



Spring 2019

# groupcircle

## Social Identities: Race Matters

Michele Ribeiro, EdD, CGP

**EXAMPLE ONE:** A Chinese-Vietnamese American says in the mixed gender and race process group I co-facilitated that her worst fear has happened. “My ex-boyfriend (who is White) has chosen a White woman over me. I’ve always thought I wasn’t good enough and now this is proof,” she shares.

**EXAMPLE TWO:** I recently learn that two children are cast for Mowgli in a community theater’s production of the *Jungle Book*, which is a children’s tale from India. The all-White casting directors choose a little 8-year-old White girl for the part and her understudy is an Asian Indian 9-year-old boy.

**EXAMPLE THREE:** I was sitting in a fall planning meeting at work when the director calls a newly hired woman of Asian Indian descent the name of another colleague who is also Asian Indian. The second woman has been working in the department for four years. He laughs and says, “oh sorry,” and continues with his comment. I sit thinking about how to speak about the micro-aggression that just occurred and witnessed by 25 others. No one says anything in that moment, but both women who were micro-aggressed have different looks on their faces.

In 2005, the *New York Times* wrote a series of articles that soon became chapters of a book entitled *Class Matters*. This book outlined how class influences all factors of life from the healthcare we do or do not receive, to opportunities gained or lost in our educational attainment. The class we grow up in has lifelong implications on how we evaluate our worth despite the educational attainments that may happen. We fortunately can hide our class and transcend, at least outwardly, so others can’t always project prejudices or biases based on this social identity. But what about race? Like class, race matters. The difference is race usually can’t be hidden, and in the situations in which it can, such as some multiracial people, it is often a painful experience and felt as an invisible identity that leaves the person feeling marginalized. Or, multiracial identity can be an identity that gets micro-aggressed against by questions posed, for instance to my multiracial daughter, “what are you?”

Although so much has been written on race, I’d like to highlight some key concepts for us to reflect on as group therapists wanting to do ethical and culturally sensitive work. First, we are all on a journey in large part because a critical analysis of race, particularly the White race, has been left out of our formative education, and even worse until recently our professional education, particularly for White people. People of Color (POC) have had to educate White people through their personal experiences and narratives so that White folks can understand oppression. Many POC have been very patient with White folks, but we have a responsibility to now educate ourselves. A recent issue of the *International Journal of Group Psychotherapy* (Grundy, 2018) invited us to a deeper analysis of the historical context of race, micro-aggressions, cultural humility as leaders, and dynamics at play around race and other social identities within our groups. Reading these articles made me feel like we were taking a step in the right direction, but we have a long way to go. In the past five years, more workshops and special institutes have been offered at AGPA Connect as a way to experientially grow as individuals and most importantly within our groups around these sensitive and important topics. These opportunities to dialogue are often messy and painful, but are we better without the mess? I believe most of us think not.

I want to acknowledge and emphasize that intersectionality (Crenshaw, 1991) is vitally important

when we are examining issues of justice, and at the same time, race is often at the core of what makes peoples’ lives more oppressed or privileged. Furthermore, we’ve come to a time when we can have discussions that examine White invisibility, White privilege, and White dominance and bring to light how to understand these dynamics in our groups and lives. Our goal as group therapists and as an organization is to bring them to light more often, and to encourage foundational understanding so we can make positive change.

Whether we are facilitating therapy groups, attending a work or staff meeting, or interacting in the community, how we navigate social identities and micro-aggressions are always at play. Jessica Daniel Henderson, PhD, highlighted the Citizen Psychologist as one that uses his or her understanding of psychology in every day ways that benefit the community. And of course, in our profession, we are also called to address issues of oppression and build more inclusive communities. But, do we always utilize our privilege to do so? Derald Wing Sue, PhD (2016), in an open talk at the American Psychological Association two years ago, actually stressed in his research on racial dialogues in his graduate courses, that facilitators of these dialogues need to be group therapists. True, as group therapists we are well equipped to understand dynamics occurring within ourselves and our groups, but we have not been as equipped to understand them through a racial justice lens until more recently. AGPA has worked hard to be an active change agent in creating more opportunities for learning through the intersections of identity that include gender, race, ethnicity, nationality, language, ability, class, age, and sexual orientation, to name a few. But, seeing *isms* occur and offering interventions to disarm them are two different endeavors.

### The Interpersonal Lens

To complicate matters, many look at racism through an interpersonal lens rather than the more pervasive institutional and structural foundations, upon which our society and its interpersonal relationships are built. When examining interpersonal dynamics, Ridley (1995) identifies two defense mechanisms that individuals exercise to manage internalized feelings towards self and other, which vacillate between two extremes: a) of color blindness on the one hand, where differences are ignored or denied, and attention is focused on universal, cultural or individual characteristics; or b) a color conscious approach, where the significance of racial issues is overemphasized regardless of whether race factors are salient or not (Tuckwell, 2002). Further, racial identity models (Helms, 1995) assist us in understanding how race consciousness develops through a phase model. At the start, one often starts in an “obliviousness to racism and one’s participation in it” (White racial identity ego status). For POC, the beginning stages focus on a devaluation of one’s own group and an allegiance to White standards of merit (Pre-Encounter racial identity ego status). As experiences and interactions occur over time, White individuals may move through these phases toward an informed, positive socioracial group commitment, choosing to oppose racial injustice. White folks also build the capacity to value one’s own collective identity. For People of Color, a higher status involves the ability to empathize with other oppressed groups and feel empowered as a group, specifically because of their race. To stress, these phases are not linear and often are negotiated again and again because of changes in discourse, leadership and society’s messaging to ultimately maintain the status quo.

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from the  
president

Eleanor Counselman, EdD, CGP, L FAGPA

Another wonderful AGPA Connect! I’m still processing the week of incredible learning and much fun with old and new friends. As always, I came home exhausted and exhilarated at the same time. We had a terrific attendance, with nearly 1,000 registrants! We welcomed many new members and first-time attendees, whom I enjoyed meeting at the First-Time Attendee Dinner and the New Member Breakfast. The Plenary speakers were excellent, and the inspiring and moving interview with Irvin Yalom, MD, CGP-R, DLFAGPA, by Melyn Leszcz, MD, FRCPC, CGP, DFAGPA, was a great addition to our final luncheon together. I always find it hard to leave that luncheon—so many goodbyes until next year, and Irv’s reflections on aging reminded me not to take it for granted that I would see everyone again next year. It’s good to be able to look at the posts and photos from AGPA Connect on the AGPA Group Facebook page and Instagram (agpa01).

A number of governance meetings were held during the weekend before the meeting. The AGPA Board is recommending some changes for member categories, voting privileges, and Board composition, which are the result of three focus group calls in 2018 and considerable Executive Committee and Board discussion. The overall guiding principles for the changes are to simplify the membership categories, make governance more accessible to all, and create greater diversity within the Board while slightly reducing size.

These recommended changes are not necessarily the final proposal; they have been sent to the full AGPA membership for comments this Spring, and a final proposal, based on membership feedback, will hopefully be ready for the June AGPA Board call. If approved at that meeting, it then will be presented to the membership for voting over the summer.

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**Steve Van Wagoner, PhD, CGP, FAGPA**

Bringing this issue together has me fondly looking back on AGPA Connect, reconnecting with colleagues and friends, attending many excellent workshops, plenaries, and open sessions, and thinking about the year ahead with renewed energy.

