



SPRING 2026

# groupcircle

## Group Therapy in the Media

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

Three recent media endeavors have featured AGPA members and have put group therapy in the spotlight, not only for group therapists, but for the public. I asked these three AGPA members for an interview in which we discussed the impact of their work on the field and the public at large. I'm very pleased to present this interview with Richard Beck, LCSW, BCD, CGP, AGPA-F, Zachary Thieneman, PsyD, CGP, AGPA-F, and Elliot Zeisel, PhD, LCSW, LP, CGP, AGPA-DF.

Richard Beck was featured in *Climate in Therapy*, a film by Nathan Grossman that places climate scientists in a therapy group, which Mr. Beck facilitates. Zack Thieneman was featured as an individual and group therapist for youth in a BYUtv production entitled *Braver*, which placed young people in a wilderness survival setting. Elliot Zeisel's film *Group: The Schopenhauer Effect*, directed by Alexis Lloyd, features Dr. Elliot Zeisel as the fictional group therapist, Dr. Ezra Hertzfeldt. What follows is our conversation about the potential impact of these projects on our work.

**TS:** *First of all, I want to congratulate each of you on your projects. Each one is quite an accomplishment. Would each of you like to comment about the highlights of your project?*

**ZT:** My project is a reality television show for BYUtv that involved young adults in a wilderness survival experience, and I got to do individual and group therapy with them. I worked with some survival experts, and I also got to work with a lot of people who work on other reality television shows, such as *Survivor* and *Alone*. This project was designed to be family friendly and mental health forward.

**RB:** Nathan Grossman, Malin Olafson, and Cecilia Nesson are the Swedish film crew, the producers, and the executive director. They selected climate scientists to participate in a therapy group. They interviewed group therapists from around the world and chose me. The film involved placing climate scientists in group therapy in order to see their reactions. This was based upon the distress that these scientists experience given the impacts of climate change. We filmed it during the COVID-19 pandemic at a hotel. The film has since had premieres in Copenhagen, Nova Scotia, Toronto, Washington, DC, and at the recent AGPA Connect meeting in New York.

**EZ:** The project I worked on began at an AGPA meeting, when I met a fellow with a press pass and a French accent, asking a lot of questions. And that was the film director Alexis Lloyd, who had optioned the rights to *The Schopenhauer Cure*, the novel by Irvin Yalom, MD. Alexis's intention was to make a film about the book, to which I said, "If you're going to do that, it would be a good idea to be in a group for a while, see what it's like." I never expected to hear from him.

A couple of weeks later, he came to work with me in an intake session and explained that his father had been a psychoanalyst in Paris and told him that because he's an only child, he's probably going to be disabled and could use a group later in life. It took 50 years, and eventually he came around to taking his father's advice. I agreed to work with him, provided he come to the group, not as a researcher, but as another "suffering citizen." That was the beginning of an 18-month process. In that 18 months, he understood very quickly that the project, whether it was going to be a television series, a streaming service series, or a film, couldn't be scripted; that it would have to be improvised.

Initially, this resulted in the production of *Group: The Series*, which has had over 700,000 views on YouTube. The success of that project led to the making of the full-length film, *Group: The Schopenhauer Effect*, which premiered in New York in early March of 2026. It's a very deep dive into group process, group leadership, and the psychodynamic work that we do.

**TS:** *What are your hopes for the impact of your projects on group psychotherapists?*

**EZ:** I think it's already begun to happen. I know for sure it's happening with the YouTube series. I can't tell you how many times I've been invited into classrooms for social workers or psychologists, where they'll play a few minutes of a scene, they'll stop the action, and ask me questions about why I said that. To which I'll say something about the theory behind the intervention. Then I'll say to them, "What might you have said?" And they'll say, "Well, I would have said this." And my response is often, "Well, that's a much better idea." So, I am actually learning as I go and having the opportunity to teach something about the modern analytic approach—the psychodynamic approach—to the work. I hope people will emerge with a much better understanding of themselves as leaders. A better understanding about where they are in the process of learning to become an effective clinician/educator.

**RB:** I've shown the film around the world to scientists and the general public. I was most anxious about showing it at AGPA Connect. Seeing my peers watch me work invoked more anxiety than the general public seeing it, because the focus of my work was creating an environment in which the scientists felt safe enough to unfold and open up. That was a complicated process that I learned from my analyst, who was a self psychologist. The audience can see how the group process unfolded using various theoretical modalities. I demonstrated both an art therapy intervention that was suggested by Marcia Honig, PsyD, and a psychodrama, empty chair, exercise that was recommended by my colleague Scott Giacomucci, DSW, LCSW, BCD, TEP, CGP.

**ZT:** It's a process of making therapy more of a known entity so that people are able to understand the process. That was a lot of the work that I did when I was filming this. They wanted to understand what I was doing, why I was doing it, and, "What's the point?" in relation to the individuals with whom I was working. I worked with the production crew and the producers about what's going on from a group dynamics perspective. We considered how things are unfolding and what might we be able to do from an intervention standpoint to work through some of those processes, build connection, build conflict, and allow them to work more effectively so they could also survive more effectively together.

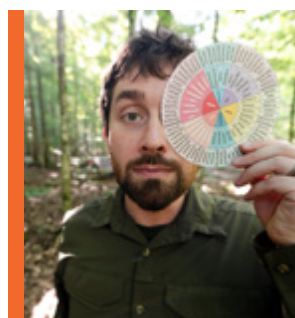
**TS:** *These projects have great potential to be seen by the general public. What are your hopes for the impact on those individuals?*

**ZT:** The producers of the show often picked my brain with interviews about things that were ongoing within the group. I hope people can take away that the group's not some scary thing. Therapy is not some scary thing. It really is designed to help people grow in personally meaningful ways. And it can be really approachable and applicable to so many different lifestyles and goals. Sometimes I wish people would move the goalpost of when and how they enter therapy. We're often taught to seek therapy when we've done all these other things, and it hasn't worked. So, we're finally going to try therapy. Sometimes I think if you tried it when the problem

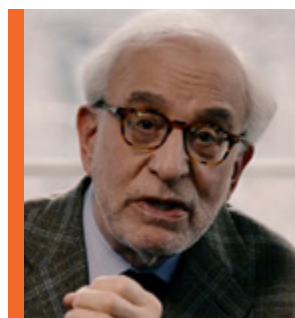
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Richard Beck



Zachary Thieneman



Elliot Zeisel



from the  
president

Leonardo (Leo) M. Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F

As I am writing my first presidential column after a professionally and personally enriching experience at AGPA Connect 2026 in New York City. It was wonderful witnessing a program that provides such exceptional experiential and didactic group psychotherapy training opportunities to both national and international attendees. The preliminary feedback has been very positive, along with thoughtful advice on ways of improving future AGPA Connect programs.

Kudos to AGPA Connect Co-Chairs Ginger Sullivan, MA, LPC, CGP, AGPA-F, and Brenda Boatswain, PhD, CGP, HSP, SHRM-CP; along with Co-Chair Designate Michele Ribeiro, EdD, ABPP, CGP, FAPA, AGPA-F. I also want to extend my sincere appreciation to Institute Co-Chairs Elizabeth Shapiro, PhD, and Aaron Black, PhD, CGP, AGPA-F; and co-chairs of the Workshop and Open Sessions; AGPA staff; and the many committee members and faculty for making the conference so successful! I also wanted to recognize the vital work of the Safe Environment Response Team (SERT), whose members volunteered before, during, and after the conference to foster a safe, inclusive, and supportive learning forum throughout our conference and to support prevention and address DEIA-related harms and responses, especially for attendees with diverse identities.

Since returning from our conference, our senior leadership has begun to work on several initiatives. One of the major systemic initiatives is to advance an evolving paradigm shift towards collective leadership.

