A n outpouring of support followed a posting on the AGPA e-community this summer when Lorraine Wodiska, PhD, FAIBP, CGP, FAGPA, shared that a member of a group she facilitated had killed himself prior to the start of the group (Wodiska, 2021). She invited fellow group practitioners to help share the burden of the loss, grief, and trauma, and contribute their experiences. I was struck by her courage and open-hearted generosity. Dr. Wodiska’s warmth while suffering with her group, her skill, and the proactive and creative response that she facilitated in the immediate aftermath impressed me. With her help, the group held a memorial for the deceased member in the meeting following the announcement. This struck me as a deeply caring and appropriate response, especially since it emerged in the dialogues of the group when they learned about the passing of one of its members. It reminded me of the definition of leadership put forth by Joseph Nye: “Leaders help create and achieve group goals.” (Nye, 2008, p. 147)

As I was reflecting on Dr. Wodiska’s posting, I was grateful that she created an opportunity to learn from her the experience of a group member suicide. I remembered the impact that a suicide had on one of my longterm groups, more than 15 years ago. Siobhan O’Neill, MD, CGP, who experienced a suicide in one of her groups around the same time, and I wrote about our respective experiences (O’Neill & Kueppenbender, 2012). The collegial support we received from the communities of group psychotherapists and psychologists in the Boston area was invaluable. The late Anne Alonso, PhD, DLFAICP, in our weekly supervision group that she facilitated, Joseph Shay, PhD, CGP, LFACIP, and Jerry Gans, MD, DLFAICP, helped me bear the distress. They encouraged us to follow our instincts and be more transparent than usual as psychodynamic group facilitators and share some of our subjective responses to the suicide with the members of our group. Dr. Gans put us in touch with the late Howard Kibel, MD, DLFAICP, who published an article about group participant suicide in 1973. There was minimal literature on how group therapists could clinically intervene after the suicide of one of their group members (O’Neill & Kueppenbender, 2012). We, therefore, benefited from the literature on therapist trauma after 9/11/2001, especially the writings of Sutkin (2002, 2005) and Beck and Buchele (2005). We sought consultation with the late Terry Maltsberger, MD, an expert in suicide risk assessment and regular contributor to the group circle newsletter (Maltsberger & Boute, 1974). We sought consultation with the late Terry Maltsberger, MD, an expert in suicide risk assessment and regular contributor to the group circle newsletter (Maltsberger & Boute, 1974).

Preparation of contributions at professional meetings promoted the reconstruction of our trauma story and delivering them strengthened the relationships to our colleagues. Around the same time, Dr. Maltsberger referred a patient to my group who he had seen in consultation. The patient was only a couple of months post a serious, grave suicide attempt from which he had been rescued by an unlikely coincidence. He carried a scar and a great burden of shame. I was hesitant and outright scared to accept the highrisk patient into the group so soon after his suicide attempt, even though two years had passed since my patient’s suicide. Ultimately, I trusted Dr. Maltsberger’s judgment and my gut that this was an opportunity for the patient, for the group, and for me, to face our fears and test how our shared working through the trauma of the suicide might have opened us up and perhaps helped us grow. Indeed, the
In his last From the President column, Mlynz Leszcz, MD, FRCP(C), CGP, DFAGPA, outgoing AGPA President, shares updates regarding AGPA, AGPA Connect, strategic planning, and DEI initiatives. AGPA is indebted to you, Mlynz, for your outstanding and tireless leadership as President of AGPA for the past two years and steering our organization’s dealings with the COVID-19 and racism pandemics. Azita Belcher Platt, PhD, in Widening the Circle: Racial & Social Justice, illuminates the harm of AGPA’s systemic racism and inequity and questions if and how we (AGPA leadership) will engage in a successful apology and restoration process in this column New Year, New Us! The Consultation, Please column features a clinical dilemma and responses from AGPA’s Psychiatry Special Interest Group members Chap Anwari, MD, MPH, and Jerry Gans, MD, DFAGPA.

We also proudly showcase and congratulate our new AGPA Fellows: Angela Caliberti, PsyD, LPA, LAC, CGP, FAGPA; Thomas Treadwell, EdD, TEP, CGP, FAGPA; and Fran Weiss, LCSW-R, BCD, DCW, CGP, FAGPA.