In this issue are two articles examining different aspects of diversity in group psychotherapy. Michelle Ribeiro, EdD, CGP, reminds us of the importance of remaining open to increasing awareness of diverse identities and their intersection, with us as group therapists and within our organization, examining and removing barriers to inclusion at an individual, group, organizational, and societal level. Natalie Dillon, BS, has written an article based on some research she did on therapist self-disclosure in cross cultural settings and the implications for practice.

We acknowledge new Distinguished Fellows Gary Burlingame, PhD, CGP, DFAGPA, and Les Greene, PhD, CGP, DLFAGPA, whose impressive accomplishments in our field have merited this important honor. Another honor goes to the Harold S. Bernard Group Psychotherapy Training Award recipient, Judith Coché, PhD, ABPP, CGP, LFAGPA. The interview of her by Tony Sheppard, PsyD, CGP, FAGPA, illuminates her many contributions to group psychotherapy.

Please read the benefits of AGPA membership by Mary Krueger, MEd, LCPC, CGP, FAGPA, Co-Chair of the Membership Committee, if you are a new member, or you just need a refresher course. And finally, enjoy and be informed by President Eleanor Counselman's EdD, CGP, LFAGPA column, as well as *Consultation, Please*, and the *Affiliate Society News*. 🍷

**FROM THE PRESIDENT**

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As part of our ongoing Strategic Plan, AGPA is working to better understand what agencies need for group therapy training and support so we can be more responsive to their needs. We would use this knowledge for AGPA Connect and our E-Learning programming and, hopefully, some agency consultation as well. An Agency Survey Task Force was created to gather this information. The Task Force created a survey that was completed by 40 agencies (serving more than 160,000 clients). A report of the survey results was presented at the Tri-Org Strategic Planning Meeting with subsequent small group discussion.

Many recommendations were made that will be considered further, such as better and more easily accessible resources for agencies on our website, a revision of the *Group Works!* brochure, and creation of an occasional newsletter offering tips for effective group programs. The coming requirement for government funded programs to demonstrate measured effectiveness of treatment is an opportunity for us to provide agency consultation, as we know how to do that for group therapy.

The Public Affairs Committee has developed a new agenda of increasing consumer awareness of the value of group therapy. Their presentation at the Joint Board leadership training focused on use of social media: how to provide education about group to the general public via such media as Facebook, Instagram, Twitter, and general consumer publications. Joint Board members were asked to commit to learning more about social media, and AGPA President-Elect Molyn Leszcz proudly announced that he made his first tweet!

Another encouraging development is phone discussions with Optum Behavioral Health. Molyn Leszcz, Diane Feirman, CAE, Public Affairs Senior Director, and I have had productive and encouraging conversations with a company vice president and more recently with one of the medical directors

about ways that AGPA could be of help around group therapy programming. We have supplied them with materials on group effectiveness, our Clinical Practice Guidelines, information on group as a specialty, our CGP certification, and Leszcz's *Bottom Line* interview.

The Group Specialty Council also met during AGPA and began planning ways to promote group therapy specialty training within psychology programs at the predoctoral, postdoctoral, and post-licensure levels. We continue to look for ways to work with other disciplines regarding group as a specialty, but so far, we have been unsuccessful.

All of these initiatives are exciting next steps for AGPA and for the field of group therapy. They build on the strong platform of recognition of group psychology as a specialty by the American Psychological Association. In addition, specialty recognition supports the importance of our Certified Group Psychotherapist (CGP) credential for demonstrating specialty training.

The AGPA Connect week is the result of much hard work by many, many people. The Los Angeles Group Psychotherapy Society, with President Eddie Hunt, MA, LMFT, and its Local Hosting Committee, ably chaired by Sarah Frank Jarvis, LMFT, ATR-BC, CGP, created a wonderful welcome for us. The AGPA Connect Co-chairs, Alexis Abernethy, PhD, CGP, FAGPA, and Katie Steele, PhD, CGP, FAGPA, and their whole committee deserve much appreciation, as do all the faculty members whose expertise make the conference the highest possible quality. And finally, we owe a huge round of thanks to the AGPA office staff for their outstanding performance pretty much 24/7 during the whole meeting week, in addition to all the work leading up to it. Thank you, Katarina Cooke, Diane Feirman, CAE, Angie Jaramillo, Nicole Millman-Falk, Angela Stephens, CAE (and her daughter Tatyana James), Jenna Tripsas, and Marsha Block, CAE, CFRE! 🍷

**SOCIAL IDENTITIES: RACE MATTERS**

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**The Institutional Lens**

An institutional level analysis requires us to appreciate how organizations that we create have a powerful effect on interpersonal dynamics. As a society, we have predominantly continued to support those in power, which have most often been White, socioeconomically advantaged individuals. We are the institutions we create. Knowing or unknowingly, we can then create structures which are manifested in policies and laws that continue to include some, while excluding others.

At AGPA, we are coming to a head to challenge the status quo and to create a more inclusive community. Our Special Interest Groups that include Gay, Lesbian, Bisexual, Transgender, and Queer Identities (GLBTQ), Racial and Ethnic Diversity (RED), Health and Medical Issues, International Relations, Issues of Aging, and Women in Group Psychotherapy are havens for discussions on these issues as is the Large Group, a microcosm of society at large; however, these discussions must extend beyond the spheres of influence, and permeate all levels of our organization and service.

**The Structural Lens**

On the structural level, where communities are built, where taxes are levied for specific purpose, and basically upon what structures the entire United States was formally established, is the legacy we are facing today and have been struggling with for years. What can we learn from our past, or from our neighbors north and south? To apologize and make change. Nina Thomas, PhD, ABPP, CGP, FAGPA, has done some amazing work in numerous countries to build reconciliation and promote healing across groups. We have talented colleagues within our division. How do we tap into them as a collective to help us heal and grow from the inside out and outside in? If we stay open to each other with empathy and a desire to really understand, AGPA has the potential to do even more good than we have over the first 75 years of service.

I am not writing this article because I have the answers. Rather, I am writing it to say, I am committed to the work along with many others I know. "See something, say something" has been the slogan for New York/New Jersey around terrorist attacks. Let's reclaim it and use it for

social justice work, and hold ourselves accountable as an organization and the individuals who make up this group. AGPA's new Safe Environment Conduct Policy is one of those policies that supports our work in more inclusive ways. A new Diversity, Equity and Inclusion Task Force led by M. Sophia Aguirre, PhD, CGP, has been formed to attend to cultural competence, diversity and social justice issues for faculty and our members. These are just a few of the ways we can dismantle structures that were built at a time that we didn't have the knowledge or say in building them. We have that knowledge and power now. Please join us in building a better, more inclusive AGPA for us now and for our future generations. 🍷

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# Examining the Role of Therapist Self-Disclosure in Cross-Cultural Settings

Natalie Dillon, B.S.

Group and individual therapists, when developing a therapeutic relationship with their clients, face the constant dilemma: How much to share about themselves? We are social creatures who typically co-construct relationships based upon mutual disclosure and support; however, the literature lacks consensus regarding universal guidelines for therapist self-disclosure. So when, what, and how much should a therapist disclose to her client regarding her personal life, past experience, and present feelings or reactions in the here-and-now? This debate and discussion continues in the literature among clinicians and researchers.

