Existential Factors in Group Psychotherapy During Pandemics: Losses Galore*

By Maryetta Andrews-Sachs, LICSW, CGP, FAGPA, and Farooq Mohyuddin, MD, CGP, FAGPA

The sculptures by Bruno Catalano entitled Voyaguer (The Travelers) capture some of the feel of this past year. What have we lost? What holes have been blown open—in our sense of self? in our families? for those who identify as BIPOC or White? for those up-ended by climate disasters? for immigrants?

Existential factors always weave throughout our work but rarely as clearly as over the past year. At AGPA Connect 2020, the Mid-Atlantic Group Psychotherapy Society had its annual dinner. Half of our table got COVID-19. Fortunately, no one died. Our country continues to pass terrible milestones in terms of deaths from COVID-19—more than a half million at this writing. If we think about each of these deaths and the impact each death has had on the people around them, the losses are staggering.

But COVID-19 has not been the only pandemic. We were always intrigued by a Biblical passage in Acts 9:16: “Let the scales fall from our eyes.” The brutal death of George Floyd ripped scales from many eyes. (We wish we could say from everyone’s eyes.) I (Maryetta) teach a group therapy course at Howard University’s School of Social Work. Many of my Black students live a different reality from mine in terms of policing, health care, etc. One of my White colleagues said recently: “I feel like I’ve been blind!” Toni Morrison said: “Americans are White; everyone else is hyphenated.” We would like to help build a world where everyone gets to care, etc. One of my White colleagues said recently: “I feel like I’ve been blind!” Toni Morrison said: “Americans are White; everyone else is hyphenated.” We would like to help build a world where everyone gets to care, etc. One of my White colleagues said recently: “I feel like I’ve been blind!” Toni Morrison said: “Americans are White; everyone else is hyphenated.” We would like to help build a world where everyone gets to care, etc.

Continued on page 4

Case Study

Jessica is a 16-year-old who attends public school in a Colorado suburb. She identifies as a white, heterosexual cisgender female. She entered treatment because of feelings of depression linked to negative body image. Over the course of her treatment, she would show her therapist social media posts of her peers in which teenage girls were provocatively posed and sexually charged captions were added. Additionally, many of the girls were using photo filters to edit their pictures before posting. Jessica would lament to her therapist that she did not look as pretty as these girls and that she was not getting as many likes.

She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend. She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend. She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend. She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend. She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend. She said she was uncomfortable taking provocative photos but felt that if she did not, she would never have a boyfriend.

Continued on page 2
Spring 2021 represents a period of transition, marked by optimism and gratitude after a very successful virtual AGPA Connect 2021 and an effective national vaccine rollout providing hope and opportunity for a post-pandemic future. During this time, we are also confronted by the multiple losses and mass trauma occurring concurrent with the pandemic, including: the ongoing political divisions; the secondary trauma of watching via media outlets thearium will be globally won in the near future, I wish all of you and your loved ones safety and wellness. I welcome your comments and feedback about this column or anything else about the Group Circle. I look forward to your providing us with yourabout this column or anything else about the Group Circle. I look forward to your providing us with your participating in this column, finding it valuable and meaningful for you. 

**FROM THE PRESIDENT**

I welcome comments and suggestions and can be reached at lleiderman@westchester-nps.com. I look forward to any and all feedback about this column or anything else about the Group Circle. I look forward to your providing us with your participation in this column, finding it valuable and meaningful for you. 

**ADVERTISING RATES**

<table>
<thead>
<tr>
<th>DISPLAY AD SIZES</th>
<th>WIDTH/HEIGHT</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page</td>
<td>8.75 x 13.75</td>
<td>$ 1,250</td>
</tr>
<tr>
<td>Half Page Vertical</td>
<td>4.25 x 13.75</td>
<td>$ 625</td>
</tr>
<tr>
<td>Half Page</td>
<td>8.75 x 6.75</td>
<td>$ 625</td>
</tr>
<tr>
<td>Quarter Page</td>
<td>4.25 x 6.75</td>
<td>$ 325</td>
</tr>
<tr>
<td>Sixth Page</td>
<td>2.75 x 6.75</td>
<td>$ 210</td>
</tr>
<tr>
<td>Twelfth Page</td>
<td>2.75 x 3.125</td>
<td>$ 110</td>
</tr>
</tbody>
</table>

**CONTACTS**

- Contact Nicole Millman-Falk at 201-652-6670 or nicolemillmanfalk@agpa.org for further details.

