends when you experience or witness a microaggression, with the knowledge that you are helping them to be and do better. Invite them to call you in when you stumble.
- Talk with neighbors, relatives, and others who have different political perspectives than yours, and build bridges where you can. A White male is likely to be more effective than I can be in helping another White man recognize the problem of anti-Black racism.
- Build genuine, meaningful relationships with peers who have marginalized identities. If the only people with marginalized identities whom we engage with are our clients, students, or supervisees, the power/positional differences make it difficult for us to learn and grow as meaningful allies.
- Facilitate convenings and groups aimed at engaging and connecting people across the political divide. For example, Braver Angels (<https://braverangels.org/>) is a national volunteer organization, launched after the 2016 election, to bring together people from diverse political perspectives.
- Engage in advocacy – for example, join a professional organization or committee that is working to shape local, state, or federal legislation; share your perspectives, including relevant research and scholarship, with elected representatives; offer testimony at a governmental hearing (See Abrams, 2025).
- Volunteer with organizations that are advancing social justice.
- Donate to organizations that are advancing social justice.
- March, protest, campaign, and rally in support of social justice initiatives, causes and candidates who advance them.

What Gets in Our Way?

A number of things can get in the way of being an ally:

1. We feel overwhelmed and burdened by all that is going on (Nadal, 2017). As therapists we are often already overextended and overtaxed. We often have limited time in our schedules to learn something new or to engage in a new activity.
2. Because we are overwhelmed, we often protect ourselves from the stress of politics, for example, by turning off news and social media alerts. We compartmentalize. We stick our heads in the sand. When we do this, we often lose our outrage, which can diminish our engagement and activism (Ford et al., 2023).
3. We believe that we don't have the skills, particularly to engage in allyship and social action that is outside of the professional roles for which we've received formal education and training (Toporek et al., 2026). And we're fearful of venturing outside our comfort zone.
4. We are not attuned to our substantial power and privilege as highly educated professionals, and thus we don't fully realize our capacity to make a difference. We are more aware of our victimhood than our power.

What Helps us to Lean In?

Fortunately, there are things that support our leaning into allyship.

1. A growth mindset – believing that our talents can be developed rather than believing that they are fixed (Dweck, 2016) – enables us to seek out and engage in a lifelong process of learning (Toporek et al., 2026). A growth mindset helps us focus on our strengths and possibilities, not our deficits, and thus, is not shame-inducing. A growth mindset orients us to our capacity to be and do better over time. Although we cannot simply or quickly change a fixed mindset, there's evidence that we can cultivate a growth mindset (Dweck, 2016).
2. Most group therapists already have numerous skills that support allyship: developing and maintaining interpersonal relationships; openness to diverse perspectives; compassion and curiosity; listening deeply; understanding human motivation, growth and development; convening and facilitating groups; creating safe spaces in which people will share and disclose; understanding group dynamics; making sense of complex interpersonal phenomena; challenging and confronting others to support their growth; writing, speaking and communicating truth (Sinclair et al., 2024; Toporek et al., 2026). We have lots of relevant capacity!
3. Therapists have access to resources to further enhance and develop awareness, knowledge, and skills, for example, with regards to our own identities, power, privilege, and positionality, and with respect to culturally and structurally responsive therapy – neither of which may have been a focus in our formal education and training. (See the resources shared above).
4. As therapists, we know how important self-care is – enabling us to remain healthy, engaged and sustained. This is especially important as we lean into the hard work of social justice. Toporek et al. (2026) assert that it's important not to construe self-care and community care as mutually exclusive. Yet Ford et al. (2023) found that protecting oneself from the stress of politics (a common self-care strategy) can at times promote personal well-being at the expense of collective engagement (community care). However, researchers are beginning to explore strategies, like emotional acceptance, that are linked to both greater individual well-being and collective action. Notably, for some people, participating in social justice activism is itself a form of self-care because of the healing and restoration that emerges through a heightened sense of self and purpose (Nadal, 2017). Self-care and community care – not an oxymoron!
5. Solidarity with others is healing. Solidarity is a source of sustenance. Group therapists perhaps know this better than most. Yet, therapists, especially those in independent practice, are often isolated during their working hours, without access to connections with peers. Working remotely has exacerbated this problem. One antidote is to be intentional and strategic in strengthening old and forging new relationships with others who are committed to social justice. In 2025, my personal mantra is “in community.”