This article explores the construct of therapist self-disclosure (TSD) in group therapy settings, assessing potential benefits and risks. How might TSD elicit positive therapeutic outcomes in groups? How might it negatively impact the client, a subgroup, or the group-as-a-whole? The article also explores the function of TSD in cross-cultural settings, where differences between therapists and clients may exist. As traditional psychotherapy was first developed and implemented by European Caucasian researchers and psychoanalysts in Western countries, there is a lack of research examining the construct of TSD outside of primarily culturally homogenous groups or dyads. The article examines current scholarship investigating the role of TSD in culturally heterogeneous groups, studying how the intersection of distinct cultural values between therapist and client might influence the function of such disclosure.

## Therapist Self-Disclosure as a Construct in Groups

Therapist self-disclosure can be described as the therapist's behavioral, verbal, and non-verbal communications that reveal personal information about the therapists to their clients (Constantine & Kwan, 2003; Lee, 2014). While some scholars place TSD on a continuum varying by degree of disclosure (Frost, 2005), others suggest a categorical framework to classify types and utility of such disclosure (Constantine & Kwan, 2003; Lee, 2014). One such categorization proposed by Lee (2014) separates *self-involving* from *self-disclosing* statements. Self-involving statements refer to the therapist's here-and-now feelings or experiences as they relate to the client's feelings or experiences, whereas self-disclosing statements refer to factual information about the therapist. While self-involving statements are possibly beneficial, self-disclosing statements are commonly perceived as a distraction from the client and his needs (Lee, 2014).

A second classification describes TSD as either conscious or unconscious, drawing attention to the nonverbal messages therapists convey through personal and environmental cues, like manner of dress, magazines in the waiting room, and billing structure for services (Constantine & Kwan, 2003; Frost, 2014). Overall, whether cognizant of disclosure or not, unconscious TSD by therapists is inevitable (Frost, 2005). While unconscious therapist self-disclosure in small capacities is inherent to all therapy practices, the use of intentional TSD remains controversial among clinicians and researchers. In traditional psychoanalysis, for example, TSD has been strongly cautioned against, citing detriments to therapeutic process, such as demystifying the role of the analyst and diverting attention away from the client (Lee, 2014). Revelations of personal information fundamentally change the structure of the analyst/analysand relationship, potentially contaminating anonymity, objectivity, and neutrality in their interactions, functionally inhibiting the analysis and impairing the role of therapist as a blank slate on which to project thoughts (Cohen & Schermer, 2001; Frost, 2003; Schoener & Luepker, 1996).

Additionally, TSD about present struggles or professional issues could cause a role reversal, where the client is compelled to take care of the therapist (Schoener & Luepker, 1996). Lastly, TSD can be the first boundary violation between therapist and client, which may lead to an

*“Although consensus has not been reached among group therapy scholars regarding the value of therapist self-disclosure, using literature to establish guidelines from which to frame clinical experience helps leaders and therapists reflect upon their intervention and further develop tools towards achieving client therapy goals.”*

inappropriate relationship and ethical dilemma outside of the group therapy situation, such as a sexual encounter (Schoener & Luepker, 1996). Arguments against TSD inherent to psychoanalytic approaches prevailed as the sole perspective among professionals for decades.

Midway through the twentieth century, however, the development of more relational schools of therapy, such as humanistic, narrative, or feminist approaches, modified attitudes toward TSD to include relating therapist experiences to their clients in order to normalize difficult current experiences of clients (Lee, 2014; Schoener & Luepker, 1996). New beliefs purported that disclosing parts of oneself to a client may engender therapeutic benefit that advance client goals when employed appropriately (Bitar, Kimball, Bermúdez & Drew, 2014). Sharing personal information can have a humanizing effect, increasing relatability between the therapist and clients and further developing their therapeutic relationship (Schoener & Luepker, 1996; Schwartzberg, Howe, & Barnes, 2008). For example, when a group leader discloses that they are missing a group session due to illness, they may functionally respond to member anxiety, portraying themselves as human, subject to sickness and error (Frost, 2005). This humanizing effect is also relevant when TSD can be used to acknowledge leader empathic failures in group psychotherapy (Frost, 2005).

Therapist self-disclosure might be a form of modeling for clients; the therapist's disclosure elicits personal sharing from clients, which advances group process and therapeutic outcomes (Constantine & Kwan, 2003; Frost, 2005; Schoener & Luepker, 1996). Frost (2005) describes how TSD contributes to the establishment of the therapeutic alliance between clients and therapists especially towards the beginning of group formation. Knox and Hill (2003) and Gibson (2012) maintain that TSD can help foster therapeutic relationships throughout the therapeutic process, with particular emphasis on therapist self-disclosure upon termination for humanizing effects.

For many group therapists, self-disclosure is a potential intervention, which must be utilized intentionally, during a specific time and for a particular client; the impact of therapist's disclosure should contribute to therapeutic goals, not detract (Frost, 2005). Titration is applied to TSD, with therapists disclosing the minimal amount to elicit therapeutic benefit. TSD is considered inappropriate if likely that the client is unable to process the information in that moment (Kahn, 1987). Therapists must judiciously choose when self-disclosure forwards a specific therapeutic goal (Frost, 2005; Schwartzberg, Howe, & Barnes, 2008; Sternbach, 2003).

## Therapist Self-Disclosure in Culturally Heterogeneous Groups

While cogent studies of TSD in homogenous groups both promote and caution against it, there is a separate body of literature on TSD in cross-cultural settings that elucidate different themes surrounding potential benefits and detriments. In cross cultural settings, Constantine and Kwan (2003) reaffirm humanistic arguments that TSD may function as a tool to develop a therapeutic alliance between clients and therapists from different cultures. Specifically, clients of color may seek signs of cultural knowledge, sensitivity, and competency from their racially dissimilar therapist before developing trust in a therapeutic relationship. These clients may feel safer sharing their struggles related to racial power inequalities when the therapist directly acknowledges societal inequalities related to culture and ethnicity, instead of avoiding race

issues (Constantine & Kwan, 2003). Counselors who acknowledged the role of race or racism in clients' lives and revealed their own oppressive attitudes through TSD typically reported more positive therapeutic results and improved counseling relationships than those who did not disclose (Burkard et al., 2006).

Therapists and the clients they serve do not live externally from the racial, ethnic, and cultural climate of the society in which they live. Thus, power differences between cultural groups may emerge in therapy groups. Frost (2005) describes how self-disclosure serves to abate the power divide:

*“...on the part of the therapist [self-disclosure functions] as not only a leveling of the playing field, but a diminishing of the patronizing, authoritarian approach on the part of the more emotionally removed [non self-disclosing] therapist... Proponents of self-disclosure make frequent reference to their work being authentic, honest, inviting, respectful, more horizontal than vertical, and genuine.”* (p.199)

Thus, TSD in culturally heterogeneous groups may contribute to creating a collaborative therapeutic setting, countering racial or therapist/client power hierarchies inherent in Western society, and promoting greater cultural knowledge among group members and the leader.

Constantine and Kwan (2003) suggest framing TSD within a three-category structure: *inescapable* (such as physical appearance/skin color); *inadvertent* (contextual transference-countertransference); and *deliberate* (intentional/verbal statements). They propose first monitoring and assessing client reactions to the therapist's inescapable and inadvertent disclosures to guide if, when, and how further TSD might be utilized therapeutically.