The collective leadership model can be applied systemically throughout the AGPA leadership and organizationally and is based on the values of transparency, equity, cultural humility, diversity, accountability, integrity, inclusion, belonging, scholarship, and relational courage towards one another. It promotes integrity and accountability in leadership by being transparent, ethical, and accountable for our actions, mistakes, and decisions. It incorporates cultural humility by valuing our shared humanity, mutual respect, and compassion towards one another, and a multicultural organizational lens that can deliver on our

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

This edition of the *Group Circle* finds us embracing change as spring emerges. It's not just the weather that is changing around us. AGPA is welcoming a new president, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F. Leo inspired us with his Alonso Presidential Plenary address at AGPA Connect, promising to make AGPA more transparent and welcoming. He ended his speech sharing core personal and professional values that may advance our organization's sense of community with a call and response using the Spanish phrase, "¡Sí, se puede!" which translates to "Yes, we can!" in English. I think many of us left that speech feeling that so many things are possible for AGPA! I, for one, believe that we can. I hope that spirit comes through in this edition, and that you feel inspired by the articles and stories within it.

This edition brings you the latest installment of our newest feature, the "Member Spotlight." Twice annually, this feature introduces you to someone in our organization who is doing the work of group therapy. This edition features Robin Dean, PsyD, MEd. If you don't already know Robin, I'm excited for you to meet her!

We also have an interview with three AGPA members who have recently participated in media events that feature group psychotherapy. Richard Beck, LCSW, BCD, CGP, AGPA-F, Zack Thieneman, PsyD, CGP, and Elliot Zeisel, PhD, LCSW, LP, CGP, talk about their projects that bring group therapy alive not only for us as group therapists, but for the general public as well.

Greg Crosby, MA, CGP, LPC, AGPA-F, and Ben Li, BS, share about their work creating a training program for China Institute of Psychology (CIP) counselors leading online support groups to help manage anxiety related to COVID-19, reflecting on the weight of the collective trauma global populations experienced as a result of the pandemic.

AGPA President, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, in his first presidential column, presents his vision for making AGPA a more collectively governed and transparent organization. Dr. Leiderman also recognizes the many volunteers that represent the architecture of AGPA. I join him in expressing gratitude to those who give so generously of their time and energy to make AGPA what it is.

Alon Wasserman, PhD, and Netanel Zingboim, MA, write about their *Friends* groups in Tel-Aviv, bringing into greater focus the powerful nature of group psychotherapy with children and adolescents. Justin Hecht, PhD, CGP, CJA, AGPA-F, calls upon us to exercise creativity in starting

groups, suggesting that we create the groups that we'd like to attend.

In "Consultation, Please" we explore what happens when a member retreats from the group both emotionally and physically. Our "A View from the Affiliates" column explores the recent success of the Nashville Group Psychotherapy Society (NGPS). In her interview with the leadership of that Affiliate

Society, Stephanie Vail, LMFT, CGP, talks with them about their recent successes and how they've built an outstanding affiliate in the Nashville area.

I hope you enjoy this edition of the *Group Circle*. 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**

*Continued from page 1*

organization's promise of equity and inclusion for all our members. It systemically upholds the group therapy principles of safety, belonging, and mutual influence for all our members. It reflects our shared belief that AGPA is a circle, not a hierarchy; that leadership and belonging is about standing with each other; and that together, we are a stronger union. Our shared humanity takes shape within the organization, but it is the collective circle as a whole that carries us forward.

Similarly, on March 1st at AGPA Connect 2026, members of AGPA leadership facilitated a Joint Board Leadership Training on procedural justice entitled *Organizational Trust, Process and Repair: A Leadership Conversation*. The attendee feedback from the training emphasized that AGPA's leadership intent is perceived as genuinely good, especially regarding DEIA and anti-oppressive values; however, transparency, consistency, and clarity of the decision-making process are significant areas of concern that need improvement. Simply put, we can interpret that these findings emphasize that trust in AGPA's leadership values is relatively strong, but the trust in how the system functions and makes decisions is far weaker. Thereby, a transparent, collective, experience-near leadership model is being implemented. Also, to enhance systems-wide transparency, we plan on sharing this training and attendee feedback in the summer 2026 edition of the *Group Circle*.

**So, what changes may AGPA members anticipate?**

- We will be providing a monthly AGPA leadership email update to promote greater transparency with membership, which started in April 2026.
- We have already begun putting a collective leadership approach into practice in how we work together in our ongoing leadership meetings.
- Building on this approach, as president, I aspire to connect with members and committees across the organization, including with the Membership Engagement Committee; the Diversity, Equity, Inclusion, and Accessibility Task Force (DEIA-TF); AGPA past presidents; and colleagues with expertise in research, to promote and strengthen interest in group therapy research and training within AGPA.
- We are planning a virtual AGPA Community Town Hall for Monday evening, June 8.
- Our collective leadership and volunteers will soon

be addressing two major organizational initiatives: 1) AGPA Mentoring Initiative for Professional Development and Member Engagement; and 2) A Procedural Justice Initiative that helps us move beyond individual reactions toward consistent, predictable, transparent, and equitable systems of response when hurt or harm occurs between members, particularly for minoritized and marginalized individuals and groups who hold less structural power or whose experiences have been historically minimized or overlooked. It asks us to understand and examine power, bias, and impact. This work is about expanding the circle of AGPA—widening who feels safe, respected, heard, and protected within our community.

As I begin my presidency, I also want to acknowledge the numerous AGPA members who volunteer their time, guidance, and lived experiences to make our community wiser, stronger, and more humane. Our volunteers make up the invisible architecture of everything we collectively build together. The volunteerism of our community members ensures that the shared values, aspirations, and mission-based initiatives are acted on—not just stated. I feel humbled, honored, and very fortunate to be serving as AGPA president with fellow volunteers who inspire me with aptitudes, wisdom, passion, and dedication to our collective community. Thank you, AGPA volunteers, for your commitment and presence in shaping our community. We are evolving. And I am honored to evolve with you.

I also enter my presidency hopeful and motivated to work hard with others to achieve our shared initiatives and to strengthen the pillars of our organization's professional mission. For me, hope is not naive optimism but a disciplined commitment that fuels promise when one is a member of a meaningful and supportive organization like AGPA. I believe that what we build together matters. If we continue to center mentorship, equity, cultural humility, integrity, belonging, scholarship, and relational courage, I am profoundly optimistic about our future as a community as a whole. As a valued member of AGPA, thank you for your presence and for holding our shared responsibility as a community.

If you have any questions or comments about my column, please feel free to contact me at [lleiderman@westchester-nps.com](mailto:lleiderman@westchester-nps.com). 🙋

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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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# Mental Health Skills for Managing Anxiety During the Coronavirus Outbreak

Greg Crosby, MA, CGP, LPC, AGPA-F, and Ben Li, BS

## The Departure

On January 30, 2020, Ben Li (Li Changzhi), CEO of the China Institute of Psychology (CIP) in Beijing, asked me [Greg Crosby] to create a training program for counselors to lead online support groups to help manage anxiety related to COVID-19. At the time, I was teaching Joseph Campbell's *Hero's Journey* in Seattle, Washington, when news broke that the first identified person with COVID-19 in the United States had been discovered living five blocks from my training site.

This moment brought back memories of my grandparents' stories of the 1918–1920 pandemic and the losses within their family. It also reminded me of my psychoeducational work during the AIDS crisis while working at Kaiser in Oregon. I felt compelled to step forward and propose a structured model of support. My professional history and the urgency of the moment converged.

Since 2017, I had provided training to CIP. For this project, Grace Zhou (Ming Zhou), a translator/therapist/educator, served as interpreter. Her ability to understand both Eastern and Western therapies, while being fully present and engaged with the training group, played a vital role in the project's dissemination and participants' ability to comprehend and lead the online support groups.