I welcome your comments and feedback about this column or anything about the Group Circle. I look forward to your continued support as we publish an article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

FROM THE PRESIDENT

Continued from page 1
You've mentioned your personal odyssey and the lessons you've learned from your own training groups. Can you share some of those experiences and lessons with us?

LM: My first job after graduating from nursing school at the University of Colorado was on an inpatient psychiatric unit, working with people in crisis and with chronic mental disorders. One of my assignments on this unit was to facilitate groups. I was immediately drawn to the power of the group milieu but didn’t have a clue how to harness the power of the Institutes is through the group connections you do not have to do it alone!”

LM: In my presentation, I will start by speaking about my personal journey to do our own personal work and training. As a group leader after being a member in your Institute group. The first day of my first Institute, I couldn’t wait to get back to my subgroup or community. In my early 30s at the time, I was entering into this extroverted organization. I didn’t have a strong introverted part, and I knew—and had to remind myself—was that I had to hang in there and accept that feelings and unresolved issues could get stirred up. As I tell my group members, the goal of group is not to feel comfortable but to feel the full range of your experience. So, I became curious about my uncomfortable feelings, knowing this is the edge where the learning begins. Even though I had an impulsive to run, I never missed an Institute meeting, and I have been active in her local Affiliate Society, the Atlanta GPS, serving as President, Treasurer, and Board member.

JS: You've mentioned your personal odyssey and the lessons you've learned from your own training groups. Can you share some of those experiences and lessons with us?

LM: Everyone comes to the Institutes with their own unique history, experiences in their families, their social/community institutions, and with their own internal representations of themselves and the world. In the Institutes, we try to understand this both in ourselves and the other members, as we simultaneously learn about group work.

JS: Can you share some of your background that led you to the group therapy world in the first place?

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The Importance of Cultural Context
In Healing Historical Trauma and Unresolved Grief
Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect Committee

Maria Yellow Horse Brave Heart, PhD, (Hunkpapa/ Oglala Lakota) is an Associate Professor in the Department of Psychology and the Director of Native American and Disparities Research at the University of New Mexico in the Center for Rural and Community Behavioral Health. She is also a principal investigator for a research project through the NM CARES Health Disparities Center. Dr. Brave Heart developed historical trauma and unresolved grief theory and interventions among American Indians, and in 1992, she founded the Takini Network, a nonprofit organization based in Rapid City, South Dakota, devoted to community healing from massive group trauma. Dr. Brave Heart’s Historical Trauma and Unresolved Grief Intervention (HTUO) was selected as a Tribal Best Practice by First Nations Behavioral Health Association and the Pacific Substance Abuse and Mental Health Collaborating Council and was recognized as an exemplary model by the Substance Abuse and Mental Health Services Administration (SAMHSA). She was also a recipient of SAMHSA’s Minority Doctoral Fellowship for leadership in mental health. She is a member of the International Society for Traumatic Stress Studies (ISTSS) and has been Chair and Co-Chair of the ISTSS Special Interest Group on Intergenerational Trauma and Resilience for several years.

Josephine Chase, PhD, MSW, (Mandan/Hidatsa – Yanktonai/Hunkpapa) is a Consultant/Director of Home Based Services and a Clinical Supervisor at Oyate Tundala, and the former Deputy Behavioral Health Director of the Sioux San Indian Health Service, Rapid City, South Dakota. She has served as Social Work Faculty with Oglala Lakota College and previously was the Associate Director of the Turner Network Institute, a Native collective devoted to community healing from intergenerational massive group trauma. Since 1992, Dr. Chase has collaborated in the development of HTUO. Dr. Chase was Principal Investigator at the Tribal site in South Dakota for a NIMH-funded study (Iwankapiya Healing: Historical Trauma Practice and Group IPT for American Indians). She also is Co-Principal Investigation of the Oglala Lakota Nation’s Native American Behavioral Health Research Project, funded by the Native American Research Centers for Health, under an initiative to create behavioral health research and curricula at Tribal colleges and universities. She has extensive history providing direct practice and supervision in child welfare and mental health therapy with individuals, families, and groups. She is trained and certified in providing Equine Assisted Psychotherapy and consults clinicians in behavioral health related topics, especially regarding historical trauma.