When fostering cultural competency, it is important to note general differences between cultural groups, which may inform whether to self-disclose. For example, clients from Asian cultural backgrounds may place higher value upon education and titles, thus benefiting from TSD about personal credentials during formation of the therapeutic alliance. African-American clients have expressed preference for therapists who utilize TSD (Gibson, 2012). Clients from Mexican backgrounds, however, may be accustomed to more formal boundaries between health-care professionals and patients; in their case, disclosure may be perceived as inappropriate (Bitar, Kimball, Bermúdez, & Drew, 2014; Constantine & Kwan, 2003). It is important to understand that these broad statements may not fully inform the personal experience of clients belonging to a specific cultural group, but they do provide a framework for thinking about whether, when and how to self-disclose. Therefore, continually monitoring the clients' reactions and assessing the potential benefit of self-disclosure towards advancing the therapeutic goal remains crucial to the therapist's use of TSD.

Despite evidence of TSD in culturally heterogeneous groups creating open and safe spaces for discussing race and culture issues, there also exists potential for TSD to expose the therapist's negative racial countertransference (Lee, 2014). For example, in a case study examining the interaction between a White therapist and a South American client experiencing divorce, the therapist's suggestions to focus on developing his individual self-care during the transition, in spite of his explicit revelation that he cares most about connecting with his children, projects characteristically individualist and possibly undesirable Western values of self-care into his therapy session (Lee, 2014, p. 19). Another risk in utilizing TSD in cross-cultural settings is negating the client's unique life experience of cultural stereotyping. Again, the case study above illustrates that when the therapist assumes that the client, like other South American men, loves playing soccer, she negates his individual experience separate from his cultural identity (Lee, 2014). This illustrates how knowledge of client personal experiences can be as important as cultural knowledge.

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# IBCGP Presents Harold S. Bernard Group Psychotherapy Training Award

## An Interview with Judith Coché, PhD, ABPP, CGP, LFAGPA

Tony Sheppard, PsyD, CGP, FAGPA, Chair, International Board for Certification of Group Psychotherapists

**Editor's Note:** The International Board for Certification of Group Psychotherapists presented the 2019 Harold S. Bernard Group Psychotherapy Training Award to Judith Coché, PhD, ABPP, CGP, LFAGPA at AGPA Connect 2019 in Los Angeles. Established in 2001, the award 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 near and dear to Dr. Bernard's heart. Dr. Coché was recognized due to her significant contributions to the training and supervision of group psychotherapists throughout her career (often on a pro bono basis). At the University of Pennsylvania School of Medicine Residency Training Program, she embedded standards of excellence in group in more than 150 of tomorrow's leaders in psychiatry. Dr. Coché convinced the Department of Psychiatry to require that each faculty member teaching group therapy attain the CGP credential. By creating and expanding the group psychotherapy program for Psychiatric Residents at Penn and through programs offered nationally and internationally via AGPA and the International Association for Group Psychotherapy and Group Processes, Dr. Coché has consistently provided opportunities for psychiatrists, psychologists and other professional providers to become well educated and certified in the practice of group psychotherapy. An interview that Dr. Sheppard conducted with Dr. Coché can also be seen on AGPA's YouTube channel at <https://youtu.be/LOqjgoehwpl>.



Tony Sheppard, PsyD, CGP, FAGPA, Chair, International Board for Certification of Group Psychotherapists, presents the Harold S. Bernard Group Psychotherapy Training Award to Judith Coché, PhD, ABPP, CGP, LFAGPA.

**TS:** You've trained hundreds of group therapists in your career. What is your best advice to someone wanting to enter the field of group psychotherapy?

**JC:** Group therapy is part of the family of what I call interpersonal psychotherapy. I think of myself as an interpersonal architect because I help clients redesign the space between them so that it works better. To do this well, each of us must bow to the credentialing process within the field of our choice. For me, this is clinical psychology with an emphasis on healthy human development and interpersonal expertise. Because the complexity of the field makes it inherently fascinating, it is tempting to gloss over the tough academic foundation of training in the principles of group therapy, including theory, research, ethics, clinical practice guidelines, and specialty areas, such as couples group therapy or therapy with children or the aging. As in Olympic gymnastics, deeply trained pros can make the work look easy. The agony and the ecstasy of this field is that the learning never stops! I counsel that developing master group therapists enjoy the rigor and confusion of a field that never stops giving the professionally trained therapist the thrill of helping others transform lives. After half a century in clinical psychology, its fascination has yet to disappoint me. All the rigor needed to absorb standards of care is worth the effort if we can help people turn tortured existence into an optimal life. I advise staying the course lifelong through reading research, advancing standards in clinical practice and remaining humble while demonstrating capability.

**TS:** Why do you think it is important for group therapists to be well trained?

**JC:** The future of a field belongs to the master theorists and technicians in that field in each generation. The field of group therapy is young compared with physical medicine. The depth and breadth of our training in the field builds our bag of skills to unpack in deeply worrying clinical situations requiring our intervention. It all pays off.

It is easier to be trained in advance so that we can intervene quickly and skillfully as needed. Medicine relies on the Hippocratic Oath, but mental health relies on

setting and enforcing training standards to offset danger of doing harm. Without formal training and continuing education updates, we become high wire artists expert on educated guesses. It is hard to say if this is more dangerous to clients or to our self-esteem as clinicians. But in either case, the only answer is in best training for professional group therapists.

I am also certain that it is imperative for our colleagues to be as well trained in outreach to the public as they are in theory and research and clinical intervention skills. We must remain down to earth people if we want clients to trust our work. Helping our neighbors recognize real skill in the ephemeral art of group psychotherapy is key in good training.

**TS:** As a teacher of group psychotherapy, what have been some of your most important tools and resources?

**JC:** There are formal, professionally regulated tools and human tools; they are of equal importance.

Professionally regulated tools include undergraduate, master's level, doctoral level, and post-doctoral level training in the theory, practice and research in group psychotherapy, as well as the clinical training in the practice of group therapy that sets one ahead of the pack. For many of us, this totals nearly 30 years of school training before we get established in practice. The next half century needs to be spent refining and polishing skills and creating new information for the next generation.

Human tools are often taught despite training in theory and research. We must get beyond our professional protection and allow our personhood to come through to clients. Some of us may go on the air, others may write a column, still others volunteer skills in the service of teaching others the inherent power of a group to either harm or be beneficial in human lives.

My own tools include a foundation in positive psychology and positive existential philosophy as part of a broader foundation in clinical psychology family therapy, and theory and research in human development, social psychology, family therapy, and group dynamics.

My human tools began with a father blessed with deep wisdom and a wicked sense of humor. He taught me how to access and intervene in damaging human processes without getting thrown out on my ear. Because we bring our own tool box into our work with us, personal therapy is also key in separating master clinicians from the well-intended.

**TS:** As you are aware, the American Psychological Association has recognized group therapy as an area of specialty in practice. What impact do you think this has on training?

**JC:** Because professional guilds build the power base and future of a field, I joined the American Psychological Association before receiving my PhD in 1975. Psychotherapy research was in its infancy, and licensure for psychology did not exist, so I became active in pushing for it in Pennsylvania. Over the decades, little by little, special areas of expertise began to seed and flower. Group therapy has been late in joining this astute list of specialties because it has been tricky to set and enforce standards of excellence across colleagues in the field. Now that certification through the International Board for the Certification of Group Psychotherapists is accepted for recognition, group therapy can finally document its legitimacy as a theory of change, a collection of demonstrated research findings, and a valued treatment modality. This raises the bar for training by setting higher standards for the future than for the past. This continual push for further expertise is the mark of excellence in all forms of health-related practice, so I give a big "Hurray!" for raising the bar that our neighbors might benefit.