Conclusion

When I was in Selma, I spent some time with Annie Pearl Avery, an 82-year-old African American woman who was the only person arrested on the Edmund Pettus Bridge on Bloody Sunday. Beginning at age 14, she has lived a life of activism,

which continues to this day, even as she wrestles with physical health limitations. I am aware that I have had many more advantages, resources, and opportunities, far more privilege, power and positional authority, than she has ever had. And so I ask myself: “What am I doing? How am I making a difference? How am I showing up in 2025?” I'm striving for an answer that I can feel proud of. I hope you will too. 🙏

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# 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:**

*I have been asked to facilitate a process group for students at a private college who all live in the same dormitory. The faculty initiated this group with the goal of fostering maturity and personal growth. While I believe in the therapeutic power of group work, I'm struggling with how to ethically and therapeutically structure this group.*

*The participants share a living space and have pre-existing social relationships, creating a situation where confidentiality is tenuous at best. Additionally, I am concerned about balancing the faculty's mandate for personal development with the students' personal agency and the pressures of collective ideology that could stifle genuine expression. I'm committed to creating a safe space, but the institutional context and dual relationships present a significant ethical challenge.*

*How can I navigate the tension between an institution's expectations and the personal agency of group members, while also managing the complexity of confidentiality and dual relationships in an intertwined social environment?*

*Signed,  
Feeling the Pressure*

Dear Feeling the Pressure

As someone with 20+ years of experience working in higher education, I can certainly relate to this dilemma. In particular, I greatly appreciate when university officials value mental health and the important role that group therapy can have to benefit the lives of students. At the same time, these people often have limited or no formal training in group and don't understand or anticipate the full consequences of their requests. Because of this, I would start by validating their choice to encourage personal growth for their students while also clarifying your role and setting realistic expectations for the potential group. Specifically, the mandate for promoting "personal development...[and] agency" is a noble aspirational goal, it can certainly not be assured, and "success" will obviously vary for each individual member. While this concept may seem clear to group clinicians, I have found that being explicit can be helpful for university faculty and staff.

Presumably, this is not being designed as a mandated group; meaning that participation cannot be compelled. Some students may have reasons that they do not want to participate – with possible circumstances ranging from It would be contraindicated due to other life factors all the way to "I just don't want to be in a group." What is the alternative plan for students who are unable to participate? I would explain that this information is critical to obtaining informed consent from students. If the group is mandated, then a serious discussion with the university is needed to explain that while "attendance" can be required, participation never can be and that such a structure would likely further jeopardize the stated goal of "fostering maturity and personal growth."

The most critical aspect of making this group a success – and ensuring it complies with all relevant laws and codes of ethics – is by setting an appropriate frame in your initial group agreements. When meeting with potential students/new group members, I would be inclined to frame the group as a support group, rather than a therapeutic group, with the explicit, stated goal of "fostering personal growth and development." I would also be very clear about the particular boundaries (or lack thereof) inherent with this specific population. Acknowledge that there are numerous pre-existing social relationships, and there are likely to be many more as the group, and academic year, progresses. Members will likely have frequent, and meaningful, engagement with each other both inside and outside of group. In my groups, I ask that members commit to sharing any of those "meaningful" out-of-group interactions in the group and to talk about them openly. This can help reduce concern by other members that they may be the topic of out-of-group conversation or are being excluded from external gatherings.