We are fortunate to have Drs. Brave Heart and Chase as our Mitchell Hochberg Memorial Public Education Event speakers this year. They will present Iwankapiya Healing: Historical Trauma and Unresolved Grief Intervention and Group Interpersonal Psychotherapy for American Indians. Together they have expanded our understanding of the impact of cultural context in healing trauma and the importance of addressing intergenerational trauma.

Dr. Brave Heart developed historical trauma and unresolved grief theory and interventions among American Indians, and in 1992, she founded the Takini Network. “Takini” is a Lakota word meaning “survivor or one who has been brought back to life.” The Takini Network is a collective of Lakota (Teton Sioux) and other Native natural, grassroots helpers and human service professionals. The mission of the network is to improve the quality of life for Native people by helping them transcend and heal from historical trauma.

Historical trauma is defined by Dr. Brave Heart and the Takini Institute as the “collective emotional and psychological injury both over their lifespan and across generations, resulting from a catastrophic history of genocide.” Dr. Brave Heart states that the effects of historical trauma include: unmet emotional trauma; depression; high mortality rates; high rates of alcohol abuse; significant problems of child abuse; and domestic violence. She was drawn to this area of study while pursuing her doctorate in social work at Smith College whose origins were steeped in trauma treatment, especially focusing on war neurosis in World War I, the precursor to PTSD.

Dr. Brave Heart states that the origins of historical trauma for Native Americans are in genocide, compounded by boarding schools and transferred across generations through the trauma of intergenerational transmission of cultural traditions. This response is a constellation of features “that accompanies the trauma,” states Dr. Brave Heart. The historical trauma response is a constellation of features in reaction to massive group trauma. This response is observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, and Japanese American internment camp survivors and descendants (Brave Heart, 1998, 1999).

As group therapists, we recognize the power of the relational interpersonal narrative fostered by a group setting. We are very fortunate to have two pioneers in adapting such groups to the cultural needs of Native Americans who are carrying the trauma of generations of their ancestors. We are excited to learn more from them about their pioneering work in this area, as well as deepen our understanding of the importance of the inclusion of cultural aspects in our healing work.

References

Forging Deeper Understanding of the “Within” and the “Between”
Katie Steele, PhD, CGP, FAGPA, Co-Chair, AGPA Connect Committee

EDITOR’S NOTE: Daniel Siegel, MD, DFAAP, is a Clinical Professor of Psychiatry at the UCLA School of Medicine and the Founding Co-Director of the Mindful Awareness Research Center at UCLA. He is a Distinguished Fellow of the American Psychiatric Association and recipient of several honorary fellowships. Dr. Siegel is also the Executive Director of the Mindsight Institute, a non-profit organization that offers online educational programs. Dr. Siegel has dedicated his life to the development of mindsight in individuals, families, and communities can be enhanced by examining the interface of human relationships and basic biological processes. His psychotherapy practice includes children, adolescents, adults, couples, and families. He serves as the Medical Director of the LifeSpan Learning Institute and on the Advisory Board of the Blue School in New York City, which has built its curriculum around Dr. Siegel’s Mindsight approach. The author of seven books, including The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are, he also serves as the Editor-in-Chief for the Norton Professional Series on interpersonal Neurobiology. Dr. Siegel will deliver AGPA Connect 2022’s Conference Opening Plenary on IntraConnected; Integrating Identity and Broadening Belonging as MWEB (M= We = MWEB).

As group psychotherapists, we are keenly aware of the profound impact of relationships on mental, emotional, and physical health. We see the almost miraculous transformations in people’s lives as they heal the deficits left by impoverished relationships. While we see the effects, we often struggle to explain how this transformation takes place.

Daniel Siegel, MD, DFAAP, AGPA Connect 2022’s Opening Plenary talk will use refinements in understanding of the powerful connections in group therapy transform lives. Dr. Siegel’s professional journey has diverged from the typical medical student’s path. His interest in feelings and relationships with patients was discouraged at Harvard Medical School, which led him to drop out for a time. After returning, he explored pediatrics and he realized that he was interested in child psychiatry. He eventually landed in child and adolescent psychiatry, where he practiced and studied attachment with some renowned psychologists.