**TS:** As an educator who helps train the next generation of group therapists, how do you feel about the future of group psychotherapy?

**JC:** I feel delighted about a public that wants to create interpersonal happiness as a life goal. In the final analysis, the future of our field is defined by our adherence to excellence in training, research, practice, and outreach. If we can deepen our value of reaching out to a public that needs us, we are assured of continued progress in helping us all live optimal lives. And what could be better than that? 🙌

## EXAMINING THE ROLE OF THERAPIST SELF-DISCLOSURE IN CROSS-CULTURAL SETTINGS

Continued from page 3

Therapists must recognize that Western therapy models have inherent cultural values embedded into their philosophy and practice, and that the therapist's cultural values are manifested and imposed on clients through many interactions, not just explicit sharing surrounding culture or race (Frost, 2005; Lee, 2014). With self-awareness and sensitivity to issues surrounding cultural differences, a therapist must exercise caution in her use of self-disclosure in culturally heterogeneous groups to ensure that such disclosure serves to enhance the therapeutic alliance, not perpetuate power differentials or racial countertransference.

### Application: An Occupational Therapy Group Example

As an occupational therapy graduate student at a private university in New England, I co-led a 10-week community enrichment group of five pre-teen girls as a part of an afterschool program for families experiencing or at risk for homelessness. I am a Caucasian female (dominant culture) working with a Latino male co-leader; our members are culturally diverse. During the fifth group session, my co-leader and I were leading an art activity when one member directly questioned the group, "Does anyone else here speak two languages?"

She had previously been using Spanish words to talk to one other member, creating a subgroup and isolating members who did not speak Spanish. In that moment, I disclosed that I was bilingual (English and Spanish) and that my familial background was from a Spanish-speaking country. The given member openly expressed surprise and shock.

Framing this experience with the three-structure framework of TSD presented by Constantine and Kwan (2003), my inescapable disclosure was my tall height, blonde hair, and white skin, and my inadvertent disclosure included my mannerisms and form of dress.

Continued on page 6

# AGPA Awards Distinguished Fellowship to Gary Burlingame, PhD, CGP, DFAGPA, and Les Greene, PhD, CGP, DLFAGPA

AGPA awarded Distinguished Fellowships to Gary Burlingame, PhD, CGP, DFAGPA, and Les Greene, PhD, CGP, DLFAGPA, at AGPA Connect 2019 in Los Angeles, California, during the Anne and Ramon Alonso Plenary. Distinguished Fellowship is the highest honor bestowed by the AGPA, recognizing outstanding leadership and contributions to the field of group psychotherapy.

“Distinguished Fellowship recognizes those who are seminal leaders, teachers, clinicians, researchers and authors in the global community of group psychotherapy,” said Eleanor Counselman, EdD, CGP, LFAGPA, AGPA President. “Dr. Burlingame and Dr. Greene, with their local, national, and internationally renowned leadership in AGPA and the group psychotherapy field, epitomize this recognition.”



GARY BURLINGAME, PHD, CGP, DFAGPA

**GARY BURLINGAME, PHD, CGP, DFAGPA** (Salt Lake City, Utah) is a highly respected psychologist, researcher, and leader in the AGPA community. Dr. Burlingame has been President of Division 49 of the American Psychological Association (Group Psychology and Group Psychotherapy), as well as the Fellow Committee Chair and Research Committee Chair. He received the APA Presidential Citation (2014) for outstanding contributions to the field and was awarded Group Psychologist of the Year for APA in 2006, as well as BYU

“Dr. Burlingame and Dr. Greene, with their local, national, and internationally renowned leadership in AGPA and the group psychotherapy field, epitomize this recognition.”

University Professorship for excellence in scholarship, teaching and citizenship from 2011-2021. His contributions to AGPA have included serving as a member of the Science to Service Task Force, where he helped develop the Clinical Practice Guidelines for Group Psychotherapy and as part of the Community Outreach Task Force that delivered services following 9/11. He also served on the AGPA Board of Directors and as Co-Chair for the Distance Learning Task Force and the CORE Battery Task Force. As part of the latter, he spearheaded the effort to update this key research tool. Dr. Burlingame also served on the Editorial Board for the *International Journal of Group Psychotherapy*. In addition to these leadership roles, Dr. Burlingame served on the Editorial Board for *Group Dynamics: Theory, Research and Practice*, *Psychotherapy Research* and the *Journal of Clinical Psychology: In Session*. He is a prolific author and presenter with 131 articles, 47 chapters, 12 technical manuals, four books, almost 300 papers and over 200 group therapy presentations at various conferences. He is a Professor in the Department of Psychology at Brigham Young University, a position he has held since 1996.

**LES GREENE, PHD, CGP, DLFAGPA**, (Hamden, Connecticut) is a highly respected psychologist, professor, researcher, and leader; including serving as President of AGPA and a member of the Board of Directors for AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists. Dr. Greene was an Assistant Professor and Associate Professor in the Department of Psychiatry at the University of California at Davis School of Medicine and an Associate Professor at Yale University School of Medicine. He has taught courses

and seminars across the nation. In addition to multiple group and social systems consulting, staff psychologist and supervisory positions, Dr. Greene has been a staff psychologist at West Haven Veterans Affairs Medical Center, serving clients while supervising and training psychology interns and Yale psychiatric residents in group psychotherapy. At AGPA, Dr. Greene was also Chair of the Nominating Committee and a member of both the Annual Meeting Committee and Fellowship Committee. On the Group Foundation Board, he oversees the research grant funding process. He was Editor of the *International Journal of Group Psychotherapy* for 10 years during a period of significant growth and transformation in the *Journal* and its reach. Dr. Greene also played a critical role in the inauguration of the AGPA Science to Service Task Force,



LES GREENE, PHD, CGP, DLFAGPA

helping to produce the AGPA *Clinical Practice Guidelines for Group Psychotherapy*. He currently serves as Co-Chair of the Task Force. Dr. Greene has published nearly 100 academic papers, books, and monographs. In 2014, he received the Arthur Teicher Group Psychologist of the Year Award from APA Division 49, Society of Group Psychology and Group Psychotherapy, which honors a distinguished group psychologist whose theory, research, or practice has made important contributions to knowledge of group behavior. 🌟

## member NEWS



Erica Anderson

**Erica Anderson, PhD**, President of the Northern California Group Psychotherapy Society, has been awarded recognition as an Agent of Change, by GAYLESTA, the largest regional professional group of LGBTQIA+ self-identified psychotherapists. GAYLESTA, which represents 400 therapists in the San Francisco Bay area, brings together therapists to educate the public, provide services to clients, and advocate for social change by providing culturally competent services to sexual and gender minorities. Dr. Anderson provides consultation to transgender and gender variant youth at the Child and Adolescent Gender Clinic at the University of California San Francisco.

**Cynthia Rogers, BSc, Cert Ed, MInst**, published a chapter describing the group analytic work she did at Clare Gerada's invitation with doctors, which describes how the consultation was conceptualized and implemented. Importantly it identifies the structures and assumptions that discourage doctors from taking care of themselves. She worked with the profession-as-a-whole, at the national and local level and with individual doctors in various group situations. The chapter, “Consulting to Doctors in General Practice: Don't talk to me about work,” appears in *Group Analysis, Working with Staff Teams and Organisations*.

