The basic SCT hierarchy is a triad of systems, the smallest of which is our person-as-a-system. Our inner-person system is the source of life force energy and exploratory drive. When collaborating with others, we contribute our energies to inter-person system goals. In SCT large groups, we subgroup (inter-person) to explore similarities and the emerging differences within the similarities and the similarities within the differences. Exploring group conflicts through subgrouping enables the whole group to integrate its differences and develop and transform its whole system norms (Agazarian, Gantt, & Catter, in press).

All living human systems, small or large, are defined as a triadic hierarchy of isomorphic systems. Isomorphy means similarity for systems in a hierarchy, e.g. when we feel closed boundaries in ourselves (inner-person), there will be a subgroup who also feel closed and some closed boundaries in the whole-system. Seeing the large group as a system helps us see how to use our inner-person energies to fuel inter-person subgrouping to integrate differences. The inter-person subgroups (middle system in the hierarchy) influence our inner-person and whole-system norms. Whole-system norms shape what happens at all system levels.

Developing Systems-Centered Large Group Norms

SCT explicitly and deliberately influences group norms by shifting the communication patterns away from social, stereotyped communications to here-and-now explorations and reality-testing. This starts by introducing functional subgrouping to build inter-person systems, ensuring that every communication is understood and joined with no one left alone with a difference.
Leo Leiderman, PsyD, ABPP, CGP, FAGPA

As I write this, it is the winter solstice, the darkest day of the year. It has already been a cold dark winter in the Northeast. It is also a period when we have not yet reached the peak of the COVID pandemic that is surging throughout the U.S. and world. Nightmarish and incomprehensible amounts of lives lost each day, overwhelmed ICU/CCUs, historic hunger, unemployment, a collapsing economy, a new more contagious variant of the virus, the racism crisis, and months of social isolation leads to heartache. The thought of conditions worsening in the next few months by the impact of the pandemic is beyond belief and emotional comprehension. It has been a trying year for all marked with multiple losses, trauma, pain, and grief.

Today also brings us hope as U.S. and global citizens begin to get vaccinated. As more of the world population is immunized during the next several months, hope and the beginning of a new post-pandemic era will arise. Optimistically, when we reach the period of sunshine of summer solstice, the longest day in the Northern hemisphere, we will be rejuvenated in many ways.

This edition of the Group Circle will be distributed before AGPA Connect 2021. The conference has traditionally led us from the winter solstice, the darkest day of the year by the American Group Psychotherapy Association, to the summer solstice, the longest day of the year by the American Psychological Association. This year by the American Group Psychotherapy Association. This year, as the commitment of leaders and participants, we hope to provide a sense of strength, hope, and community to our members during the AGPA Connect 2021.

We are also pleased to announce that Acta Belcher Platt, PhD, has accepted an offer from the senior editorial staff of the Group Circle and AGPA’s Co-Chairs of the Diversity, Equity & Inclusion Task Force to become the new Editor for the Wading the Circle: Social & Racial Social Justice column. This column’s focus will be on topical, scholarly articles centering around systemic racism, marginalized groups, diversity, multiculturalism, and group therapy.

Dr. Platt is a licensed psychologist, providing culturally responsive individual and group psychotherapy, family therapy, and psychological assessment. She treats various concerns and specializes in racial-cultural issues, trauma, and grief. Her experience and focus on social justice and diversity, equity and inclusion will contribute immeasurably to our readership.

We welcome her to the editorial team of the Group Circle.

As we head into the darkest days of the COVID pandemic, I wish all of you and your loved one’s safety and wellness. I welcome your comments and feedback about this column or anything else about the Group Circle. I look forward to your providing us with your article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

Access to young trainees and others for whom the cost of membership is a barrier.

Our Membership Community Meeting and Memorial Service will be held on Sunday, February 21 between 12:00 noon and 3:00 p.m. EST and will be open to all AGPA members. Announcements with the Zoom link will be sent before the meeting.

This past fall marked important work on our social justice initiatives and our evolving into an anti-racist organization. Planned in close collaboration with the Diversity, Equity and Inclusion Task Force, led by Co-Chairs M. Sophia Aguirre, PhD, CGP, FAGPA, and Wendy Freedman, PhD, CGP, the first of several focus groups launched in January. The Governance Anti-Racism Focus Group, facilitated by Willard (Will) Ashley, Sr., EMHC, met three times during the month of December. This was a powerful and instructive opportunity for the leaders of AGPA to understand more about systemic racism and what we as an organization must do in our policies, procedures, and actions to operationalize AGPA as an anti-racist organization—one that is genuinely welcoming to all members.