### **Group Circle**

**EDITOR**

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

**EDITORIAL STAFF**

Erica Gardner-Schuster, PhD

Diane Feirman, CAE

**MANAGING EDITOR**

Marsha Block, CAE, CFRE

**EDITORIAL/PRODUCTION MANAGER**

Nicole Millman-Falk

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

AGPA
25 East 21st Street, 6th floor
New York, NY 10010
Phone: 212-437-2677
toll-free: 877-668-6863
AGPA fax: 212-979-6627
email: info@agpa.org
www.agpa.org
Blackness and Trans-ness Inside Me: What it means for me to hold these identities as a therapist

Sabrina Sarro, LMSW

I am a Queer Black trans* therapist, writer, and spirit exfoliator. I work primarily with Black and Brown folks, many of whom identify as queer or on the LGBTQIA* spectrum. I am an LMSW from Columbia University and am currently pursuing an MFA in memoir from the College of the City of New York. They are currently a LightHouse Book Project Participant, working on a memoir about their experience as a food rape survivor. They live in Queens with their deeply feeling golden retriever, Mooshu. I am an intersex, agender (LGBTQIA), intersex, and asexual/aromantic/ (one’s sexual or gender identity), Lesbian, gay, bisexual, non-conforming community in 2020. When will my people get rest? When will our communities be centered? How can I center and hold space for joy and thriving for my clients? This is most moments for me. As someone who identifies as queer, Black mixed-race trans* therapist, I’m always thinking of how white supremacy has robbed me of so much time, has made me constantly interrogate the ways in which I am participating in my days, filling the hours. The ways in which my body feels consistently depleted, withered down. The ways in which it’s labours to find safe people and experiences, to connect and participate in community. My anecdote inquires: How is 2021 travelling inside the bodies of Black trans folk as we continue to move through spaces and experiences that are consistently showcasing and communicating how little we are valued? How much we are erased. How we are cast as invisible, forgotten. How our desires do not matter. How we need to be centering disabled, fat, dark-skinned Black folks. As a therapist who works mostly with community members who share my own identities, I think of ways to discuss my privilege as a light-skinned/mixed-race Black person, participating in a medical-industrial complex that centers me over my mono-racial, unambiguously Black counterparts. I think of my power that dynamic underobserved presents in sessions. I think of what I can do to acknowledge it, how I can give power and de-center and de-platform myself in the field, a field which desperately needs continued interrogation and decolonization. I think of how I co-create and co-collaborate with my clients, how I can help re-activate or re-ignite dormant energies, how we can illuminate things we might not have seen, processed, or synthesized before. I am inspired by my clients and the in-session magic we create. I am inspired by my community’s tenacity, despite the world’s attempts to exterminate us, we persist in thriving. We grab at our joy, we claim spaces taken from us. I want to further celebrate my Black trans* clients, advocating harder for LGBTQIA*+TGNC* sensitivity and understanding. Part of furthering this care, tenderness, and attention to community members is asserting what it means to deliver accessible Black/Trans* mental health care. Because most Black trans* therapists are treated as invisible, it is critical to thrust these practitioners to the forefront. It is crucial for clients to know we exist and are looking for them as they might be looking for us. We are not new or a novelty. We have always existed and will continue to exist globally. It is imperative for clinicians to show up, believe TGNC*+ clients’ needs and wants, and hold themselves accountable with clients in the LGBTQIA*+ community. Black trans* clients and community members deserve access to mental health professionals who look like them and share their identities, to explore themselves and their dreams while accessing safety and experiencing visibility in session; to work with and co-collaborate with therapists that they do not need to educate; a safe forum to focus on our thriving, on our ancestral resilience, on healing, healing, and joy without industries sensationalizing our traumas. Often, TGNC* clients are subjected to unintentional heteronormative underbelly and violent rhetoric. Many therapists are not trained appropriately in decolonizing gender, and consequently harm clients. It is on us to educate ourselves and remember that TGNC*+ clients are the experts of their lives, experiences, and narratives—and deserve to be centered, seen, and heard. Being a Black trans* therapist will always be deeply sacred to me. Having the privilege to hold space and participate in meaning making with other community members feels revolutionary and deeply connecting to the magic of this narrative work, of this healing through resistance and play. As 2021 continues to usher into my body, I want to remain connected and in reverence of my community and the members with whom I work. I want to celebrate the sanctity of our bodies. I want to continue to give up power and decolonize the medical-industrial complex, amplifying ways in which practitioners need to hold themselves accountable, push dark-skinned Black trans* therapists to the forefront, and continue showing up, abolishing anti-Blackness, and providing clients with spaces to heal and thrive.