Finally, as you articulate, the group agreements will need to be very specific about what can and cannot be expected regarding confidentiality. Is this a group that requires or has some expectation of confidentiality? Is what happens outside of group not considered confidential, but anything that is shared in the group would be? In my groups with similar concerns, I often have the members discuss this topic explicitly during our first meeting and, when appropriate, sometimes encourage a "you are always free to share your story with anyone; but commit to not sharing any other's stories or information." I have found that students can understand and appreciate that particular frame. A support group can be extremely successful with any number of boundaries. The critical component is everyone knowing the boundary and agreeing to it before deciding to participate. I also favor a "shared agreement" model where members have some stake and ownership in these boundaries. I explicitly state that if any of the members ever feel that an original agreement may need revisiting or revision, they are always encouraged to discuss this situation in group. By having members feel ownership over the shape and structure of the group, it not only increases buy-in, but can also give members a template for how to discuss other uncomfortable or challenging situations when they emerge.

While this potential group does pose some challenges, I am confident you can find success.

*Tev Zukor, PhD, LCP, CGP*



Dear Feeling the Pressure,

Wow! There are a lot of layers to this situation with ethical, relational, and institutional implications. I'll try to offer something useful in the brief space I have, knowing that there are a lot of different complexities to address here.

It seems that the faculty of this institution are aware of the power of group (hooray!) and see it as a valuable resource that can help to meet a need or address student concerns. Valuing group always makes me happy, even when it puts actual practitioners of group therapy in the role of educator and ethical gatekeeper.

Some psychoeducation for all involved regarding what's required to create, facilitate, and support such a group may help to manage the institution's expectations and foster the personal agency of group members. For conversations with faculty, a few thoughts come to mind.

One, could you help the faculty requesting the group understand that for any type of psychotherapy to be helpful, you will need to set some parameters on participation and that those may differ from the goals of the faculty? For example, none of the dorm residents will be required to participate in the group. You will meet individually with any students interested in participating prior to the start of the group to screen for group readiness and group fit before they will be admitted to the group. (We know how important group composition is.) And, the group will meet in a secure location, such as the college counseling center, rather than in the residence hall or a public space.

Two, do the faculty understand confidentiality and that you, as the group facilitator, will not be reporting to them about the group? Can they agree to support group member confidentiality, as well, by refraining from asking dorm residents about the group and supporting the students in their efforts to keep their confidentiality agreements? As you know, the relationships that already exist among participants and faculty make this especially complicated and will require the efforts of all.

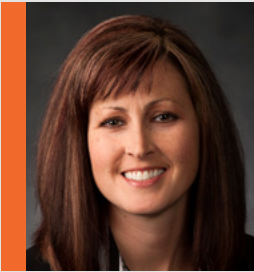
Three, could you help the faculty recognize that it will likely be less helpful for students to engage in therapy with a purpose that has been assigned to them, rather than sought by them? Either way, you can't promise group member personal growth to a third party, but you can work to provide a therapeutic group experience.

For conversations with potential group participants, a few other thoughts come to mind. You will need to help each potential group member understand and agree to maintaining confidentiality, exceptions to confidentiality, and the reality that confidentiality among group members cannot be absolutely guaranteed despite these agreements. It will be necessary to discuss, specifically, what such confidentiality looks like in real life among folks living in proximity with overlapping academic and social networks. These types of multiple relationships are common in counseling settings at institutions of higher learning, but group members may not be considering the implications of breaches of confidentiality in the ways that we are, as clinicians. Clear understanding and agreement will be key. Revisiting this topic throughout the group and at termination also seems wise.

Because the group will require commitment to regular attendance and willingness to participate, communicating clearly at induction both attendance expectations and group norms can help.

And regarding the work of the group, personal growth and healing require group member vulnerability and an adequate container for the risks of such vulnerability. Components of that container will include all the things we work to do well in our groups to grow cohesion, invite differences, and facilitate rupture repairs that further the work of the group. Helping group members learn to exercise personal agency within their various systems (and especially in the group) and explore how power hierarchies and relationships impact their experiences has the potential to foster their own kinds of personal development. When the group works with confidentiality, cohesion, commitment, and connection, personal growth seems likely.