**Deborah Sharp, LCSW, CGP**, received the 2019 President's Outstanding Staff Award from the University of Texas. She was cited for her proactive and innovative approach to solving problems and developing programs like the Victim Advocate Network at the university. 🌟

# Benefiting from Your AGPA Membership

Mary Krueger, MEd, LCPC, CGP, FAGPA, Co-Chair, Membership Committee

Busy professionals know that finding a professional home is a foundational piece in developing and maintaining a successful career. Joining an organization requires the allocation of resources, thus choosing the right one is important. The best organization for professionals interested in group work is the American Group Psychotherapy Association. AGPA offers a rich and varied array of benefits and opportunities to its members.

Through its multi-disciplinary membership, AGPA attracts professionals with a wide range of expertise and experience. Many of the pillars of group work have been part of AGPA. Our membership believes in the power of group, so we connect, network and mentor. We support the future leaders in group psychotherapy in a variety of ways.

AGPA is a great place to establish professional and personal relationships. AGPA Connect, our active member listserv, as well as the AGPA Facebook group offer places to network, establish connections and even develop a referral base. At AGPA, members learn from each other and grow together.

Members of AGPA have access to a wide range of educational materials, the majority of which provide CEUs along with training. Members can avail themselves of AGPA's e-learning materials, real-time offerings, as well a large library of past e-learning events and educational material from past AGPA Connect meetings. These can be found on our website at [www.agpa.org](http://www.agpa.org).

AGPA keeps us current through several channels: the *Group Circle* newsletter, the *International Journal of Group Psychotherapy*, Group Connections, email notices, and more. In the *Group Circle*, you'll find current news about the Affiliate Societies or perhaps read Consultation, Please. AGPA is interested in promoting group therapy research, which is partly aided by our Science to Service Task Force, which supports evidence-based guidelines and practice.

The American Group Psychotherapy Association assists in times of need through the Community Outreach Task Force, providing advocacy on health care issues and disseminating important information. There are committees and task forces to benefit every AGPA member. Check out the website for more information.

There are several other connections members have that are benefits of being part of AGPA. In addition to our 22 local Affiliates, we have 16 Special Interest Groups. There are six standing AGPA committees and five task forces. Click on the About Us dropdown tab on AGPA's homepage and you can find the lists and the contact person or persons.

There is something for every professional, even those not currently running groups. The emphasis on experiential learning in AGPA educational offerings lets the professional experience first-hand the process of human interaction. Members learn so much about themselves and their process experientially, while also helped to put it into a conceptual framework through didactic learning.

Could there be more benefits? Yep. AGPA is dynamic so it changes regularly. Keep your eye on the website, Facebook page, the member listserv, and the SIGs to keep current. Join your local Affiliate. 🍷

## A PERSONAL VIEW OF MEMBERSHIP Virginia Cruise, LPC, CGP

Being an active AGPA member keeps me plugged into a community of professionals who share my values. This is especially important to me because my work—and my clients—are constantly on the move. I am a Veteran, and my husband continues to serve in the active duty military. Subsequently, we move every two to three years, and so does my practice. Thankfully, I have been able to plug into AGPA Affiliates around the country and quickly connect with like-minded individuals. AGPA gives me an instant local community of professionals, new friends, and even job opportunities.

Because most of my clients are still active duty military, they move every few years as well, across the country and the globe. This is stressful, especially when they have worked to build trust and rapport with a therapist and balk at the idea of starting all over again. I rely on AGPA to help me make quality referrals for my clients on the move. The AGPA listserv community is active and quickly recommends therapists and groups for my clients. I know that when I refer a client to an active AGPA member out of state, the client will be working with a trusted therapist. These clinicians understand the value of group psychotherapy and pursue the highest quality professional development, research, and outreach services. I often hear back from my clients, who express how happy they are to have a new therapist with whom they can connect.

As a professional who needs continuing education credits, there are several opportunities throughout the year. The week-long annual conference, AGPA Connect, is the biggest educational event of the year. There I have been able to have one-on-one conversations with leaders in the field of group therapy. Each year, the Institute presents a two-day experiential group led by outstanding group practitioners from around the world. I received a scholarship, which paid for the conference and provided discounted accommodations. AGPA's e-learning offerings introduce me to philosophies and approaches that have strengthened my identity as a group therapist. I have a national and international group of trusted colleagues. Being a member of AGPA has been vital to me and my clinical practice.

## EXAMINING THE ROLE OF THERAPIST SELF-DISCLOSURE IN CROSS-CULTURAL SETTINGS

Continued from page 4

In response to her direct questioning, I chose to disclose my bilingualism with the aim to further develop the therapeutic relationship with the questioning member through shared language experiences. I also chose to disclose my familial background with the purpose of connecting with other group members of minority cultures who may also live within two different languages and cultures. Assessing her reaction to the atypical compound of my inescapable phenotype with my further disclosure served to guide future self-disclosure. While previous use of Spanish in group led itself to subgrouping by language, disclosure of my language abilities hindered the exclusivity of that subgroup, and provided a bridge between different language speaking subgroups. These may have been contributing factors towards the development of group-as-a-whole cohesiveness and maturing therapeutic relationships among group members and leaders. While applying some concepts from the literature in choosing to self-disclose, I also continually assessed hers and the group's reaction to the disclosure.

### Conclusion

Although consensus has not been reached among group therapy scholars regarding the value of therapist self-disclosure, using literature to establish guidelines from which to frame clinical experience helps leaders and therapists reflect upon their intervention and further develop tools towards achieving client therapy goals.

As occupational therapists work with culturally heterogeneous groups, it is important for therapist self-disclosure to be reconceptualized within occupational therapy practice as a possible construct for building therapeutic relationships. As with homogenous groups, TSD must be employed judiciously when cultural values differ between therapists and clients, especially in the presence of societal power hierarchies surrounding various cultural groups. Ultimately, employing therapist self-disclosure in cross-cultural settings must serve to empower clients and let their voices be heard. 🍷

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# consultation, please!

Dear Consultant:

Why is it so hard to get a new group started? I have a group on Monday evenings, but it's full, so I'd like to start another group on another evening. I talked to almost everyone in my own practice (except the people who aren't ready for group), and I got a lot of resistance from most of them. Eventually I collected a few individuals, and then I talked to my colleagues around the city and asked if they have anyone they'd like to see in a group. Many of these professionals don't have groups themselves, so you'd think that there would be a few referrals. I've been in practice for 20 years and have a certain visibility in the professional community. Maybe one or two trickled in. This all took time, and while I was trying to collect the referrals, two of my patients who previously agreed to join changed their mind and no longer want to be in group. Or there's a class that they really want to take and it's on the same night. I think if I had even four people, I could start meeting, and then add people one at a time until this group is full. I thought I had four members to start, but now I have only two, and I'm totally at my wits' end. How can I make this process easier and smoother?

Signed, Baffled

Dear Baffled:

This is truly a frustrating experience! Rest assured, you are not the only one who suffers from this dilemma. Just last week, a colleague in my practice asked to meet with me to discuss how to get a group started.

You did not say what type of group you want to start, but I believe the reasons for your struggle are written right in the question you asked: "Why is it so hard to get a new group started?" There are two issues here: one is "new." For us seasoned professionals, we answer the question "Should I start another group?" with "Of course!" For the vast majority, though, being vulnerable in front of others is one of the most difficult things in life, and in a group, it is an inevitable occurrence. The idea of a group may be scary and, therefore, not as appealing to your clients as you might think. In addition, not every therapist is familiar with group process. They may worry about what happens if their clients reveal something from individual therapy with which you do not agree. It can be off-putting to have another therapist encroach on their territory. Also, other therapists are busy, and it may be too burdensome for them to recruit for you. Whatever the case, remember that even therapists don't always know the value of group therapy.