Resources

AGPA’s Special Interest Group on Gay, Lesbian, Bisexual, Transgender and Queer Identities is a safe and welcoming place for LGBTQIA+ and anyone interested in better understanding the LGBTQ population. The SIG provides programming, networking, and social events.

AGPA’s Special Interest Group on Racial and Ethnic Diversity SIG is charged with addressing the unique needs of historically racially and ethnically marginalized populations in the field of group psychotherapy. This includes engaging members from these groups and others to dialogue about issues related to group psychotherapy and advocating for and encouraging participation in diverse group psychotherapy programming that promotes social justice and equity.

Harold S. Bernard Group Psychotherapy Training Award

Presented to Farooq Mohyuddin, MD, CCP, FAPA, FAGPA

The International Board for Certification of Group Psychotherapists (IBCGP) presented its 2021 Harold S. Bernard Group Psychotherapy Training Award to Farooq Mohyuddin, MD, CCP, FAPA, FAGPA, during AGPA Connect 2021’s Membership Community Meeting.

This award was established in 2001 and is given annually to an individual or organization whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. It was renamed through a legacy gift provided to the Group Foundation for Advancing Mental Health by Dr. Bernard for the purpose of endowing the award. Throughout his lifetime, training in group psychotherapy was a passion for Dr. Bernard. His heart’s desire was to see the field of group psychotherapy flourish and thrive.

AGPA Connect 2021’s Membership Community Meeting.

Editor’s Note: In 2020, the Human Rights Campaign reported at least 44 transgender or gender non-conforming people were murdered, the majority of whom were Black and Latinx transgender women. Three Black women, two of whom identify as queer, conceptualized Black Lives Matter to center the lives most endangered. Sabrina Sarro is a Black/Haitian/mixed-race, queer, trans* therapist, writer, and spirit exfoliator. They work primarily with Black and Brown folks, many of whom identify as queer or on the LGBTQIA* spectrum. They are an LMSW from Columbia University and are currently pursuing an MFA in memoir from the College of the City of New York. They are currently a LightHouse Book Project Participant, working on a memoir about their experience as a food rape survivor.
therapy helped her to access self-love, learn how to set effective boundaries, and have cathartic experiences around her internalized shame and oppression that were exacerbated by social media. If Jessica was in a process group, the therapist could have focused on validating her experience, bridging her to meaning and connection as best we can with whatever circumstances we find ourselves in.

References


The video series Group (Seasons one and two) on YouTube is a wonderful series, professionally done by director and filmmaker Alyson Fries, and run by a group therapist Elliott Zelid, PhD, LCSW, CGP, DFAGPA. It has the potential of providing the group therapist with a platform to grow their group therapy video to stimulate reflection and learning. It is also a disturbing reminder of how our clinical practices have changed in such a short period of time, from the office to the home office practice during COVID-19.

Dr. Zeisel, who identifies as a Modern Group Analyst (and who was trained by Louis Ornitz, PhD, DFAGPA, Dolores Weber, PhD, and Hyman Smitz, MD), portrays Dr. Ezra on the series, an engaging, energetic, and sincere group psychoanalyst allowing us all to observe his therapeutic style with no holds barred. The series was influenced by Yalom (2009) in his novel The Schopenhauer Cure, which was also turned into an earlier video with Yalom & Leszcz (2011) and reviewed by Leszcz (2013).

Each video session is given a name that summarizes the major theme of the program, usually focusing on the dangers involved in rule breaking and seeking relationships within the group. Each episode runs between 11-20 minutes.

The Cast
The group members were all professional actors who were given scripts describing the nature of the role they were playing and then told to improvise. Almost all the episodes were filmed within a brief period, with many takes. Lloyd edited the series by first listening only to the audio recording, hearing the rhythm of the group dynamic. He added the visual experience later. The process was well done, very artistic, and real. Both the video and sound are clear.