*Kristina Hansen, PhD, LP, CGP*





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Group Life: Holding Space for Deeper Connection in Complex Times

A VIEW FROM THE AFFILIATES

Continued from page 5

- SV:

*The SIGs seem like such a unique thing. Most affiliates don't have that structure. It sounds like there's a very free and easy way for people to get started. Do you concern yourselves with keeping things going, or are SIGs allowed to come and go...?*
- Paul:

I think it's always important to consider the longevity and succession planning for both SIGs and the leadership of our affiliate. A lot of SIGs are thriving and I think this is because it's community driven and focuses interests and energy. For SIGs that have become dormant it doesn't mean a failure but rather a good indicator of what our members are more engaged with. The SIGs have been an excellent way to cultivate interest in being part of leadership of HGPS.
- SV:

*Can you share any lessons you've learned from this community-building process, or share advice for other affiliates?*
- Phuong:

I think it's really important to pay attention to

- how much you take on. You don't want to burn out, because if you burn out, then all the things you've created might burn out. In the beginning, I said, I'll join all these SIGs, I'll join all these meetings. But then over time I had to be more selective and pay attention to my capacity. I think that's something that we as therapists have a hard time doing. In my 50's I'm learning to recognize my limits. My advice would be to start slow, don't worry about big lofty goals, like I'm going to start some big community thing. Start with something small, a small group. Keep it where it's manageable for you. Especially if you work for an agency and also have a private practice.
- Jia:

Keep being consistent in curating the spaces that you want. You get what you put in.
- Nina:

It's good to have spaces where it's ok to make mistakes and take risks. And it's important to be mindful of the tendency to come up with a million ideas and not have the ability to follow through.
- Marina:

We try to not put pressure on people. Be there when you can, be present when you can.

- SV:

*You've built in a lot of flexibility.*
- Paul:

We do a lot of co-chairing and sharing roles to help with that.

I really empathize with the affiliates where members are more spread out, they're statewide. Here in Houston we can meet up at a restaurant and I really value that. Not everyone in other affiliates can operate this way – but even the larger geographic affiliates can use the same model as us and free up regional communities to do their own meetups.
- SV:

*They may not be able to be cohesive in the exact same way, but there are ways they can take what you've done and adapt it to their situation.*
- Nina:

I like how welcoming HGPS is. You don't have to be doing groups to be part of this organization.
- Paul:

We also get the question, "Do I have to be a member to be in a SIG or come to dinner?" No! I encourage people to consider joining afterward. But the initial response is, "Come eat dinner. Maybe you'll like us!" 🍽️

IN MEMORIAM: ELEANOR COUNSELMAN

Continued from page 4

weekends with their two grandchildren Jameson (11) and Olivia (8). Eleanor spoke often about her great enjoyment sharing precious time with them, having overnights and great playtimes. Even during COVID, despite her compromised immune system, Eleanor carefully and courageously spent time with her grandchildren.

Eleanor spoke with great pride of her son Charlie's joining the mental health field as a recently licensed social worker in Morrisville, North Carolina.

Eleanor's love and fondness for her husband, Chuck, was a beautiful example of a loving partnership. Eleanor and Chuck married right after her graduation from Wellesley College. They enjoyed nearly 60 years of marriage. Their connection goes way back. They met in dancing school in 1959 when Eleanor was 13 and Chuck was 16 and their fathers were classmates at Johns Hopkins University.

Eleanor's abiding good spirits, steadiness, and warmth touched many in the group psychotherapy community. She mentored and encouraged many developing group therapists, always there to cheer on her younger colleagues and peers. As the NSGP Co-Presidents Sasha Watkins, EdD, LMHC, and Joel Kreig, EdD, LICSW, CGP, said, "Eleanor was a dedicated and compassionate part of our community, whose contributions and unwavering commitment to the field of group psychotherapy touched the lives of many. A highly respected practitioner, teacher, and mentor, Eleanor was instrumental in shaping the professional development of countless clinicians. Her wisdom, empathy and generosity of spirit left a lasting impact not only on those she directly guided but also on the broader therapeutic community." 🙏