Unlike so many experts in neuroscience, Dr. Siegel was fascinated with the mind, recognizing the power it has—even to change the brain. “The term mindsight, which is the ability to see within oneself. The way we develop mindsight is initially through our relationships with our parents. Ideally, parents reflect to us what we see going on in our inner world, not just noticing our behaviors but, also our feelings—we might be thinking, remembering, and perceiving. All of these are the ways we get signals back from our caregivers that help us see our internal world with clarity. Dr. Siegel has written six parent books to share these ideas, including three New York Times bestsellers: Brainstorm: The Power and Purpose of the Teenage Brain, The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child’s Developing Mind and No Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child’s Developing Mind (both with Tina Payne Bryson, PhD), The Power of Snow: Bringing Up How Parental Presence Shapes Who Our Kids Become and How Their Brains Get Wired; The Yes Brain: How to Cultivate Cogwheels, Curiosity, and Resilience in Your Child (also with Bryson); and Parenting from the Inside Out: How a Deeper Understanding Can Help You Raise Children Who Thrive (with Mary Hartzell, MEd).

According to Dr. Siegel, with mindsight, you can alter the course of your life because you become awakened to the power of attention to integrate the areas that weren’t integrated. When we navigate the internal world, we can help the brain move from states of dysfunction, where it’s rigid or chaotic, to states of harmony that emerge from something called neural integration. The concept interpersonal neurobiology—sense (between) and personal (within)—has been an integrative thread through the decades of Dr. Siegel’s developing thoughts and writing. Health is a state of integration, and the mind creates the integration of the within (Me) and between (We). Dr. Siegel personifies that within (with) through the course of your life because you become awakened to the power of attention to integrate the areas that weren’t integrated.

We are fortunate to have Drs. Brave Heart and Chase as our Mitchell Hochberg Memorial Public Education Event speakers this year. They will present Iwankapiya Healing: Historical Trauma and Unresolved Grief Intervention and Group Interpersonal Psychotherapy for American Indians. Together they have expanded our understanding of the impact of cultural context in healing trauma and the importance of addressing intergenerational trauma.

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References
F or Western culture, which adheres to the Gregorian calendar, the first trimester of the year is fixated on reflections of the past year and resolutions for the year ahead. The past several years have been peppered with acknowledgments, apologies, and resolutions from professional organizations and corporations regarding racism. At times, these declarations have been accompanied by gestures, such as posting plain black squares to social media profiles as part of #BlackoutTuesday, issuing statements asserting #BlackLivesMatter and #StopAsianHate, media profiles as part of #BlackoutTuesday, issuing statements asserting #BlackLivesMatter and #StopAsianHate, and financial donations, or pledges of financial donations. Notably, several such gestures have come from health care associations. In 2008, the American Medical Association (AMA) issued a formal apology for more than a century of discriminatory policies that excluded Black people and a commitment to reduce racial disparities in medicine (Davis, 2008). In June 2020, the AMA pledged action against racism and police brutality (American Medical Association, 2020) and in November 2020 declared racism a public health threat (O’Reilly, 2020), while simultaneously launching a PR campaign. According to its continued mission to benefit society and improve health, governance, education boards, and health organizations and public health departments across 37 states (American Public Health Association, n.d.).

Mental health associations, including the American Psychiatric Association (APA, 2021), issued an Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry. Most recently, the American Psychological Association (APA, 2021) issued an Apology to People of Color for APAs Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S. Medicine. In part, the apology reads: “The American Psychiatric Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby failing in its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field” (American Psychological Association, 2021, para. 1).

It’s Raffle Time! 

We invite you to participate in AGPA and the Group Foundation’s annual raffle, Group Works for Communities. The raffle supports one of our highly visible areas of public support and resources—the AGPA website. This site reaches the public in their times of need and helps group therapists with distance learning, continuing education programs, and other professional resources. It has been an essential resource during the pandemic.