## Development of the Model

I developed an integrative, flexible, and structured psychoeducational support group model grounded in a bio-psycho-social framework. The model incorporated:

- Trauma-Informed Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Existential approaches
- Joseph Campbell's *Hero's Journey* framework
- Interpersonal Neurobiology
- The Stages of Change (Transtheoretical) Model

The *Hero's Journey* was a personal and collective experience dealing with COVID-19. Participants were invited to explore existential challenges around loss while learning and implementing skills to help get through this very difficult pandemic.

Participants learned integrative CBT/DBT/ACT skills and trauma-informed care practices to regulate emotions, process loss, and build resilience under adverse conditions. The aim was to create supportive groups where individuals could share experiences and rediscover their capacity for resilience.

## Webinar Objectives

1. Blend integrative CBT, trauma-informed care, resilience theory, and interpersonal neurobiology to manage anxiety and depression during COVID-19.
2. Delineate specific behavioral and cognitive skills from CBT, DBT, ACT, and trauma-informed approaches.
3. Apply the *Hero's Journey* framework to pandemic-related stress.
4. Explore social unconscious theories to illuminate underlying schemas and enhance self-efficacy.
5. Apply the Stages of Change model and related interventions.

6. Examine the science of resilience in response to community and global crises.
7. Develop strategies for creating cohesion and psychological safety in online support groups.
8. Develop a flexible and structured group format to allow for sharing and learning tools.

## The Three T's Framework: Transmit, Transact, Transform for Support Groups

I adapted the educational model of "Transmit, Transact, Transform" in social studies to mental health psychoeducation.

- **Transmit:** Provides a foundation of information and skills that give direction and guidance to facing the challenges ahead.
- **Transact:** Practice skills within the group and build commitment. The focus is on applying skills learned, but I also appreciate that in skill building, one needs to make room for ambivalence. Ambivalence is an important aspect in skill acquisition to honor and problem solve. Participants practiced skills during sessions and determined how to apply them outside the group.
- **Transform:** This occurs over time and after the support group ends. It's an ongoing process that brings about new ways of seeing yourself and the world.

## Initial Webinars and Reach

On February 4, 2020, CIP hosted its first live webinar titled *Mental Health Skills for Managing Anxiety During the Coronavirus Outbreak*, attracting over 25,000 concurrent viewers.

On February 11, 2020, a second lecture—*Psychoeducational Groups Addressing Public Health Issues Caused by the Pandemic: Group Design, Facilitation, and Practice*—was viewed by more than 30,000 people.

Supervision support groups were also established for the leaders. Many support groups continued beyond the initial training period, with some still operating today.

## National Rollout in China

Following the webinars, CIP organized thousands of counselors to conduct online support groups across China.

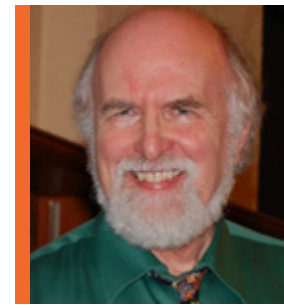
According to CIP statistics:

- By June 2020, over 5,000 support groups had been launched.
- More than 150,000 individuals were cumulatively assisted.
- From 2020 through January 2023, total participant visits exceeded 1 million.

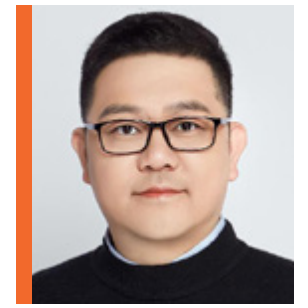
Therapists were recruited through WeChat-based CIP alumni associations spanning every province and city in China. All group leaders were volunteers, with experience levels ranging from under 100 hours to thousands of hours of group facilitation.

To maintain quality, CIP implemented nightly online supervision meetings led by experienced group therapists to provide consultation and guidance.

Participation was voluntary, with a maximum of 10 registrants per group. While most groups filled to capacity,



Greg Crosby



Ben Li

attendance varied slightly due to the voluntary nature of engagement.

## Feedback and Outcomes

Initial feedback was collected using a 0–10 scoring system. After analyzing more than 1,000 responses—most of which scored 10/10—formal quantitative evaluation was discontinued due to limited variance in results. Qualitative feedback was overwhelmingly positive.

Approximately 99% of comments were positive. Common themes included:

- Relief from isolation and panic
- Emotional regulation during uncertainty
- Gratitude for peer support
- Renewed confidence and life direction
- Increased ability to live in the present
- Support through grief and loss

Less than 1% of comments were negative, primarily related to interpersonal conflicts or feeling interrupted during sharing. The feedback underscores the transformative power of group support in times of collective crisis. Some examples from the comments are:

"Trapped alone in a hotel in an unfamiliar city, the panic of the pandemic nearly crushed me. Thank you to this group for letting me find solace in sharing my feelings—no longer bearing this anxiety alone!"

"The pandemic turned my life upside down, disrupting all my plans. I was filled with anxiety about my future work and life. After joining the group, I found strength through sharing and slowly regained my sense of direction. Thank you!"

"Thank you for giving every anxious heart a place to rest and every emotion a gentle space to be seen."

"Having lost my beloved to the pandemic, I lived in memories, weeping night after night. This support group brought me warmth and slowly restored my courage to carry on. Thank you for all your companionship!"

## International Adaptations

The training expanded nationally and internationally. In spring 2020, the program evolved into online recorded training with the International Association of Group Psychotherapy and Group Processes (IAGP), reaching wider professional communities in different countries.

The Italian Society of Psychosomatic Medicine (SIMP) adopted and culturally adapted the protocol under the title:

**"SIMP for Italy: Psychoeducation Protocol with Psychosomatic Orientation – Pandemic Stress from COVID-19: Psychosomatic Support for New Forms of Adaptation."**

A technical-scientific committee modified the model to align

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## AGPA Member Spotlight

### Featuring AGPA Member Robin Dean, PsyD, MSED (She/Her)

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

**TS:** How long have you been a member of AGPA?

**RD:** I've been a member of AGPA for over 10 years. I joined the year I attended my first Connect, which was 2015.

**TS:** How did you find AGPA?

**RD:** I took a Group Therapy course in graduate school. The professor was a long-time member of AGPA. He encouraged everyone in the class to run therapy groups and to join AGPA. The funny thing is that I was very hesitant at first. Everyone who went to AGPA Connect had these transformative experiences that they couldn't quite articulate. It felt a little cult-ish. So, I took the course, ran some groups with supervision for additional training, but didn't become a member of AGPA or attend Connect for several years. Of course, once I did, I was hooked like everyone else.

**TS:** In your opinion, what is the best thing about AGPA?

**RD:** The emphasis on practice. Many professional organizations focus on theory, research, and policy, but AGPA really centers on what it means to be in the room with clients, doing the work.

**TS:** Tell me about some of the group work you're doing currently.

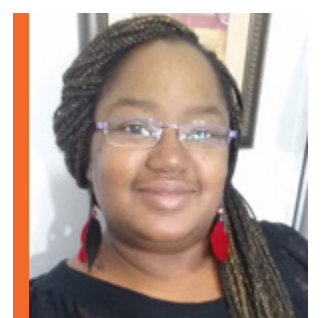
**RD:** My clinical focus is children and adolescents. I am currently running two therapy groups. One uses the role-playing game *Dungeons & Dragons (D&D)* to provide an environment for social skills development. The other is a process group for parents of children with chronic mental health concerns. I also do supervision and training for group

therapists focused on increasing capacity to create and maintain holding spaces for diverse clients.