Secondly, you use the word "started." If clients think they have to start over again with strangers, it can be daunting. Most people are already busy, and the idea of starting something more can be too much. Do not dismay. There are some things you can do!

Whenever I want to begin a new group, I take time to tackle the Two Bs: Buy-in and Barriers. People are more likely to invest if they clearly understand the benefit. Think about how you explain the idea of group to your clients. Help your clients explore what specific goal the group can help them meet. We know that groups are experiential ways to practice skills with support, but do they really get that? We must help them understand the value of the experiential to interpersonal learning. What about therapists referring their clients to your group? What's in it for them to have their client in your group? For some, it may be helpful to tie modern neuroscience into the discussion—it is well established that attunement rewires the brain. Even our nervous systems are wired to respond

to relationships. What better place than a group to have that level of cutting-edge care? As for the barriers, think from your clients' perspectives. Are they too busy? Are there financial issues? Commitment fears? What is the cause of the resistance and how can you help them explore and understand this?

Ultimately, experience may be the best salesperson. It may be beneficial to have a free Intro to Group every now and then. Host a monthly, topic-based get-together, and then put the people who come into a group. Show them rather than tell them. For many people, seeing is believing!

Hannah Smith, MA, LMHC, CGP  
Edmonds, Washington

Dear Baffled:

I can really commiserate with you and feel very fortunate to have been maintaining long-term groups for many years—even though they have rarely been full. I well remember having to make a quasi-spreadsheet for which patients had which days and times available before I could get my groups up and running. My own therapist found herself unable to sustain a group, or start a new one, after the first one ended. Sometimes I think that we need an AI Anon equivalent for group therapists, to remind us that we are powerless to make groups work the way we want to, starting with starting the group.

To improve prospects, we need to make colleagues more aware, not just of our availability but also of the benefits of group therapy. Toward that end, I sometimes forward links to such information (see the two below) to colleagues. I append CGP to my name on my letterhead, and as a result, sometimes I get asked about it by colleagues, allowing me a chance to talk about group therapy. Even so, I can count almost on one hand the number of referrals I've gotten from fellow therapists. One of these was really the patient herself seeking a group therapist, and finding me on the CGP website after clearing it with her individual therapist.

So, we usually have to recruit from within our own caseloads. This starts with having information about group therapy among the material in my waiting room. For instance, there is the recent essay by AGPA

President-Elect Molyn Leszcz (at <https://bottomlineinc.com/health/mental-health/considering-psychotherapy-group-therapy-is-sometimes-better>). There is also AGPA's brochure *Group Works!* ([www.agpa.org/home/practice-resources/group-interventions-for-trauma/general-information-on-trauma-for-clinicians-and-the-public-at-large/group-works-online](http://www.agpa.org/home/practice-resources/group-interventions-for-trauma/general-information-on-trauma-for-clinicians-and-the-public-at-large/group-works-online)).

When I see a new patient for whom I can imagine group being helpful, I mention it in an early session to gauge the initial response. I often talk with patients about the possibility of group therapy, with the idea that exploration of their feelings about this can be therapeutic in and of itself, even if they don't choose that option. Framing it this way takes away the feeling that I am pressuring them to join group. This kind of priming helped me to establish my two open-ended outpatient groups, and keep them running for many years. I've often found that the reasons patients give for not wanting to be in group therapy are in fact the very reasons they should consider it, and addressing that has also helped to work through their resistances.

I mentioned that my own therapist was unable to keep her group going. I'm afraid I have to tell you that one of the factors was starting small. It can work, but the risk is high in the face of difficulty recruiting potential members.

Marc Schramm, PsyD, CGP, FAGPA  
Hilliard, Ohio

Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, the Editor of the *Consultation, Please* column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. Special Interest Group members are also encouraged to send cases that pertain to your particular field of interest. Email Lee at [lee@leekassan.com](mailto:lee@leekassan.com).



NEWSLETTER OF THE

AMERICAN GROUP  
PSYCHOTHERAPY ASSOCIATION

INTERNATIONAL BOARD FOR  
CERTIFICATION OF GROUP  
PSYCHOTHERAPISTS

# groupcircle

25 East 21st Street, 6th floor  
New York, NY 10010

See *Group Assets* insert

## affiliatesociety NEWS

The **AUSTIN GROUP PSYCHOTHERAPY SOCIETY'S (AGPS)** Annual Meeting, *How We Got Here and Where We're Going: A Panel of Presidents*, featured Past-Presidents Sue Marriott, LCSW, CGP; Jev Sikes, PhD; Patricia Tollison, PhD, CGP; Pam Greenstone, LPC; and Dave Kaplowitz, LMFT, CGP. Neathery Thurmond, LCSW, CGP, facilitated a conversation about the diversity of body size and body abilities in group psychotherapy with a brief didactic. *Blending Modern Analytic and DBT in Group*, presented by DeLinda Spain, LCSW, CGP, CEDS, explored how two seemingly different models can be blended to create a dynamic and engaging skills training group that addresses resistances and facilitates emotional growth. Laura Ebady, PsyD, CGP, facilitated the *Friday Night Conversation: Here There Be Dragons—Internal Barriers to Growing Big Professionally*, which considered how moving out of their comfort zone into new territory can benefit therapists and their clients even though therapists also have reluctance to enter into unfamiliar professional terrain. The *Spring Membership Party* took place at the home of Amelia Canally, LCSW, CGP. This annual informal event connects the community with prospective new members. A Spring Workshop: *Our Emotional Resistance to Climate Change*, with Anna Graybeal, PhD, CGP, SEP, helped therapists understand more about their resistance to difficult feelings about climate change and the ways this affects their ability to acknowledge the enormity of the threat.

The **CAROLINAS GROUP PSYCHOTHERAPY SOCIETY (CGPS)** Board announced that Peter Millis, LCSW is President-Elect; Dan Darnell, PhD, has moved from Past President to Member-at-Large; Derek Easley, MSW, LCSW, is a Member-at-Large; Brian Clougherty, MA, MDiv, NCC, LPC, is Membership/Marketing Chair, and W.J. Casstevens, PhD, MSW, LCSW, is the International Association for Social Work with Group (IASWG) NC Chapter liaison. CGPS and the IASWG NC Chapter are collaborating to promote group therapy.

The **EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS)** announced that Jonah Schwartz, LCSW, has been appointed as the new Editor of *GROUP*, the quarterly journal focused on group psychotherapy, group interventions, and group dynamics. Under the leadership of Rudy Lucas, LCSW, CASAC, SAP, Christine Schmidt, LCSW, CGP, and Kevin Gillette, PsyD, the EGPS Work Group for Racial Equity led a group of 34 members and their families on the Witness to History Expedition to Montgomery, Alabama, on Martin Luther King, Jr. weekend. Participants went on a civil rights tour, visiting Tuskegee University, the Legacy Museum, and the National Memorial for

Peace and Justice. Attendees participated in meaningful process groups to discuss their reactions to what they experienced. This year, EGPS's fundraiser honored Robin Good, PhD, CGP, FAGPA, Dominick Grundy, PhD, CGP, FAGPA, and Rudy Lucas, LCSW, CASAC, SAP.