The actors included four men and four women. The male characters names were Frank, Stuart, Henry, and Mann, and the female characters names were Pam, Tilda, Karina, and Rebecca.

Season one: Group before COVID-19
In season one, episode three, Dr. Ezra says that when we meet new people, “in the unconscious mind people either want to make love with you or kill you.” What he is saying is that core unconscious fantasy is present here in the group, and the group leader must set up boundaries to prevent an enactment that would kill the group.

The episode titles allow us to see the group’s progression. For example, the episode title of “Is it really safe” tells us that there is danger to herself and might be a danger to the group as she plays with fire in her sexual enactments and needs to slow down. Some group members wonder if this kind of enactment is allowed in group and whether they can break the rules. Although Dr. Ezra says that group members need to give themselves permission to make five mistakes a day and bring all the tempest into the group so they can learn about their self-destructive tendencies, he makes the group aware that he will provide the limits within which they can bring their desires to the group to be worked on.

As themes of enactments occur, Dr. Ezra does not admonish people for their resistance to therapeutic interventions by breaking the rules. Pam and Manny, for example, met outside the group and were not going to talk about it. When it does come up in group, Dr. Ezra tried to understand what purpose their resistance served to sustain their safety and emotional health. He believes the troubled part of the self wants to be bad. When Karina interprets Pam’s relationship to Manny as similar to Pam’s acting out her earlier relationship with Henry, Manny erupts in rage and becomes paranoid, thinking the group has no right to interfere in the Pam/Manny relationship. Imagination is allowed in group and it would be very painful for everyone.

The Group During COVID-19 and Zoom
When season two begins, the United States is on lockdown, and the actors and Dr. Zeisel are in quarantine all over the country and meeting on Zoom. During this time, the entire mental health field went online, using up to 23 different virtual platforms to continue providing care online. While telehealth was always available, it suddenly became a necessity.

When season two begins, we learn that one of the patients, Henry, dropped out of the group because he did not want to be on Zoom.

In the first session, Karina asks Dr. Ezra “Are you okay?” Dr. Ezra talks to them in detail about what happened and that he is very much alive, though debilitated. Dr. Ezra (who reflects Dr. Zeisel’s own experiences of contracting COVID and spending eight days in the hospital) goes into detail about his move from the hospital to his summer home. One member brought up knowing that a woman died while he was in the hospital. Dr. Ezra (Zeisel) has tears in his eyes. He says he was very painful to bury his mother from his hospital bed. Dr. Ezra adds, “He was crying. It is important for the group to hear and hear his feelings about it, especially now. He says “I find myself crying at times in ways that are surprising. It leaves and then comes back.” He gives them the opportunity to help him through this mourning, and if he were to deny his feelings, it would violate his method and be dangerous for some of them who think of him as already dead. Karina asks him if he can run this type of group—to allow members to be angry when he is not yet healed and in mourning. They try to reassure them that he is fit for duty. We also learn that at least two other group members were diagnosed with COVID-19 and that there is illness, death, and sadness in the group.

While similar themes from season one also come up during season two, there is one major difference. The format has changed dramatically. While it is not COVID alone that traps us, we are using necessary technology that both alienates us from the embodied self but also provides group therapis with connections we need during the pandemic. Zoom is a tradeoff.

While the director used the pandemic as an opportunity to change the visual array of the group, I was disappointed and perplexed. Rather than staying with the gallery view, the filmmaker alternated shots: wide screen with one person or two people or three and then back to the rectangles. While it was cinematically interesting and suggested isolation, this is not the format Zoom provides to clinicians as the gallery view is the preferred one (except for those using their phones), and the images are either stacked on top of each other and tiny or you have to swipe back and forth to change views.

Problem Areas to Be Worked On
The pandemic has made teletherpay and health technologies available to all mental health professionals (Yellowwess & Shore, 2018) and has made online therapy the new norm (Weinberg & Rolnick, 2020). One can say that there has been a seismic shift in the way we practice group therapy.

What might be different if the series continues? There is a need to have a group of less pretty people, who are less verbal while also being appealing and entertaining. Tilda, whom I found to be the most appealing person, has HIV and is suffering, being isolated and worried she will never fall in love or have someone love her. COVID is making her more depressed. While Dr. Ezra notes that as a group they were also “trapped before COVID” the series does not do justice to the way things have really changed for all of us.