**TS:** That's really interesting. Can you say more about the *Dungeons & Dragons* group?

**RD:** *Dungeons & Dragons* is a role-playing game where players take on characters and together create an adventure story. In my group, we use the game as a means for adolescent clients to work on interpersonal skills. Each client has a set of skills to practice in session, which may be done in-game as their character or out-of-game as themselves. The idea is that

*Continued on page 8*



Robin Dean

# Working with Children and Adolescents in Groups: The FRIENDS Model

Alon Wasserman, PhD and Netanel Zingboim, MA

## Introduction

When working in a therapeutic group with children and adolescents, it quickly becomes evident that many of the familiar assumptions from group work with adults require adjustment. For example, children are usually referred by their parents, their reflective and control capacities are still developing, and many of the meaningful interactions between them occur through action and play rather than through verbal dialogue alone (Zingboim & Wasserman, 2025; Wasserman, 2025).

When parents seek therapy for their child, the clinician who meets them at the intake session faces a central challenge: identifying the most appropriate therapeutic intervention for the child and the family. The initial response often turns to classical individual therapy; however, in many cases the question arises whether group work might offer a more suitable approach (Shechtman, 2007). This decision depends on several factors, including the reason for referral, the child's previous experience with therapy, the child's individual characteristics, and some more down-to-earth considerations such as place of residence and financial budget. While individual therapy may at times provide a more regressive space for working through primary processes, group therapy focuses on engaging with the reality principle and on the ability to function within a shared social environment.

Consequently, many of the children and youth referred to group therapy, (provided the referral is not for a highly specific condition such as an eating disorder), are seeking help for difficulties related to interpersonal relationships (Shechtman, 2007), or, more broadly, their social world. The other side of this coin is that strained interpersonal relationships and an unstable social world are often closely intertwined with a child's emotional life (Zingboim & Wasserman, 2024).

The FRIENDS model is a therapeutic model for group work with children, adolescents, and young adults, developed by Dr. Alon Wasserman and refined over the past decade at the Friends Center in Tel Aviv, Israel. The center currently operates 32 therapeutic groups for children, adolescents, and young adults who seek treatment due to social-emotional difficulties. Alongside the clinical work, the center also maintains a dedicated research unit led by Nathaniel Zingboim, in collaboration with Reichman University and the Hebrew University of Jerusalem, under the supervision of Professor Mario Mikulincer. This research activity accompanies the clinical work in the groups and aims to systematically monitor and examine the therapeutic processes that take place within them over time.

## The FRIENDS Model

The FRIENDS model is a therapeutic process that contains both in-group and out-of-the-group components. The group work serves as the main event that occurs weekly. As will be explained further here, it's hard work that needs a support system to help participants maintain the ongoing effort. These out-of-the-group components include working with the parents, individual meetings with participants, interaction with other professionals, including the educational staff, extensive supervision for the co-therapists, and more. The in-group components are setting, structure, and guiding principles of intervention.

## Setting

Conditions that allow the group to function as a safe and meaningful environment include the time, duration, physical space, other participants, and the presence of the co-therapists. These elements are defined in advance and remain relatively stable over time, creating a predictable

environment in which participants can gradually engage with one another.

Several elements define the frame of FRIENDS groups. All groups are led by two co-therapists and include six to ten participants depending on age. The groups operate in a slow-open format. New participants commit to an initial period of 16 sessions, and on average the overall duration of participation is one year. Some participants maintain therapy for several years and because entry and departure are inherent to this format, therapists actively address these transitions within the group, recognizing that these changes often evoke strong emotional responses among participants.

The physical environment of the group is intentionally designed to support social play and safe interaction. Sessions take place in a room arranged in a circle of large cushions, encouraging direct interpersonal engagement. No games or toys are involved. This arrangement reinforces the central aim of the model: to create a space in which interpersonal dynamics can emerge naturally and become the focus of therapeutic work.

## Sessions Structure

While the setting provides stability, the structure of the meeting offers a flexible template for how time is used during the session. In the FRIENDS model, meetings are semi-structured: certain phases tend to recur, yet the facilitators adjust the flow according to the needs of the group and the developmental level of its participants. A typical session includes four main phases: sharing, group decision-making, social play, and reflection.

At sharing time, participants often respond with curiosity, asking questions, expressing interest, or sharing similar experiences from their own lives. This part of the meeting holds significant value, as it allows children to practice listening to one another, noticing each other, and experiencing that others may be interested in them while also having both similar and different experiences. At the same time, participants reenact their patterns of social-emotional dynamics within the group, thus opening an opportunity for change.

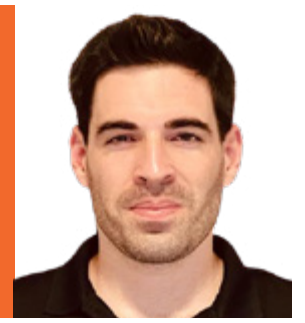
Following this initial exchange, the group moves into an intermediate phase in which a decision is made about how the meeting will continue. Participants may choose to remain in conversation or to transition into a shared activity, and the group discusses how it wishes to proceed. In some groups, participants can negotiate this process independently, expressing preferences and managing emerging disagreements. In other groups, facilitators take a more active role in helping structure. Although seemingly simple, this process often generates meaningful interaction as participants negotiate preferences, express disagreement, insist, compromise, withdraw, and adapt.

The group then engages in social play, a central element of the FRIENDS model. These activities are typically games, allowing participants to interact directly with one another. Through play, participants often express relational patterns that are less accessible in conversation alone, such as competition, alliance, exclusion, cooperation, or leadership. For this reason, play is not viewed as a break from the therapeutic process but rather as an essential medium through which interpersonal dynamics emerge.

The session concludes with a brief reflection phase. Participants are invited to think together about what occurred during the session, how the group felt, what stood out, or what they noticed about themselves and others.



Alon Wasserman



Netanel Zingboim

## The Guiding Principles for Intervention

Intervention within the FRIENDS model is guided by several clinical principles that shape how facilitators respond to emerging group dynamics. These include maintaining a balance between structure and spontaneity, prioritizing interactions between participants rather than therapist-participant exchanges, and supporting the group's capacity to reflect on experiences that arise in the here and now. A detailed and in-depth discussion of these principles extends beyond the scope of the present article. However, they constitute the clinical foundation through which the structure of the meeting becomes a space for emotional and interpersonal learning.

## Conclusion

The FRIENDS model emerged from accumulated clinical experience in group work with children and adolescents facing social-emotional difficulties. By combining a stable therapeutic frame, a structured yet flexible meeting format, and intervention principles aimed at working with the dynamics that develop among participants, the group creates a unique opportunity for emotional and interpersonal learning. Within this space, children and adolescents can experience more meaningful connections, encounter their emotional world more directly, and experiment with new ways of being with themselves and with others. In many cases, this process allows them to restore a sense of security in their lives and gradually rediscover the capacity to play, to take risks, and to participate in the social world around them. Each component of this model requires further elaboration and illustration, which can be found in previous publications by the authors (Wasserman, 2025; Zingboim & Wasserman, 2025; Azani-Sadka et al., 2024). In our vision, the reality of establishing a successful group therapy center, is possible in any major city. 🌍

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"The FRIENDS model is a therapeutic model for group work with children, adolescents, and young adults..."

## Building Something Together: A Conversation with Nashville Group Psychotherapy Society

Stephanie Vail, LMFT, CGP

The Nashville Group Psychotherapy Society (NGPS) is AGPA's newest affiliate, incorporated in 2023 after years of informal community-building. I spoke with three of its founding board members—certified group psychotherapists Christina Oliver, LPC, CGP; Zach Bryant, PhD, CGP; and Avi Dressler, LMFT, CGP—about NGPS's origin story, what it actually took to get off the ground, and what they've learned that might be useful to others doing the same.