The **FOUR CORNERS GROUP PSYCHOTHERAPY SOCIETY (FCGPS)** is proud of its representation at AGPA Connect this year. Many FCGPS members, old and new, presented workshops and led Institutes. Some stand-outs include Philip Horner, LCSW, CGP, and Marcée Turner, PhD, CGP, who presented an Institute on *Racism's Cost of Disconnection*; Elizabeth Olson, PsyD, LCSW, and Francis Kaklauskas, PsyD, CGP, FAGPA, who presented an Institute on *Group as a Jazz Ensemble*; and Robert Unger, MSW, PhD, CGP, FAGPA, and Gil Spielberg, MSW, PhD, ABPP, CGP, FAGPA, who conducted a long-running two-year continuous group. The Saul Scheidlinger Endowed Scholarship was awarded to Student Board Member Madeline Stein. FCGPS's Fall Conference, *The Stories Within: Working with Unspoken Experiences in Group Psychotherapy*, will be held November 15-16 at the Denver University Morgridge College of Education.

The **GROUP PSYCHOTHERAPY ASSOCIATION OF LOS ANGELES (GPALA)** was honored to serve as the host city for AGPA Connect 2019. GPALA has seven upcoming trainings throughout 2019, including its Annual Two-Day Conference, September 20 – 21, to be presented by Aaron Black, PhD, CGP. The training will have both didactic and experiential components, focusing on treating insecure attachment in group therapy through a modern psychoanalytic lens. Visit [gpala.org](http://gpala.org).

Members of the **HAWAIIAN ISLANDS GROUP PSYCHOTHERAPY SOCIETY (HIGPS)** found AGPA Connect 2019 in Los Angeles stimulating, fulfilling, challenging, and profound. A highlight was an HIGPS dinner. Renae Mendez, LCSW, will become the Oahu group's Coordinator and Helene Satz, PsyD, ABPP, CGP, will assist with planning the *August Institute* to be held August 17-18 (Oahu) and August 24-25 (Maui). Both will be led by Ronnie Levine, PhD, ABPP, CGP, FAGPA. HIGPS continues its monthly book group, which is currently discussing *From the Couch to the Circle*. Dr. Schlapobersky joined HIGPS on Zoom from London for the discussion of Chapters 9-11 on *Structure, Process and Content*.

The **ILLINOIS GROUP PSYCHOTHERAPY SOCIETY'S (IGPS)** Spring Conference featured Katie Griffin, LPC, CGP, FAGPA, who spoke on *Early Longing, Emotional Engagement,*

*Gender Identity, and Sexual Desire: Being Fully Ourselves in Relationship*. The group leader helps expand and deepen the examination and expression of longing, emotional connection, and sexual desire. This enables members to develop more fluidity, breadth of identity, and deeper connection to themselves and others. The Fall Conference will feature Britt Raphling, LCPC, CGP, and Dave Kaplowitz, LMFT, CGP, who will present *Narcissism in Group: We Leaders Are Not Immune!* The workshop will examine how to recognize and respond to healthy and unhealthy narcissism so therapists can remain emotionally and therapeutically effective leaders.

The **MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS)** Spring workshop featured Lisa Kays, LICSW, LCSW-C, who presented *The Role of Improvisation in Personal Growth, Relationships and Therapy*. "So much of therapy is helping clients say yes when their habit is to say no. The principles of improvisation mirror this work, providing a safe space that inspires risk-taking, elicits unforeseen new options, unleashes different ways of being and honors fun as a valid aspect of decision making," said Kays. MAGPS watched the Academy Award winning movie *Moonlight*. Reginald Nettles, PhD, CGP, directed the discussion. Members also saw *Call Me by Your Name*, with a discussion presented by Sonia Kahn, PsyD. Presenters Katherine Thorn, LPC, LCPC, BCN and Dave Morrissette, DSW, will discuss *Doubt*. Alison Howard, PsyD, CGP, added a diversity statement to MAGPS's website, and Karen Eberwein, PsyD, CGP, and Lorraine Wodiska, PhD, ABPP, CGP, FAGPA, completed a comprehensive MAGPS Operations Manual. David Heilman, PsyD created a brochure to advertise the many and varied offerings of MAGPS.

Recent offerings at the **NORTHEASTERN SOCIETY FOR GROUP PSYCHOTHERAPY'S (NSGP)** free Breakfast Club series included *Abuse of Power in Groups: Leadership, Followership, and Protective Factors*, presented by Sasha Watkins, MA, LMHC, CPRP; *Loving Defenses to Death, Bringing Attachment to Life—an Experiential Approach to Couples Work*, presented by Jennifer Leigh, PhD; and *Group as Experience, Group as Intervention*, presented by Jeff Brand, PsyD. A Practice Development event, *Stealth Self Care in the Therapeutic Hour*, was led by Doug Baker, LICSW, who taught research-based self-care interventions, drawn from mindfulness and yoga. NSGP and EGPS have entered into an agreement allowing the members of one Affiliate to attend the other's annual conference at members rates. NSGP's Annual Conference, *Diving In: From the Shallows to the Deep*, featured Ronnie Levine, PhD, ABPP, CGP, FAGP, who

presented *The Effects of the National Leader's Transgressions on the Social Unconscious and Group Therapy Life*; Aaron Black, PhD, CGP, led a demonstration group *Diving into Tumultuous Waters: A Modern Psychoanalytic Approach to Treating Insecure Attachment in Group Therapy*.

The **NORTHERN CALIFORNIA GROUP PSYCHOTHERAPY SOCIETY (NCGPS)** started offering quarterly Community Meetings. A core group of members gather every four months to discuss members' needs and goals personally as members of the Affiliate, as group therapists, and as members in this emerging experiment. They also discuss ways the Affiliate can most effectively thrive and provide for members. NCGPS President-Elect Ildiko Ran, MFT, CGP, has co-facilitated these meetings with the plan to rotate leadership to others and provide mentorship in becoming peer-facilitators for a sustainable community of group therapists.

Seven members of the **SAN ANTONIO GROUP PSYCHOTHERAPY SOCIETY (SAGPS)** attended AGPA Connect 2019, including the *Lorelle H. Machen, Ph.D. Memorial Scholarship* recipient Jennifer Williams, LPC. SAGPS's annual Al Riester Memorial Ethics Workshop, *Ethical Practice in Group: From the Inside Out*, was moderated by Tom Stone, PhD, CGP, FAGPA. Dr. Stone was joined by a panel of experienced psychotherapists, including SAGPS members Ashley Powell, PhD; Karen Roundtree, LPC, CGP; and Mark Simmons, LCSW, LMFT. The workshop sought to examine the at-times false separation of clinical and ethical issues. Participants explored how their personal, professional, and theoretical values inform thinking about ethical and clinical practices. SAGPS' free for members ethics workshop is an innovative platform for valuing members and encouraging membership renewal.

The **WESTCHESTER GROUP PSYCHOTHERAPY SOCIETY (WGPS)** presented *When the Therapist Becomes the Medical Patient: Courageously engaging with illness and mortality* with Roberta Omin, LCSW. This workshop focused on how therapists attend to their own experience with illness while staying aware of their role as therapists. Through an experiential exercise, video interviews, group participation, and didactic teaching, attendees grappled with the broad range of their issues concerning self-disclosure/non-disclosure in the group therapy setting and how that impacts the therapist, as well as the client. Ineke van Rijsselberg presented on *Haptotherapy: a unique European Tactile Practice*. Rijsselberg is a haptotherapist in private practice in Heemstede (medical center) the Netherlands, with almost 20 years of experience in the field of haptonomy and haptotherapy. 🇳🇱