**Prizes include:****

• Palm Springs, California, Condo for One Week
• Two Round-Trip Domestic Tickets on Delta Airlines
• Irvin Yalom and the Art of Psychotherapy, Online Course (includes 7.5 CE credits)
• You RNG Unlimited Membership in Psychotherapynet (includes access to 500 videos and 20 CE credits)
• “Of the Month Club” Yearlong Membership (Includes one social event per month)
• The Power of the Apology, Robert Gordon, PhD, ARBP, describes three parts of healthy apology, specifically: (1) acknowledgement; (2) remorse and empathy; and (3) resolution (TED, 2014). The above-described acknowledgments, apologies, and/or resolutions were all long overdue and most, if not all, fall far short of what is necessary to address injustices that should never have occurred. These are undoubtedly important steps toward addressing past and present harms against communities of color, both practitioners and patients. However, the process by which they occur and are implemented often replicate the systemic injustice that they are supposed to address. APAs apology and APBAs response feels emblematic of many well-intentioned but ill-executed efforts to address systemic inequity. As APBAs pointed out, none of the ethical and psycho-social associations—American Arab, Middle Eastern, and North African Psychological Association (AMENA-Ps); Asian American Psychological Association (AAPA); Association of Black Psychologists (ABPs); National Latina/o Psychological Association (NLPA); or Society of Indian Psychologists (SIP)—were consulted or engaged in this process. When our apologies fail to center those we have harmed and account for what would apologetic and restorative to them, are we seeking forgiveness or absolution? Moreover, apologies for subjugation and exclusion are inert when they tell, not ask, and exclude, not include, those they are targeting. This is an all-too-common dynamic in anti-oppression work at both the individual and institutional level. Marginalized communities are best positioned to delineate the harm and have a wealth of knowledge to share about equity if only we would listen. For example, APGAs lutwyche dynamics have been problematic for years and have yet to be satisfactorily addressed. Perhaps we could learn something from SIPS’s Listeners Policies & Etiquette if only we would ask: Personally, and professionally, how has APGA replicated the dynamic they, as an organization, are seeking to repair? How will they (AGPA) do it differently in the future? While an acknowledgment is just the beginning of the process of an apology and is in no way sufficient, in this trimester of resolutions, where is APGAs acknowledgment of its role in promoting and perpetuating racism and systemic inequity? As our equity plan will marginalized groups be centered in this process, or will AGPAs repeat the mistakes APAs made? What is our New Year’s resolution as an organization regarding racism and systemic inequity? What is yours as a member? Practitioner? Human being? Happy (western) New Year and may whatever resolutions we make individually, clinically, and collectively not fall by the wayside as resolutions tend to do.

**References**


• SixMonth Spice Basket Subscription Through the Red Rock Spice Company of Baton Rouge, Louisiana
• Monthly Childrens Book Package for One Year

Tickets are $20 each ticket or $100 for six tickets. Buy your tickets today! Drawings will take place during the AGPA Connect 2022 virtual meeting. You do not need to be present to win.
EDITOR’S NOTE: AGPA’s Fellowship Program recognizes professional competence and leadership in the field of group psychotherapy. Angelo Ciliberti, PsyD, LPC, LAC, CGP, FAGPA; Thomas Treadwell, EdD, TEP, CGP, FAGPA, and Fran Weiss, LCSWR, BCD, DCSW, CGP, FAGPA, were recently approved as Fellows by the Board of Directors.

Angelo Ciliberti, PsyD, LPC, LAC, CGP, FAGPA (Boulder, Colorado), a member of AGPA since 2009 and a Certified Group Psychotherapist (CGP) since June 2017, is a licensed clinical psychologist and an addictions counselor in private practice since 2016, where he runs three weekly psychotherapy groups. Dr. Ciliberti’s involvement with group work started concurrently with the beginning of his career. He has been an active member of the Four Corners Group Psychotherapy Society (FCGPS), and has facilitated community groups, mindfulness groups, DBT skills training groups, relapse prevention groups, and process groups for the past decade. He has become a regular presenter at AGPA Connect and his local Affiliate Society. Dr. Ciliberti served on the FCGPS Board as Vice President, and since 2019, he has been involved in marketing and media for the Affiliate. Since 2016, Dr. Ciliberti has been the lead host for the Group Dynamics Dispatch, a dynamic and informative podcast channel, which has reached more than 7,000 listeners and has been downloaded in more than 100 countries.