**SV:** *You're a relatively young affiliate, but the story goes back further than 2023. Can you tell me a little about how this started?*

**ZB:** I think it really started back in 2010, when Christina and I participated in some early group training experiences together that eventually turned into a training group that's been going for about 14 years. From early on, I was interested in using group trainings to build a professional community in Nashville.

**CO:** I definitely want to give Zach the credit for laying that long runway. He was the one who started saying, back in 2010, "I really like groups, let's do some groups." He brought in Jan Morris, PhD, ABPP, CGP, AGPA-F, and Jeff Hudson, MEd, LPC, CGP, AGPA-F, to do events, and because they did such a good job, people kept coming back for more. It organically grew into a network.

**ZB:** But Christina was the one who, a few years ago, finally said, "OK, we're starting the affiliate. We're doing this."

**CO:** I had a fire in my belly.

**AD:** And I was hungry for it too. Having lived in Rochester for years, I missed the Rochester Area Group Psychotherapy Society (RAGPS). I had been on the board and really missed having those regular training sessions. That just wasn't really a thing that was present here in Nashville. And once NGPS got going, it was like a snowball that we just pushed forward.

**ZB:** Avi, your knowledge about what the Rochester affiliate was like, to me that was invaluable. Just being able to have contacts for a society that had things going and going well, I'd say that was integral, really. Don't you think, Christina?

**CO:** Absolutely.

**AD:** Yeah, there was a map that I had in my head for how it could function, what pieces we would need to really think about. That was probably orienting for all of us.

**SV:** *What were the biggest challenges in getting formally established?*

**CO:** I would say the most challenging part was coming up with the legal fees for our lawyer. We were advised to find someone to do that pro bono, and none of us had a connection with a lawyer willing to do that. That was frustrating. And the lawyers were also very zealous. We gave them a basic bylaw template based on what RAGPS and AGPA put out, and they just added all sorts of stuff they felt was really important to be there. Working with the state was tough, too. All these things are out of the realm of what a therapist typically deals with: state politics and infrastructure, and the legal part.

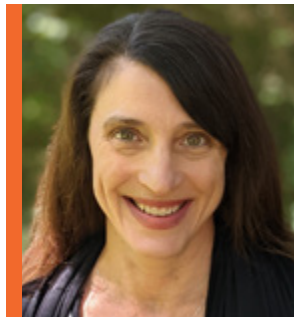
**AD:** What kind of corporation to form was a question that took a long time to answer.

**CO:** There wasn't a place where someone could just tell us, "Here are the benefits of each type of corporation, and why you might consider each." I eventually found out that all the other affiliates are non-profit corporations. So, the answer was actually pretty clear; it just took some digging.

**ZB:** It makes me want to say, "Thanks, Christina and Avi—for the headache and legwork you did to figure all that stuff out."

**CO:** I also do want to say that we've been keeping an eye, as best we can, on diversity from the beginning.

**AD:** Nashville is a very segregated city, from what I've experienced. I think there's still a lot of work to do to figure out how to bridge those gaps, making it a more inviting space, and reaching communities of color.



Christina Oliver



Zach Bryant



Avi Dressler

**CO:** I'm happy that we've expanded the board so that we're not an all-white board. Avi and Kalpana Gowda, PhD, one of our board members who's Indian, are planning to offer a training group specifically geared toward people of color. We're not assuming diversity will happen naturally.

**SV:** *You've had remarkable attendance at your training events—upwards of 100 people at some. What do you attribute that to?*

**CO:** Honestly, I think there's just a lot of hunger for group training here. A lot of therapists want to do groups but don't have much access to training. So, it hasn't felt very difficult to get people to come. But we've also been members of this other organization called Nashville Psychotherapy Institute (NPI) for many years, which has a large membership. We already have a solid reputation with them. Zach and I have both been chairs of the board, so the relationships we've had in town for a lot of years helped with credibility from the beginning.

**ZB:** We co-sponsored one of our trainings with NPI, and that helped us make real inroads with their membership. We've also deliberately spent money to get access to local listservs for social workers, LPCs, psychologists—really just pounding the pavement to get our name out.

**AD:** I think Christina and Zach's reputation in town helped a lot. But it also helped that we were able to convert that initial goodwill into high-quality training that people had really strong reactions to. That created some organic word-of-mouth growth. We brought in some heavy hitters right off the bat, and very relevant topics that people are interested in.

**ZB:** Avi was also a great strategic voice in terms of selecting topics that weren't too group-specific. Having Rochester-based psychologist Aaron Black, PhD, CGP, AGPA-F, talk about attachment in a broad sense was appealing to individual and couples therapists. Having Austin-based psychologist Alyson Stone, PhD, CGP, AGPA-F, talk about religious trauma, which is genuinely relevant in this area, and framing it in a way that isn't only group-oriented, made people who don't lead groups willing to attend.

**AD:** One day we might be able to do something like "working with concomitant countertransference" and have a big crowd. But we're not there yet.

**CO:** Not yet!

**SV:** *You've also developed four-week experiential group trainings that have become a signature offering. How did those come about?*

**ZB:** They came directly from a survey we did with people who had attended our trainings. We asked what they wanted next—four-week, eight-week, or twelve-week training group options—and the four-week was the runaway favorite. So, we responded to that. Each group runs for 90 minutes: 75 minutes of process, 15 minutes of debrief. The board members are all essentially volunteering their time to lead them.

**CO:** They're also very low cost. It's \$50 for all four sessions. The idea was to create the lowest possible barrier: short commitment, low cost.

**ZB:** In modern analytic terms, we're just following the contact function. The community is telling us what it can say yes to, and we're meeting them there. We're trying to give people a real taste of what it's like to be in a group and help them start to understand some of what we're tracking as leaders.

**CO:** What I've noticed is that people seem to wish the groups were longer once they're in them. They start to bond and want to keep going. It's hard to know as a leader what you can actually accomplish in four weeks. But the point really is just to get people in the door to have an experience. A demo group at a conference is sometimes the only other way someone gets a sense of what a group is like, and this is something more than that.

**SV:** *This brings up something that comes up a lot with affiliates—the relationship between volun-*

*teering your time for the community and also building your own practice. How do you think about that?*

**AD:** I have a few different thoughts about it. I think one has to do with cultivating a spirit of volunteerism. That's important. But also, speaking plainly, I don't know what the point of a professional organization is if it doesn't involve some kind of benefit for one's business or work in some way. Even though I can have a lot of fun at AGPA Connect and feel really personally fulfilled, I don't pay the money because it's a hobby. I want to get better at my work. I want to be more competent. I want to be more networked. The more people know me, the better I am; the more referrals I get, the busier my practice is, and the better I do financially; and if I'm doing better financially, that helps me have more time and energy to do more work and have more availability to volunteer. Otherwise, I'm just grinding away at something, or just giving something away, and neither of those feels great.

**ZB:** The original idea of us getting together and building more community has been great. I also want to grow my practice and create opportunities to train folks who want to learn more about group here. I'm stoked about the idea of our community being one where group is just considered more of a norm, and not a novelty. Being able to be a part of that and help cultivate it is exciting. And I think the community benefits when people who know stuff offer it up. So, I'm down for volunteering my time and energy to help make it part of the community, and if people want to come work with me as a byproduct of some of that, I'm down for that too.

**CO:** I also think that being on the board and offering what we've offered so far has really helped me make the transition into thinking of myself as a trainer, because I hadn't done any of that before. We're offering these four-week groups, plus Avi and I started a process group for therapists, and we've developed a course we're going to offer. It turns out, we really are the people in town who have the most expertise. It's sort of like when you look around, and you're like, "Who's going to teach us?" And you realize, "Oh, it's us, actually."