John Schlapobersky, BA, MSC, CGP, and Anne McEneaney, PhD, ABPP, CGP, FAGPA, co-led a series of three sessions for international AGPA members, creating a forum for cross cultural perspectives on racism and discrimination. The sessions had AGPA members from literally across the world engaged in meaningful discussion. Other sessions, including those focused on Working Clinically in Group Psychotherapy with Bipoc, led by Latoya Griffing Piper LCSW, CGP, and Azita Belcher Platt, PhD, and the White Allyship Group, led by Marcia Nickow, PsyD, CAADC, CGP, and Amanda Yoder, LCSW, CGP, in January. The Governance Group sessions for Bipoc members, to be facilitated by Marvan Evans, MS, MBA, CGP, and Latoya Griffing Piper, LCSW, CGP, the Restorative Justice and Anti-Racism Group, to be facilitated by Deborah Sharp, LCSW, CGP, with a number of colleagues, and a second session on International Perspectives will be led by John Schlapobersky and Anne McEneaney, and a second White Allyship session, to be led by Michele Ribero, ELD, ABPP, CGP, FAGPA, Phillip Horner, LCSW, CGP, will launch this spring. These are enormous undertakings, requiring considerable planning and coordination, as well as the commitment of leaders and participants.

Thank you to all the anti-racism group leaders and a special thanks to Destrie Ferreni, MS, Membership and Credentialing Assistant Director, who has been the logistical glue behind this important work. While there is much work to be done, we should feel encouraged by what we have achieved to date.

The past couple of months have been busy on many other important fronts as well. The survey of practitioners who reach and educate consumers about the power of group therapy. The collaboration between Elliot Zeisel, PhD, LCSW, CGP, FAGPA, and Eric Bentley, PhD, Co-Chair of the AGPA Task Force, maintaining the energy of our now 16 Special Interest Groups. We welcome Azita Belcher Platt, PhD, to the editorial leadership of the Group Circle. Azita will create a regular column addressing race and diversity matters.

This is a time in which enormous demands have been placed upon our administrative staff, Marsha Block, CAE, CFRE, our CEO, and the entire team worked nonstop through the challenges 2020 presented. We are very grateful to them. Katarina Cooke, Information Services and Technology Director, is ensuring the smooth running of the virtual AGPA Connect. Jenny Trapsis left AGPA, however, we are fortunate that Angie Jaramillo has been able to step into the role of Professional Development Associate, supporting an important portfolio that includes e-Learning and AGPA Connect 2021. We have received a terrific young individual into Angie’s former role, Tanzen Naegle.

I am hopeful that by the time we convene at AGPA Connect 2021, the vaccination rollout will have reached many of our members, and we can participate at the conference with a sense of having faced together important challenges, with optimism for our future both as a society and as an organization. I look forward to seeing you at AGPA Connect 2021.

As always, I welcome your feedback. I can be reached at m.leszcz@utoronto.ca.

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

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From the editor

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I first encountered Bruce Perry, MD, PhD, more than a decade ago through reading his first book, *The Boy Who Was Raised as a Dog*. This book described his experiences working with some of the most neglected and traumatized children one could imagine, and yet it was hopeful. My experience with the book was so powerful that I bought copies to hand out, including to my family practice doctor, who then handed out five copies to colleagues.

I was deeply moved by Dr. Perry’s work and the heart that showed through in his courage to challenge current thinking at the time. Too often, clinicians and educators were fearful of touching children because of the prevalence of accusations of abuse. Children were being given all kinds of diagnoses—sometimes one on top of another—and medicated accordingly—sometimes one medication on top of another. Dr. Perry challenged the multiple diagnoses and reframed the difficulties being encountered as effects of trauma, which might show up in a great variety of different forms. His recognition of the powerful effects of neglect and abuse in long-term health and functioning was at the forefront of a turn of the tide of relational therapies. Since then, he has continued this research and written some astonishing books.

In a recent presentation, Dr. Perry discussed his ongoing research into the importance of relational health, something we as group therapists know something about. He continues to research ways to make the world better through identifying factors that increase the risk of physical and mental health consequences, such as the original Adverse Childhood Events (ACEs), trauma, cultural marginalization, and more. Importantly, he studies resilience-related factors that lower developmental risk. “Safe and stable relationships better present distress and provide opportunities for healing from past traumas,” according to Dr. Perry.

He points out that much of our current societal structure reduces the positive impact of relationships for many children. Historically, children lived in multigenerational groups, which provided a richness of interactions; each interaction facilitating healthy development of neural networks in early childhood. Present day family units might only consist of one or two adults, and the impact of the depth and breadth of social isolation leads to relational poverty which, even without adversity, leads to greater risks. Humans are hardwired for relationships and grow healthy in their context.

Dr. Perry’s current focus is on the Neurosequential Model of Therapy (NMT), by which he hopes to help guide the treatment process in both children and adults. While this is not a therapy per se, NMT helps create the framework by which multiple therapies can be applied, paying attention to how the developmental capabilities of the individual help determine the nature and sequencing of therapeutic approach. The NMT process asks the therapist to attempt to reconceptualize the client’s route to the present to better understand their unique strengths and vulnerabilities. Genetic, intrauterine, epigenetic, early attachment experiences, developmental adverse experiences, and relational buffers all contribute to present functioning.