Thomas Treadwell, EdD, TEP, CGP, FAGPA (Drexel Hill, Pennsylvania), a clinical member of AGPA for decades and a CGP since 2012, currently serves AGPA as an Editorial Committee member for the International Journal of Group Psychotherapy. He is also Consulting Editor of Group, Eastern Group Psychotherapy Society, and Editor of The Group Psychologist, Division 49, American Psychological Association. For 17 years, Dr. Treadwell served as Executive Editor for The Journal of Group Psychotherapy, Psychodrama, and Sociometry and has been on multiple other editorial boards for group-related publications. Dr. Treadwell has presented workshops and open sessions at the annual AGPA Connect on multiple topics, including telehealth groups and Hened psychodrama and cognitive behavioral groups. He has also presented on groups for the Pennsylvania Psychological Association, the Pennsylvania Counseling Association, and the American Society of Group Psychotherapy, Psychodrama, and Sociometry, among others. Dr. Treadwell has written extensively on the use of sociometry, a qualitative method for measuring social relationships. He has contributed to more than 100 textbooks and workbooks and dozens of chapters and articles focusing on diverse aspects of group psychotherapy. In 2021, the second edition of his text Integrating CBT and Group Therapy: Experiential Theory and Techniques A Group Therapy Workbook was published. He is a full professor of psychology at West Chester University in Pennsylvania and is a Clinical Associate in psychiatry at the Center for Cognitive Therapy at the University of Pennsylvania.

Fran Weiss, LCSWR, BCD, DCSW, CGP, FAGPA (New York, New York), a clinical member of AGPA and a CGP since 1994, has served AGPA as a Board Member of the International Board for Certification of Group Psychotherapists since 2012, participating on the Standards and Review Committee since that time and chairing or cochairing that committee for the last seven years. She maintains a private psychotherapy practice in New York City and serves as a lecturer and an Associate Clinical Professor in the Departments of Psychiatry and Environmental Medicine and Public Health at the Icahn School of Medicine at Mount Sinai Hospital. As a group therapist, she has continuously run two weekly psychotherapy groups in her practice for 42 years, as well as many process groups in the hospitals where she has been employed. Ms. Weiss has published six articles in peer-reviewed journals on group psychotherapy for patients with body image disturbance and obesity. She is a frequent faculty member at AGPA Connect, presenting on such topics as eating disangulement, developmental trauma and the somatic self and the dynamics of anorexia, bulimia and compulsive overeating in the group setting. She has also presented at the Eastern Group Psychotherapy Society and the Northeastern Society for Group Psychotherapy. Ms. Weiss has served on the Editorial Boards of the American Journal of Psychotherapy, where she contributed to a special issue on group psychotherapy, and Group, the journal of EGPS.

FROM THE PRESIDENT
Continued from page 2

Election Results: Officers, Board of Directors, and Nominating Committee

The Nominating Committee (Eleanor Counselman, EdD), ABPP, CGP, DFAGPA; Chair; Kathleen Aufr, NP, CGP, FAGPA; Shari Baroni, MSN, CNS, CGP, FAGPA; Chera Finna, PsyD, CGP, FAGPA; and Keith J. Rand, LMFT, CGP, FAGPA is pleased to announce AGPA’s new Officers, Board members, and Nominating Committee.