**AD:** I actually think of Rochester as a model for this. If anything, we're maybe one generation behind. I think about that whole generation of group therapists in Rochester who then trained me, you (Stephanie), and so many others—and now we're in leadership roles, running groups, doing trainings at AGPA. We're seeding the next generation. It's like planting a tree.

**CO:** Yeah, and it would be kind of stifling if we weren't giving ourselves permission to develop these other offerings through our practices, if it all had to be just on a volunteer basis under the auspices of the affiliate. There wouldn't be enough gas in the tank to generate all the things that the community really needs, and that we need to sustain ourselves too.

**SV:** *What would you say to affiliates that are newer, or even just trying to get started?*

**ZB:** Start small, as opposed to going big. Find a small cohort of people who are genuinely excited about group, ideally including someone who is already a known and trusted figure in the local community, and start there. Try to bring a really good leader to town a couple times a year and let it grow from that. One person championing a cause alone is how things fizzle out.

**AD:** I'd say lean on the Affiliate Society Assembly (ASA). If you're new or getting started, there's a lot of real wisdom and experience there.

**CO:** And be honest about your struggles and mistakes in those conversations with other affiliates. I found at the ASA that the people who were most vulnerable, almost confessing, "Here's what we did; now we're in trouble. What do we do?" were the ones who got the most useful help.

Continued on page 8

# Start the Group You'd Like to Join

Justin Hecht, PhD, CGP, CJA, AGPA-F

One of the most difficult problems faced by the aspiring group therapist is the question of creating a group. It's not uncommon to be faced with so many questions that one becomes paralyzed with inaction.

There are so many variables in composing a group: psycho-ed versus process, single gender or mixed, open to all or special population, single focus or general, smaller size (3-4) or larger (8-12), daytime or evening, and on and on, the list is very long.

I'd like to try to help with a simple suggestion to help you get at least part of the way there: start the group you'd like to join. "Wait, wait," you might say. "Am I not supposed to start a group in the interest of serving other people? Am I not supposed to put my own needs second and the needs of the client, the world, and of any suffering or disadvantaged groups of people first?"

Well, a focus on service to others is not just a valuable guide, but also an ethical obligation in most of the professions qualified to lead a therapy group. But if you're starting with a vague conviction about leading a group, asking yourself, "What type of group would I like to join?" is a valuable orienting exercise.

The reasons are many. The first has to do with learning. In learning about group psychotherapy, it really is the unconscious that learns. We learn about group by being in a group. If you are in a group, either as a psychotherapy client or as a member of a group of colleagues in a training group, you will be learning, at both a conscious and unconscious level, what it is about group that appeals to you.

A second reason to start the group you'd like to join has to do with your style of leadership, and the fit between the type of leader you are and the kinds of clients you'd like to work with. So, consider your own style of leadership. Whatever preconceived notions of leadership you have, the experience of leading a group with members will reveal what works best for you. Members in a group are constantly watching the leader, learning about different styles and interventions. This process is mostly unconscious. As a member of a group, you know which leadership styles and interventions work for you. You will begin to unconsciously reproduce either those exact technical interventions or your own interventions informed by the attitude and theoretical biases of the leaders whose work has touched you. If you are creating your group based on an affinity of leadership style, you will feel more confident and natural because you will be yourself.

Please note that I am not discouraging you from reading books and articles about group psychotherapy. There are many excellent books and articles about group psychotherapy; by all means, please read them. But you will learn most about the art of being a group psychotherapist by being in a group. Just as you can only learn so much about how to windsurf, dance, or play the trombone from a book, you will only learn how to lead a group by leading a group.

So, the more you can align the orientation of the group with your learning and perspective, the more successful the group is likely to be. If you were led in a group by a very warm, emotionally available leader, and you liked that style, there's a good chance that you'll want to lead a group like that yourself. If you were led by a cool and reserved analyst who made rare interventions, and you liked that style, then you'll probably end up leading in a similar manner. If you liked being in a psycho-educational group that mixed

helpful information with highly-structured support, that would be a great choice for the group you want to start.

Trying to make your preferences for group leadership style a conscious and considered choice will help you to be able to describe your group to prospective clients and will give you confidence in your own authority as you lead a group. As you consider your preferences for group style and structure, it helps to ask yourself why you prefer a particular style and how this will shape the kinds of clients you prefer to work with. For instance, more psychologically-minded clients with a thinking orientation will be intrigued by a more intellectual and analytic approach. Clients who are newer to therapy will appreciate more structure. Clients struggling with attachment and dependency concerns are likely to benefit from an open and available leadership style. Considering the match between clients and styles will give you a direction as you create your group. The more you are doing work that you intrinsically enjoy and believe in, the more confident and motivated you will be as you lead your group.

If you think about a group that you'd like to join, you might want to be in a group that is filled with people with whom you have at least one trait in common. For instance, as a gay man, I felt isolated during much of my youth, and always wished for a group of friends with whom I could share ideas and experiences. When I thought about which groups I wanted to start, a gay men's group was high on my list. This was the type of group I wanted to join, and because I knew that I'd have at least one very important thing in common with my members, I felt an affinity with them. Other therapists will start other types of groups, based on their own experiences, affinities, and personal characteristics. A colleague of mine is a conservative Jew, and offers groups to members of his community, where there's a kind of shorthand about the challenges faced in common. Another colleague struggled with eating disorders in her twenties, and offers women-only groups focused on eating disorders. Each of these colleagues has a group that has its own structure, goals, memberships, and leadership styles.

I do have a note of caution about starting the group you'd like to join based on an affinity for a group of people "like me." Feeling an affinity can help with an identification with your clients, which can be an appropriate counter-transferential connection that can aid the therapeutic process. It's important to be aware that you do not use an affinity to assume a knowledge of your clients, who are, after all, individuals. Your affinity may be a valuable way to generate hypotheses about the people with whom you're working, but you always want to be cautious not to make assumptions.

If you start the group you'd like to join, you'll have an automatic level of empathy with the members of your group. You will be concerned with their welfare, devoted to helping them with their emotional concerns and struggles, and less likely to become bored and frustrated with a group that you are leading. There's an obvious danger here, which is that if you work with a population with whom you have a lot in common, you might too easily project imagined similarities onto your clients. This danger is present in all groups, and good training analysis and supervision, as well as working with a co-therapist, can help reduce these concerns. The first step, as always, is awareness. Awareness of the problems of over-identification with your clients will help you to keep this potential problem in check.

Another reason to start the group you'd like to join is endurance. Being a group therapist is extremely rewarding work, but it's also very demanding. A well-functioning group creates a wonderful sense of belonging and cohesion, and the therapist's appropriate pride in the group's functioning and desire to belong to the group are driven by the affinity that a therapist feels for the group's members. Being honest with yourself that "Hey, I'm running such a good group. I wish I could be part of it" is tremendously motivating and sustaining.

The therapy group begins in the heart, mind, and soul of the therapist. It begins with benevolence, creativity, and a certain degree of passion. If it's done out of motives of profit and expediency, your enduring engagement is likely to be missing, and as a result, you won't put the necessary time and effort into refining your own skills, knowledge, and experience. But if you honestly work with yourself to learn and grow, you will have a healthy identification with the group and with its success. That identification with success and intrinsic enjoyment of the process will create a virtuous cycle, in which your sincere engagement drives therapeutic success. This then builds member commitment and loyalty, which fuels your own excitement and curiosity. In turn, this drives learning and improves your technical skills, resulting in more therapeutic success, and the whole process continues in a virtuous cycle.

