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 the glass ceiling is a concept he heard in a psychology class (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 colleague who is a social worker in the department for four years. He laughs and says, “oh sorry,” and continues with his comment. I sat 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 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 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 life from the healthcare we do or do not receive, to opportunities gained or lost in our educational attainment.

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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 discussions.

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 from these social media, and AGPA President-Elect Melyn Leszcz proudly announced that he made his first tweet! Another encouraging development is phone discussions with Orymp Behavioral Health. Melyn Leszcz, Diane Feirman, CAE, Public Affairs Senior Director, and me, speaking in an interactive 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 psychotherapy 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 Ahernbery, 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, Stephanie Stephens, CAE (and her daughter Tatyana James), Jenna Tripas, and Marsha Block, CAE, CFRE.

The Structural Lens
On the structural level, where communities are built, what issues we face, and how we respond, and maybe 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 that knowledge and power now. Please join us in building a better, more inclusive AGPA for us now and for our future generations.

References
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 homogeneous 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 believe that the therapeutic relationship should be limited 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 group contexts is more common 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 deterrents 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 professions should not 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 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 advances client goals when employed appropriately (Binar, Kinsball, 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 empathic failures in group psychotherapy (Frost, 2005).

Therapist self-disclosure might be a form of modeling for clients, which the therapists’ personal sharing can elicit 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 a therapist’s disclosure should be 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 homogeneous groups both promote and caution against, 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) recommend that therapists consider the possibility 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 therapist-client relationship and feeling 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, cultural explosion or surprise disclosure, non-verbal/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 healthcare professionals and patients, in whose case disclosure may be perceived as inappropriate (Binar, Kinsball, 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, and when to self-disclose. Therefore, when examining 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 countertransfer- ence (Lee, 2014). This potential problem, 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 more about connecting with his children, projects characteristically individualistic and possibly undesirable Western values of cultural integration (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 exacerbates 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.

Continued on page 8
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 2011, 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 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. Coché was recognized for 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 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 programs and training at the University of Pennsylvania, Coché has clearly demonstrated that her achievements with the International Board for Certification of 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/LQdgoeEu6Pi.

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, you must be both the credentialing process within the field of our choice. For me, this is clinical psychology with an emphasis on healthy developmental and interpersonal expertise. Because the complexity of the field makes it inherently fascinating, it is tempting to gloss over the tough academic foundation of its fascination has yet to disappoint me. All the rigor and creating new information for the next generation. Human tools are often taught despite training in theory and practice of group therapy that sets one ahead of the curve. The future of a field belongs to the master theorists and to the master trainers. And that is why the training in group psychotherapy is key in good group therapy research was in its infancy, and licensure for group therapy has been late in joining this astute list of specialties 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 sign of future excellence in all forms of health-related practice, so I give a big “Hurrah!” for raising the bar that our neighbors might benefit.

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. Professionally regulated tools include graduate, master’s level, doctoral level, and post-doctoral level training in the theory, practice and research in group psychotherapy, as well as the 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 practice. We must get beyond our professional protection and allow our personnel 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 off 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. Thorough and breadth of our training in the field builds our bag of skills. Plug 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 clinical intervention skills. We must remain down to earth 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 future leader in your field, 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 optimally. And what could be better than that?

Application: An Occupational Therapy Group Example

As an occupational therapy student at a private university in New England, I co-led a 10-week community enrichment group of five pre-teens 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 five 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 inadvertent disclosure was my tall and Hispanic heritage, my height, blonde hair, and white skin, and my inadvertent disclosure included my manners and form of dress, 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 clinical intervention skills. We must remain down to earth 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.
AGPA Awards Distinguished Fellowship to Gary Burlingame, PhD, CGP, DFAGPA, and Les Greene, PhD, CGP, DLFGPA

AGPA awarded Distinguished Fellowships to Gary Burlingame, PhD, CGP, DFAGPA, and Les Greene, PhD, CGP, DLFGPA. 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 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 Sexsini. He is a prolific author and presenter with 313 articles, 47 chapters, 12 technical manuals, four books, almost 500 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, DLFGPA

LES GREENE, PHD, CGP, DLFGPA, (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, 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 Tischler 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.

NEWS

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 LGBTQ+ 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, BS, 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, MSED, 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 the 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 offers 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 offerings, real-time offerings, as well as 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.