President-Elect, 2022-2024
Lorraine Wolskia, PhD, ABPP, CGP, FAGPA

Secretary, 2022-2024
M. Sophia Aguirre, PhD, CGP, FAGPA

Treasurer, 2022-2024
Leonard Leiderman, PsyD, ABPP, CGP, FAGPA
Boards of Directors, 2022-2026
Eri Suzuki Bentley, PsyD, CGP
Shemika Brooks, PsyD, CGP
Marvin Evans, MS, MBA, CGP
Mucee Turner, PhD, CGP

Early Career Professionals and Students Board of Directors, 2022-2024
Teresa Lee, MD
Amy Weaver, Ph.D

Affiliate Society Assembly Chair-Elect 2022-2024 (nominated and voted on by the Assembly):
Marc Aouad, LPC, LAC, ACS, CGP, Boulder, CO

Continuing Board members who will serve with those elected above:
Gary Burlingame, PhD, CGP, DFAGPA, President
Molly Leszcz, MD, FRCPC, CGP, DFAGPA, Managing President
Michelle Collins-Greene, PhD, ABPP, CGP, FAGPA, Assembly Chairperson
Darryl Purd, PhD, ABPP, CGP, FAGPA, Foundation Chairperson of the Board
Steven Van Wagoner, PhD, CGP, FAGPA, Certification Chairperson of the Board
Alessia Abrarzethy, MD, CGP, FAGPA
Helen Chong, LCSW, CGP, FAGPA
Shanda McGhee, MD, CGP
Ryan Spencer, LMFT, CGP

Nominating Committee
Molly Leszcz will serve as Chair in his position of Retiring President

Elected Board Member Category, 2022-2024
Helen Hyen Chong, LCSW, CGP, FAGPA
Nubia Lluberes, MD, CCHP-MH, FAPA, CGP

General Membership Category, 2022-2024
Cheri Marmarosh, PhD, FAPA, FAGPA
Lutvia Piper, LCSW, CGP

Thank You To Members Leaving the Board
Martha Gilmore, PhD, CGP, LFAGPA
Hank Fallon, PhD, CGP, FAGPA
Tony Sheppard, PsyD, CGP, FAGPA
Kelsey Balaban, LCSW

Congratulations New Fellows
Shemika Brooks, PsyD, CGP
Eri Suzuki Bentley, PhD, CGP, FAGPA
Finnis, PsyD, CGP, FAGPA; and Keith J. Rand, LMFT, CGP

Shunda McGhee, MD, CGP
Ryan Spencer, LMFT, CGP

And Angela Stephens, CAE. Their counsel, friendship and support have been of immeasurable value. Similarly, I am very grateful to Diane Feiman, CAE, Desiree Ferenczi, MA, Katarina Cooke, MA, CAE, Angie Jaramillo, and Tamara Naegle for the tremendous work and support they provide to AGPA. Finally, I am grateful to AGPA and our members for their support in our important work. As always, I welcome any comments or questions and can be reached at m.leszcz@umontco.edu.
consultation, please!

Dear T-Group Leader:

You are giving voice to some of the frequent binds in which we find ourselves as psychia-
trists running T-groups, this one with a psychodynamic bent. In short, proceed with the treat-
ment and the supervision.

Your first question looks into influence. It is not clear from your question what the
restriction on process group duration at your institution might be. Does the class
continue with a new leader in PGY3, or does the group experience end with the
conclusion of PGY2? Either way, until proven otherwise, these two residents have
reached out for more contact with you because they have had a positive experience with
you and are hungry for more. Your countertransference reaction of not knowing if this
next step is allowed, safe, desirable, or at risk of crossing some imaginary bound-
ary would seem to be an induced feeling from your residents—that they are not allowed to ask
for more and to do so with gusto.

Your second request asks about the motivation to model psychodynamic thinking
and action and what the next steps might be. If we step back for a moment and look
in the number of roles we are invited to play as T-group leaders, we might easily recall
that running a successful process group depends on a variety of factors. These include, but are not limited to: 1) an adminis-
tration and faculty that value and are supportive of process groups in word and deed; 2)
a process group leader who has no contact with administration except for being hired or
in rare situations that involve resident safety; 3) available and competent process group
leadership; 4) an agreement that clearly spells out objectives, especially distinctions
between training and therapy; 5) residents who are at least somewhat conversant with
psychodynamic theory; and 6) the particular mix in a given process group of personal-
alties, their strengths, level of pathology, and psychological-mindedness.

It should be evident from these requirements that running a successful process group
is complicated, challenging, and full of potential pitfalls. Obtaining the trust of the
residents is no small achievement. The process group leader is exposed to turbulent
emotions, conflicts within and among residents, and issues between residents and
administration. The process group leader’s ability to maintain and respect boundaries
and to stay in role is sure to be tested. This point is relevant to questions posed.