References


Congratulations New Fellow
Fellowship indicates outstanding professional competence in leadership, and AGPA Fellows visibly represent the highest quality of the Association. The Fellowship and Awards Committee takes five areas of activity into consideration and expects candidates to have shown excellence in leadership in the AGPA and/or its Affiliates, as well as leadership in the field of group psychotherapy, clinical practice and/or administration, teaching and training, and research and publications. AGPA welcomes its newest Fellow: Deborah Sharp, LCSW-S, COP, FAGPA.

Deborah Sharp, LCSW-S, COP, FAGPA, FAPA, (Austin, Texas) has been an AGPA Member and a Certified Group Psychotherapist since 2015. Ms. Sharp has served in several leadership positions, including serving as a Board member of the Austin Group Psychotherapy Society (AGPS) and as its Program Chair, and as a member of AGPS’s Affiliate Societies, Association Scholarship Review Committee. She presented at AGPA Connect 2020 on maintaining co-leadership relationships and at AGPA Connect 2021 on restorative justice circles. Twice honored with the Cornerstone Award for Exceptional Service and Leadership by the University of Texas, Ms. Sharp was also awarded the President’s Outstanding Staff Award by the University of Texas. Ms. Sharp is the Director of the Conflict Mediation and Dispute Resolution Office at the University of Texas at Austin, where she regularly facilitates training circles and community-building circles as part of her commitment to teaching restorative justice practices. She has taught social work courses on interpersonal, group, methods, and policy at the University at the University of Texas at Austin and is a member of the faculty for the University of Texas and Texas State University. She holds certificates in management of non-profit organizations, as well as in clinical hypnosis therapy, and is pursuing training in modern analytic group work at the Center for Group Studies in New York City.

Ms. Sharp has led two Modern Analytic process groups in her private practice for five years, as well as co-led two weekly process groups. During her tenure as a Project Manager and Program Developer at CandlerChildrens Childhood Cancer Foundation, she implemented numerous groups for children in treatment, parents and siblings, as well as bereavement and off-treatment groups.

She received her master’s in social work and her bachelor’s degree from the University of Texas at Austin.
Reimbursement Rates Improve Access and Lead to Social Justice

Martyn Whittingham, PhD, CGP, FAPA, FAGPA

EDITOR’S NOTE: Martyn Whittingham, PhD, CGP, FAPA, FAGPA, is the Founder of Focused Brief Group Therapy, an integrative interprofessional group process approach. He is currently on the American Psychological Association’s Health Care Financing Advisory Group, and AGPA’s Public Affairs Committee and Science to Service Task Force. Gary Burlingame, PhD, CGP, DFAGPA, President-Elect of AGPA, is Professor and Chair of Psychology at Brigham Young University and affiliated PhD program in clinical psychology. His writing and research focuses on group treatments and mechanisms of change that explain member improvement.

Those without money, the sick, the elderly, and minority groups in underserved areas are more likely to need services that have a low reimbursement rate due to access differences (Whittingham, 2017). The absence or reduction of group psychotherapy means reduced access to mental health services for those most in need. Group therapy offers efficiency, effectiveness, and equivalence (Yalom & Leszcz, 2020). By offering more groups, wait lists and bottlenecks can become easier to manage and services can be delivered more rapidly at the point of care. However, setting rates that therapists can make a living from and that agencies can at least break even are a prerequisite for access. Paradoxically, group rates that are too low can reduce access, since without providers, there is no one to offer these services.

How payment rates are set, why they go up or down, and how payment from one source impacts payment from another are all questions that require a very deep dive into processes that are seldom transparent. In this article, some of the key processes, committees, and agencies are briefly introduced to illuminate how payment processes work at a high level.

In order to understand payment, it is first important to understand who sets the rates. The process begins with a committee that is an offshoot of the American Medical Association, which is called the AMA/Specialty Society Relative Value Update Committee (RUC). The RUC is a multi-disciplined council that is populated by representatives from more than 30 physician specialties. Representatives of the non-physician specialties, including psychology, sit on a subcommittee, known as the Health Care Professionals Advisory Committee (RUC HCPAC). APA’s RUC HCPAC advisor represents all types of psychological services provided by psychologists including psychotherapy, health behavior services and testing services.