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 research therapy, which is partly aided by our Science to Service Task Force, which supports evidence-based guidelines and practices.

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 power of human interaction. Members learn so much about themselves and their process experientially, while also helping 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.

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 typographical compound of my inescapable phenotype with my further disclosure served to guide future self-disclosure. While previous use of Spanish in group led me to self-disclosing 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 managing 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 occupation-based therapy practice as a possible construct for building therapeutic relationships. As with homogeneous groups, TSS must be encouraged 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.

**References**


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 latters 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, year after year. 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.
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 a 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?

Sincerely,

Hannah Smith, MA, LMHC, CGP
Edmonds, Washington

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, 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 benefits. 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 Al 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-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.

Mani 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 practice. 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.
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 Grandy, PhD, CGP, FAGPA, and Rudy Lucas, LCSW, CASAC, SAP.

The Four Corners Group Psychotherapy Society (FCGPS) is proud of its tradition of presenting a Spring Conference this year. Many FCGPS members, old and new, presented workshops and led Institutes. Two standout-includes Philip Horner LCSW, CGP, and Marcie Turner PhD, CGP, who presented an Institute on Racism’s Cost of Disconnection; Elizabeth Olson PsyD, LCSW, and Brin Cost of Kahlaukas, 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, ARBP, CGP, FAGPA, who conducted a long-running two-year continuous group. The Saul Schindelinger 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 Montgord College of Education.

The Northern California Group Psychotherapy Society (NCGPS) started its year at AGPA Connect 2019, the bi-annual conference at members rates. NSGP’s Off-Site Social is proud of its 12 members who attended AGPA Connect 2019, including SAGPS members Ashley Powell, PhD, CGP, FAGPA, and Dave Kaplowitz, LMFT, CGP, who will feature Britt Raphling, LCPC, CGP, who will present their presentation in Group: We 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, LCSW, LSWC-W, who presented The Role of Imagination 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 unlearned responses, unleashes different ways of being and honors fun as a valid aspect of decision making,” said Kays, MAGPS, who attended 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 Kathleen Thom, LCSW, LPC, LCP, and Dave Morissette, LSW, will discuss Doubt. Allison Howard, PsyD, CGP, added a diversity statement to MAGPS’s website, and Karen Borenstein, PsyD, CGP, and Lorraine Wodnick, PsyD, ARBP, CGP, FAGPA, completed a comprehensive MAGPS Operations Manual. David Heitman, PsyD created a brochure to advertise the many and varied offerings of MAGPS.

Recent offerings at the Northeastern Society for Group Psychotherapy (NSGP)’s free Breakfast Club series included Abuse of Power in Groups: Leadership, Followership, and Protective Factors, presented by Sasha Watkins, MA, LMHC, CRP, Living Deaths to Death, Bringing Attachment to Life—an Experiential Approach to Couples Work, presented by Peter Germain, PsyD, and Group as an Emergent Process, Group as Intervention, presented by Jeff Brand, PsyD. A Practice Development event, Sound Self Care in the Therapeutic Hour, was led by Doug Baker, LCSW, 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 member rates, NSGP’s Annual Conference, Diving In: From the Shallows to the Deep, featured Ronne Levine, PhD, ABPP, CGP, FAGPA, 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 Psychosomatic Approach to Treating Insecure Attachment in Group Therapy.

The Western New York Group Psychotherapy Society (WNGPS) has been a new member to the WNGPS as the group therapy leader, and as members in this emerging experiment. They also discuss ways the Affiliate can most effectively thrive and grow, as well as share ideas and explore the potential of peer mentoring 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 lovely Hella Machen, PhD, Memorial Scholarship recipient Jennifer Williams, LPC. SAGPS’s annual AI Riestmo 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, CGP, FAGPA, and Rudy Lucas, 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 Western Colorado Group Psychotherapy Society (WCGPS) presented When the Therapist Becomes the Medical Patient: Courageously engaging with illness and mortality with Roberto Omin, LCSW. This workshop focused on how therapists attend to their own experience with illness while staying attuned to their role as therapists. Things that influence our thinking about ethical and clinical practices, 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. Ineke van Rijsselberg presented on Haptotherapy: a unique European Tactile Practice.