Assuming you plan to continue leading one-year PGY2 process groups, what are the
implications of you treating or supervising residents in the PGY years three and four
while running the PGY2 process group?

Here are a few of the untoward results of your becoming a supervisor of or therapist for
residents in the PGY3 or PGY4 years. The PGY2s may imagine, with some justification,
that you have had dealings with administration to get such a position. As a result,
you may have raked resident trust that you have worked so hard to achieve. Resulting
distrust may lead to injurious gossip that spreads on the lively hospital grapevine. Envy
of the exclusive relationships that third- or fourth-year residents have with the process
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group that survived the suicide of a participant was a good fit for the new participant who survived a suicide attempt. Perhaps our pain as survivors intensified compassion and warmth towards the new member. Perhaps he felt the gratitude the group felt because he had survived the attempt to end his life, giving us a chance to get to know him. His suicidal ideation remained in remission, and he quickly became a valued and active group participant. This was more remarkable since he carried with him a distant history of criminal behavior of a kind that is highly stigmatized in our society. When he opened up, the group, I believe, recognized his suffering, welcomed him, and helped him bear his shame, breaking free from his isolation.

A decade after the suicide, recollections of the group member’s suicide and loss rarely surfaced any longer for the group. Perhaps our pain as survivors intensified compassion and understanding for the new participant who survived a suicide attempt. As I was pondering how transparent I could be (and how an effort at opaqueness would undoubtedly distract me), I thought back repeatedly to sitting with my group many years prior in the aftermath of a participant suicide. “Compassion is the contagion, the contact of being with each other in this turmoil,” as Jean-Luc Nancy (2000, p. xiii) put it. The group that survived the suicide of one of its members and its leader, managed to deepen our contact then, turmoil notwithstanding. I reminded myself that I’d struck a balance between acknowledging my own devastation and maintaining sight of the needs, hopes, and expectations of individual participants and the whole group before. We had come through the experience, if not whole then perhaps less fragmented, and with a deeper sense of our shared vulnerability. I resolved that at this Institute group, I would hold back? As I was pondering how transparent I could be (and how an effort at opaqueness would undoubtedly distract me), I thought back repeatedly to sitting with my group many years prior in the aftermath of a participant suicide. “Compassion is the contagion, the contact of being with each other in this turmoil,” as Jean-Luc Nancy (2000, p. xiii) put it. The group that survived the suicide of one of its members and its leader, managed to deepen our contact then, turmoil notwithstanding. I reminded myself that I’d struck a balance between acknowledging my own devastation and maintaining sight of the needs, hopes, and expectations of individual participants and the whole group before. We had come through the experience, if not whole then perhaps less fragmented, and with a deeper sense of our shared vulnerability. I resolved that at this Institute group, I would follow a similar path.

I still remember the member who ended his life, who could no longer hold on, or trust, and whom I wasn’t able to help. He lives on, I imagine, in the memories of the members of that group, which has since disbanded. We remember.

References
Herman, J.L. (1997). Trauma and recovery: The aftermath of violence. From domestic abuse to political terror. (Rev. ed.) Basic Books.

FORGING DEEPER UNDERSTANDING OF THE “WITHIN” AND THE “BETWEEN”

Integrating Identity and Belonging as MWe (Me + We = MWe)—will examine the notion of connection and its correlation with mental health. According to Dr. Siegel, when we feel disconnected from our inner life, we suffer; when we are disconnected relationally—from people and nature—we can become anxious, depressed, disoriented. What is this powerful connection actually made of? What is it? How can we use the science of connection to inform the practice of psychotherapy? In many ways, the experience of a separate, solo self may underlie the challenges we face, from racism and social injustice to environmental destruction. The field of mental health can play a pivotal role in how we help our human family move toward a new way of living on Earth by addressing the modern cultural excessive focus on individuality in the separate sense of self. These questions and their personal, professional, and public implications will focus our discussion on the nature of both interconnection—the links between parts of a system—and intraconnection—the wholeness of the system. We are excited to be able to bring this experience to you at AGPA Connect 2022!