This is, of course, an ideal and hoped-for outcome, and there's no guarantee. As Barbara Stevens Sullivan writes in *Psychotherapy Grounded in the Feminine Principle*, there is a lot of failure in the work of therapy. It's important to accept upfront that no matter how hard you work, you will never be perfect, and neither will your group. When I teach aspiring group therapists, I sincerely wish that they will have one of their groups fail in a humiliating and painful way. They look at me askance until I explain that this is the best way to reduce the fear that comes from taking a risk and exposing themselves to professional embarrassment. Yes, having to close a failing group for any one of a number of reasons (declining participation, premature termination, intractable transference issues, members' dropouts, disappointments with the leader, aggressive confrontations between group members, and so on) can be a humiliating, frustrating, and painful experience. But it's also a liberating one. Once you've endured and survived such a humbling and public failure, you will never again be as frightened of it. This will allow you to have the freedom to experiment, to be yourself, and ultimately to be playful in your work as a group therapist.

As you set out on your adventure of creating psychotherapy groups that you'd like to lead, I hope that you let yourself be led by your ideals, your intuition, and your affinity. If you start a group that you think you'd like to join, you will approach your work with enthusiasm, creativity, and conviction. This will help you endure the inevitable frustrations and disappointments as you and your group figure out together where you will be going on your wonderful shared journey of healing and growth. 🙏

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Justin Hecht

"If you think about a group that you'd like to join, you might want to be in a group that is filled with people with whom you have at least one trait in common."





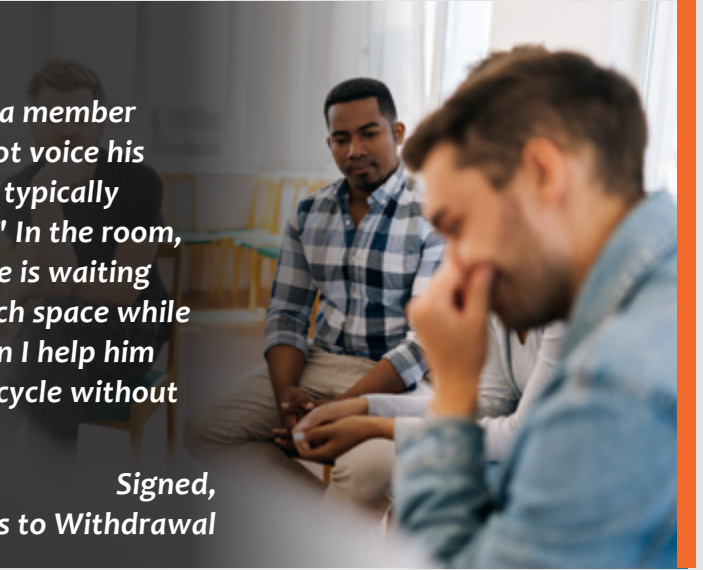
# consultation, please!

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 facilitate a process group for men that has been meeting for three years and struggle with a member who remains caught in a repetitive cycle. When feeling excluded during a session, he does not voice his discomfort but withdraws and occasionally retreats to his phone. By the following week, he typically announces that he is considering leaving the group because he "isn't getting much out of it." In the room, he finds it impossible to express that he is struggling to find a way in. There is a sense that he is waiting for others to pull him into the circle. He often perceives other members as taking up too much space while he remains on the periphery. From an attachment and process-oriented perspective, how can I help him move from a passive stance to an active engagement? I am looking for ways to address this cycle without reinforcing his sense of being othered or making him feel criticized by the group.

Signed,  
A Witness to Withdrawal



Dear Witness,

From an attachment lens, I imagine this man has learned that his presence is not inherently worthy of attention, and that he must either perform well enough or disappear. In his internal world, words and visible contributions count, while quietness and withdrawal go unseen. When he sits on the periphery or turns to his phone, he may actually be confirming an old expectation that others do not notice him, care about him, or move toward him unless he does something special. The conclusion that "I'm not getting much out of it" can then feel more like a familiar self-judgment than a neutral observation about the group.

Many children in misattuned or inconsistent early environments come to believe that exclusion or neglect is somehow deserved because they are not good, interesting, or lovable enough. Sometimes this is taught explicitly ("Stop being so needy" or getting attention for an achievement), and other times it is transmitted implicitly through chronic misattunement or a lack of curiosity about their inner world. Over time, this becomes a working model in which others are experienced as better than him, as unreliable or uninterested, and the self is experienced as not worth the effort. In a group setting, this can show up exactly as you describe: waiting to be invited in, monitoring who takes up space, and then leaving in mind or body when that invitation does not come.

From this attachment perspective, the central therapeutic task is to offer a different kind of experience, in the here and now of the group, rather than to push him more quickly into behavioral change. The aim is for him to discover that his presence alone is worth attention, and that he can be held in mind even when he is not actively speaking. This shifts the question from, "How do I get him to be more active?" to, "How can the group and I become better attuned to his needs and provide a reliably responsive context in which he can risk showing up differently?"

In practice, this places an important early burden on you, as the group leader, who serves as an attachment figure in the group-as-family. You might say, for example, "I'm holding you in mind even when I'm listening to X. I often find myself wondering what this is like for you and whether parts of this feel familiar." Naming that you think of him when he is quiet counters his expectation that withdrawal erases him from others' awareness. You could also share your own internal pull, "I notice that as you pull back, I start to hesitate—part of me doesn't want to intrude, and another part is worried I might be repeating something familiar by not reaching for you."

I would also invite the group into a shared reflection that normalizes his experience rather than isolates it. Questions like, "Who else here has had moments of feeling on the edge of the circle?" or "What do we do, as a group, that makes it easier or harder for people to come in?" help redistribute responsibility. The focus shifts to the group's culture of inclusion, not just his difficulty joining. This can lessen his sense of otherness and make room for other members to recognize their own versions of this pattern, increasing cohesion and universality.

At first glance, this approach may seem at odds with more behaviorally framed interventions, which might worry that such attention reinforces withdrawal. From an attachment perspective, however, we are primarily concerned with how people learn to regulate their affect, trust others, and develop a sense of acceptance and worthiness. Before he can internalize a new belief that "I matter here and have impact," he needs repeated experiences of being noticed, welcomed, and held in mind even when he is on the periphery. Once that foundation of safety is more established, invitations to take more active risks—naming in the moment that he feels outside, asking for space, or interrupting—are more likely to feel possible rather than overwhelming.

Miri Arie, PhD, CGP  
Bellevue, Washington, United States



Dear Witness,

Let's call this client Joe. What is preventing Joe from expressing his feelings in words rather than expressing these feelings non-verbally through withdrawing and looking at his phone?

What is Joe reenacting from his family of origin? Is he going to do a preemptive strike and leave the group before they kick him out or force him to leave by excluding him? Is he waiting to be invited in, and the invitation is not forthcoming? An appropriate intervention for the leader might be a group as a whole type of intervention. You might ask the group, "Why are you all shutting Joe out of this group?" possibly drawing the aggression of the group towards you to get them to see how they are colluding to keep Joe out.

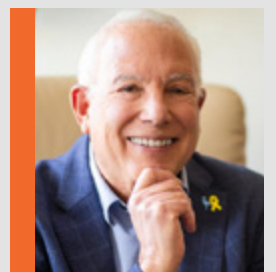
I am also thinking about mattering, which is the importance of feeling that you matter to others. Joe may be feeling that he doesn't matter to others. You could ask an ego-oriented question to Joe, "Joe, what are you feeling when you take out your phone while others are talking to one another?" This would be a way of not waiting for direct contact from Joe but bridging (Black, 2025), which involves creating a bridge between Joe and the group. I would imagine that there is a lot of anger in Joe underneath his passive-aggressive action of taking out his phone. If there is another member in the group who is more readily in touch with their anger, you might ask that member what they imagine Joe is feeling when he is taking out his phone. This is another form of bridging, which creates a bridge between that member and Joe. Hopefully, when that member states that Joe is probably furious at Sally for taking up so much time and not allowing others to speak, you could then turn to Joe and ask him if that is correct. Possibly, Joe would begin to talk about his feelings of anger, frustration, giving up, and so on. It also could possibly connect Joe with reenactments that he is displaying from his family of origin, where he may not have been allowed to express his anger, frustration, or other types of negative emotions. This could help Joe get in touch with his early attachment wounds.