The RUC cannot set payment rates for healthcare services but it does make recommendations that are often adopted, with or without modifications, by public and private third-party payers. The RUC develops its recommendations based largely on surveys of clinicians who provide the service in question. Each service is represented by a unique billing code, known as a CPT code. Codes are subject to being updated and intensely lobbied CMS and the net result was the emergency period has ended. However, this rate change is for 2021 only, and further lobbying is needed to ensure the changes continue for 2022 and beyond.

Advocacy and A Call to Action

The fight to impact the RUC, CMS, Congress, and third-party payer continues. The authors of this article are currently working on several strands of research and influence to present to the RUC, CMS, third-party payers, and those lobbying for change. APA is looking to partner more closely with AGPA on lobbying efforts and is seeking to improve reimbursement rates due to issues of access and meeting the needs of the underserved.

AGPA needs members to respond to requests for comments or to write letters to Congress when asked. A set of comments and letters at the right time can influence those making decisions, sometimes with great success. Equally, involvement in and support of state committees under which you are licensed, such as state psychological associations, can make a significant difference. National and state organizations also need your membership fees to be effective in lobbying. They are often fighting against special interests with multi-million dollar budgets, so your membership is essential. If you are ever solicited to be a part of a RUC Survey, please make sure to fill it out. This is an essential means by which opinions are sought before codes are modified or added and your contribution is critical.

This Is A Social Justice Fight

For social justice to take place, group needs to be accessible to those who most need it. If a psychiatric hospital in a rural area or underserved part of a city closes its rates because its rates went down too far, then those most in need of care and least able to afford it are the ones who suffer. Involvement in reimbursement is a badge of social justice and advocacy that speaks to the heart of our profession.

References


The pandemic has profoundly disrupted our personal and professional lives to the point where the question may not be about when we return to normal, but more about what the new normal will look like. Patients and therapists alike are challenged to accept and to roll with uncertainty about our personal and global lives. As a psychologist, I found myself having expanded empathy for patients who have difficulty tolerating uncertainty. Intolerance of Uncertainty (IU) is a treatment target for people receiving CBT for generalized anxiety disorder and some presentations of OCD. I have a new appreciation for the perceived need to know what will happen and the attempt to cope by using various mature defenses, such as intellectualization (getting as much information about COVID-19 as possible) and excessive planning for various scenarios (illusory controlling the future), to name a few.

In our training clinic, we swiftly moved our groups online, and I had the opportunity to supervise a virtual, integrated CBT group for OCD, which was daunting.

I will share a few up- and downsides of such a group, which overall went better than expected. We encountered new ethical challenges of group work. The consent form had to be revised to include lines about the importance of group members securing privacy at their end and being technologically prepared (in addition to psychological readiness) with strong internet connections. We struggled with unstable connections, group members’ screens freezing, or losing the connection altogether. As we plan to offer more virtual groups for anxiety and are excited about the possibility of reaching new populations in rural and remote areas, we will need to take the technological requirements for successful group participation more seriously. We developed a new appreciation for the socio-economic privilege of having strong Wi-Fi and private rooms. Perhaps we need to help clients explore grants in their local communities for improved home technology.

Some unexpected new ground rules also emerged. The virtual environment is less psychologically intense, which is highly appreciated by clients and therapists. The pandemic has disrupted the normal group therapy service delivery model more than any time in my professional mental health agency and institutional history. There have been so many losses and changes. There is also personal and organizational learning we are acquiring from this chaotic period and from implementation of new practices personally and organizationally. We are in the middle of a transition period coming to a close, with the pandemic beginning to be managed, and then moving to the reconstruction phase could take approximately a year or a half or more. Agencies and institutions are all attempting to respond, and it has been hard to find the North Star to guide us to a new normal. What advice can you give about how agencies or institutions have adjusted to online group therapy, types of groups, group rules, challenges of doing group therapy in homes, and with diversity issues?

Dear Consultants:

Mental health agencies and institutions have been challenged by the demands and adjustments needed to respond to the COVID-19 pandemic. Many mental health agencies and institutions had an initial period of very limited services until they could figure out how to formulate a response. The pandemic has disrupted the normal group therapy service delivery model more than any time in my professional mental health agency and institutional history. There have been so many losses and changes. There is also personal and organizational learning we are acquiring from this chaotic period and from implementation of new practices personally and organizationally. We are in the middle of a transition period coming to a close, with the pandemic beginning to be managed, and then moving to the reconstruction phase could take approximately a year or a half or more. Agencies and institutions are all attempting to respond, and it has been hard to find the North Star to guide us to a new normal. What advice can you give about how agencies or institutions have adjusted to online group therapy, types of groups, group rules, challenges of doing group therapy in homes, and with diversity issues?