If that pattern of Joe's disengagement from the group continues, another intervention could be to work again with the group as a whole technique. You could ask Joe, "How can we as a group help you to put your feelings into words when you have the impulse to begin to look at your phone?" You could also ask the group, "Why are you all complicit in allowing Joe to not engage in this group and not take his fair share of the talking time of the group?" The danger is that some may begin to scapegoat Joe. You could then further intervene and say, "How the hell can Joe get in?" You would be joining him in his anger by saying, "This group is not giving him a chance; you're shutting him out and excluding him." This could generate a lot of anger towards you, and maybe Joe would experience some projective identification with the anger and then begin to express himself.

Or, you could ask Joe, "What am I doing to inhibit you from putting your feelings and thoughts into words?" Maybe this could enable Joe to direct some of his aggression towards you instead of withdrawing. That might help in getting Joe to talk.

I think the main goal is to get Joe to talk and not to internalize and push down or avoid all of his negative feelings. It may not be the right time for Joe to talk, but it seems to be worth a try. If Joe is not ready to talk, letting him know that he matters to you will be a very important message to him. This would help in building a positive transference to you, which in turn would build Joe's confidence so that he could begin to dip into the pool of difficult feelings and eventually resolve his resistance to full engagement with others.

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# groupcircle

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See *Group Assets* insert

## GROUP THERAPY IN THE MEDIA

Continued from page 1

was starting, maybe we would have had more success earlier in the process. So, I really hope that the public that views the show, particularly youth in my case, are able to see what therapy's like and digest that so that they can move that goalpost sooner and ask for the services that they need without fear that it's going to be too much or too scary.

**EZ:** In preparation for the film's premiere, I called the wardrobe stylist, a young woman who was very helpful in the process of getting us shaped up for every scene. When I called her, she said, "I'm very happy to hear from you, but I can't talk to you today." I said, "How come?" She said, "I'm in social work graduate school." I said, "Really?" She said, "Yeah, you know that the film had an impact on me." The crew is the first audience. She went on to say that watching the proceedings from her perspective and then chatting between takes with me, addressing some things that happened, gave her the idea that there are skills and abilities she has that could be put to very good use. I'm hoping that is the impact of the film on anyone viewing it. That it will lead them to a better understanding of what we do.

**RB:** When I work with the audience, at different film festivals, I do the empty chair exercise. I ask them to close their eyes and imagine sitting in the chair as a child in the future. I let the

audience members decide how far in the future it will be—10 years, 20 years, 30 years. I let them decide their relationship to this child. And then they type in their response to a QR code. Nathan, the director, has been accumulating responses from all the film festivals. In Lunenburg, Nova Scotia, the technology wasn't working. So, I had them read their responses out loud, and I formed a group with the audience. It was extraordinary. The power of the process was forward-thinking in terms of our planet, our children, our grandchildren. The effect that this exercise had on them and how safe and powerful the immediacy was for everybody was extraordinary. I hope everyone has a similar reaction to the film.

*Climate in Therapy* is currently being screened around the world. Local screenings of the film can be booked on the website, [www.climateintherapy.com](http://www.climateintherapy.com).

*Braver* is currently streaming on BYUtv. It can be viewed by visiting the BYUtv website, [www.byutv.org/shows](http://www.byutv.org/shows).

*Group: The Schopenhauer Effect* premiered in New York City in March. Additional screenings can be viewed at the website, [www.groupthefilm.com](http://www.groupthefilm.com). 🍷

## MENTAL HEALTH SKILLS FOR MANAGING ANXIETY DURING THE CORONAVIRUS OUTBREAK

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with Italian cultural and psychosomatic perspectives. The adaptation integrated empathic listening, affective neuroscience, and subjectivity research within a continuum model of health and vulnerability.

The intervention offered free support to healthcare workers and citizens during Italy's first lockdown. Reported outcomes included:

- Significant results in facing an anxious-depressive state
- Improved processing of anger and hostility with greater awareness
- Increased emotional and relational skills that helped deal with loss
- Enhanced adaptive capacity and future-oriented thinking

These results were published in *Psychology*, Vol. 13, No. 7, in July 2022.

### Returning to a New Normal with Gratitude

As a result of the COVID-19 trainings, my professional focus increasingly shifted toward addressing complicated loss and collective trauma. I remain deeply grateful for the opportunity to contribute during a historic global crisis. I would like to extend sincere appreciation to the entire CIP staff. Their coordinated teamwork, technical innovation, and dedication provided a vital service that continues to impact individuals and communities today inside China. Finally, I would like to thank Richard Beck, LCSW, BCD, CGP, AGPA-F, for asking me to present at the IAGP Congress in the Spring of 2020 and Domenico Agresta for the idea of further study of this project. 🍷

## AGPA MEMBER SPOTLIGHT FEATURING AGPA MEMBER ROBIN DEAN, PSYD, MSED (SHE/HER)

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with the guidance of therapists, in a group that feels safe enough, or a fantasy land where the consequences are minimal, group participants can try out new ways of relating, then ultimately generalize these to their real life.

During our intake process, we use a social skills inventory that looks at difficulties in various interpersonal areas. Cooperation, responsibility, and engagement are some of the subscales. So, these are potentially the kinds of skills that they could be working on in order to have better interpersonal relationships. The suggestion that we always give is that they should pick a *D&D* character or design a character that speaks to some of the things that they want to work on.

The idea for the group was sparked by Vinny Dehili, PhD, CGP, ABPP, AGPA-F. Vinny did a workshop at AGPA Connect, and I liked the idea that doing a group could be fun. I feel like in most situations it's serious business. Typically, groups focus on processing emotions or learning

new techniques. All the kids have reported that they enjoyed it and their parents said they saw some improvement. I like the idea of a continual story where each kid has their own set of goals, things that they're working on. It's also an opportunity to deal with any big conflicts or issues that occur in the group.

**TS:** *What's your group therapy "elevator speech"?*

**RD:** It varies based on who I'm talking to. But the essence is that group is powerful.

**TS:** *What's the best meal you've ever eaten at an AGPA Conference?*

**RD:** I'd say that my favorite meal was the lamb and rice plate from the food truck just outside the Sheraton Times Square hotel in New York City. I'm from the Bronx, so whenever Connect is in New York, it's basically like coming home for me. I find street foods nostalgic. Plus, it was delicious, filling, and inexpensive. That's a rare combo in Manhattan. 🍷

## BUILDING SOMETHING TOGETHER: A CONVERSATION WITH NASHVILLE GROUP PSYCHOTHERAPY SOCIETY

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**ZB:** I'd also say, and this was true for us, that if you can find someone who has come from a functioning affiliate, that is enormously valuable. We happened to have Avi, who came from Rochester.

**CO:** And we also have Jackie Darby, PsyD, CGP, on our board now, who came from another affiliate and brings a whole other reservoir of experience. Some of that was luck, but we also recruited Jackie pretty hard when she moved to town.

**SV:** *Finally, where is NGPS headed? What are you working toward in the near term?*

**CO:** We're talking about going from one big event per year to two. We're also exploring smaller, more accessible offerings, like telehealth workshops and half-day events. Things that don't require the production effort of a full in-person day. And one of my priorities this year is moving us toward a paid membership structure. Right now, we have a mailing list of about 150 people, but I want people to actually feel like members of NGPS.

**ZB:** Is now a good time to say that we'd love for AGPA Connect to come to Nashville in 2028? Is this an okay time to make a plug? 🍷