Signed, Adjusting

Richard Beck, LCSW, BCD, CGP, FAGPA
New York, New York
Affiliate Societies Assembly Presents Awards

The Affiliate Societies Assembly (ASA) recently recognized several members who have contributed significantly to their Affiliate Society. ASA Awards were presented to Joshua Gross, PhD, ABPP, CGP, FAGPA and Miguel Lewis, PsyD, CGP, both from the Florida Group Psychotherapy Society (FGPS); Jessica Bucholtz, PsyD, of the Atlanta Group Psychotherapy Society (AGPS); and Karen Eberwein, PsyD, CGP, of the Mid-Atlantic Group Psychotherapy Society (MAGPS).

JOSHUA GROSS, PhD, ABPP, CGP, FAGPA, was recognized for being instrumental in creating the FGPS. His energy provided inspiration for many of the FGPS’ founders to become involved, and particularly for Miguel Lewis, PsyD, CGP, to become the Affiliate’s President. He hosted early Board meetings and developed programming for FGPS trainings.

MIGUEL LEWIS, PsyD, CGP, received the award in honor of his tireless and successful efforts to establish FGPS as a viable, growing AGPA Affiliate Society and to acknowledge his role in inspiring the reformation of the ASA Nuts and Bolts Committee. Thanks to his passion and perseverance, FGPS was transformed from a Steering Committee of five people to a fully functioning AGPA Affiliate with around 50 members, five board members, and a Facebook page. FGPS is building a listserv and website, expanding its membership, hosting a series of online training workshops, and planning its second Annual Conference in the fall.

JESSICA BUCHOLTZ, PsyD, was recognized for maintaining a dedicated commitment to AGPS through its difficult transitions and growing pains. As AGPS was on the verge of folding, Bucholtz remained the one AGPS member and Board member to stand on the bridge of transition. She has been able to give voice to the past, while staying positive about the growth into the present and the future.

KAREN EBERWEIN, PsyD, CGP, was noted for her various roles on the MAGPS Board, where she currently serves as President, along with working on Board projects, including establishing listserv practices; conducting an organizational needs assessment; assisting in revising MAGPS’s Conference Process Group Task descriptions; and developing the Affiliate’s Outreach Proposal process and guidelines. She was also instrumental in developing, writing, and implementing the MAGPS Operations Manual with then-President Lorraine Wodziak, PhD, ABPP, CGP, FAGPA. The manual is an important document for MAGPS and was shared with the AGPA to help other Affiliates when writing their own manual.

Member News

Fran Weiss, LCSW-R, BCD, DCSW, CGP, coordinated and edited a recent special issue of the American Journal of Psychotherapy, which featured articles on group therapy. Other AGPA members who contributed to the publication include Joseph Shaw, PhD, CGP, FAGPA, who wrote “Terrified of Group Therapy: Investigating Obstacles to Entering or Leading Groups;” Haim Weinberg, PhD, CGP, who wrote “Obstacles, Challenges, and Benefits of Online Group Psychotherapy;” Sophia Chang-Caffaro, PsyD, and John Caffaro, PhD, CGP, FAGPA, who wrote “When Co-leaders Differ: Rupture and Repair in Group Psychotherapy;” Martyn Whittingham, PhD, CGP, FAGPA, Noelle Lefforge, PhD, MHA, CGP, ABPP; and Cheri Marmarosh, PhD, CGP, FAGPA, who wrote “Group as a Specialty: An Inconvenient Truth.” J. Scott Rutan, PhD, CGP-R, DFAGPA, wrote a book review of “Core Principles of Group Psychotherapy: An Integrated Theory, Research, and Practice Training Manual,” edited by Francis Kakulas, PsyD, CGP, FAGPA, and Les Greene, PhD, CGP, DFAGPA; and Leslie Lohutstein, PhD, ABPP, CGP wrote a book review of “The Theory and Practice of Group Psychotherapy” (6th edition), by Irvin Yalom, MD, CGP-R, DFAGPA, and Melyn Leszcz, MD, FRCP, CGP, DFAGPA.