Major elements of this approach are teaching and capacity-building components. The family, whether foster or biological, is included in this capacity-building process. Thus, the treatment planning process also involves the creation of an NMT developmental history and brain map for the adults living with the child. Not surprisingly, the brain maps of relevant adults are often very similar to the map of their struggling child. As we know, many of these adults have experienced chaotic and traumatic environments. Frequently, impaired caregivers eagerly engage with the recommended therapeutic activities because the activities also help them become better regulated. When possible, the recommendations address the mutual needs of the adult and child. These are often somatosensory activities, such as mutual hand massage, dancing, singing, sporting, or other activities that have both somatosensory and relational elements.

One of the best-known effects of trauma is to alter the functioning of the brain’s stress-response systems. Not surprisingly, children with a history of significant developmental trauma have a high likelihood of poor organization and functioning in lower parts of the brain—the brainstem and diencephalon. Any neural network that is activated in a repetitive way can change. The dysregulated or poorly organized neural networks involved in the stress response can be directly influenced through repeated exposure to repetitive rhythmic somatosensory interventions. Activity. Music, dance, drumming, grooming a horse, jumping on a trampoline, swinging, massage, and a host of other everyday activities can be structured to help do this.

Dr. Perry continues to explore the ways in which we can impact our society’s mental health in fostering resilience to deal with adversity, as well as ways we can heal the deficits left by chronic trauma and abuse.

We are so fortunate to be able to look forward to hearing his evolving wisdom about these issues at our opening Conference Plenary at AGPA Connect 2021.

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**Editor’s Note:** The phrase “migrant” is used in this article to include those who were forced to leave their homes, have been treated inhumanely and are highly traumatized. The term migrant is more inclusive of their lack of status as compared to “immigrant”—those who often choose to leave their place of origin and have many more privileges.

**Chapter 2: Attorney Deal with Immigration Problems**

Robert Klein, PhD, ABPP, DLFAGPA, CGP; Suzanne Phillips, PsyD, ABPP, FAGPA, CGP; Annabel Raymond, LMFT, CGP; Victor Schermer, MA, LFAGPA; Hawthorne Smith, PhD; and Jessica Young, Esq.

In the aftermath of natural and manmade disasters and trauma, AGPA has intervened with two intertwined streams: one on how to provide the most useful, effective, efficient, and accessible group interventions to the affected populations; the second focuses on the carelessness of accusations of abuse. As caregivers themselves (Klein & Bieda, 2018; Klein & Phillips, 2018), addressing the immediate and long-term risks faced by survivors was a priority. These included uniform service workers, such as police officers and firefighters, as well as group counselors. The literature about working with trauma survivors discussed the dangers of compassion fatigue, burnout, or serious vicarious stress. This article looks at those who are on those frontlines, providing needed care during the current migration crisis. We identify some of their needs and how we might be of assistance to them. Exposure to severe trauma has been focused on too frequently for those who have not done this type of work before.

All the efforts designed to offer assistance to those on the frontlines were called “care of the caregivers.” Conducting both educational and support groups for caregivers have proven to be invaluable in offering emotional support for those feeling alone and overwhelmed, building a sense of community, learning to share effective coping strategies, and exploring how to manage the stress of working with the pain, loss, outrage, depression, and helplessness of trauma survivors.

**Attorneys as Caregivers**

The current immigration crisis is a humanitarian crisis, and places immigration attorneys on the frontlines. To navigate the complicated, confusing, and unclear immigration policies requires an attorney. Gaining refugee status requires an attorney. Avoiding incarceration, deportation, or separation from your children requires an attorney. Locating a lost child requires an attorney. For most migrants, these are the points of urgency.

Attorneys witness and bear the horrors of immigration: the repeated severe traumas; the constant fear; the deep sense of loss; the hopelessness and helplessness; the exploitation, abuse, and violence; and the withering assault upon personal dignity. They are called upon to bear witness, to detoxify, and to help sustain hope. As such, the attorneys are functioning as caregivers who constitute an at-risk sub-population. They are often the first people, apart from law enforcement, with whom migrants come into contact once they reach the United States border. They have been the only source of hope and help that migrants have had in a legal landscape seemingly constructed to deter access and dehumanize them.

Indeed, one could argue that a crisis of access is central to the migration crisis. Migrants have not had access to humanitarian treatment. Many migrant parents have lost access to their children for an undetermined period. Most have had no access to relatives living in this country, as families are often too frightened to step forward for fear of deportation. Few migrants have had access to medical care, and almost none to mental health care.

Gaining access to these mental health professionals has been quite difficult for migrants and families. ICE officials have, in many instances, blocked access entirely. Furthermore, many in the migrant population are not in the habit of turning to mental health professionals for advice, help, or support. Members of the church are more likely to hear about their mental health concerns.

Immigration attorneys are often battling against seemingly impossible odds. Their numbers are few, and their caseloads gigantic. Moreover, the laws are constantly changing. What was the case yesterday may not be the case today. In addition, U.S. laws and policies are frequently in conflict with international asylum law. US attorneys must also struggle, therefore, with the inhumanity, immorality, and questionable legality on a daily basis.
Large group norms, whether implicit or explicit, govern what the group can and cannot do. For example, when social or societal norms are imported into the group, the group will replicate the societal conflicts and fixate more in survival than development goals. Norms can come from our past survivor roles leading us to repeat the past in the present, or the norms of our community groups that leave us tied to past social injustices that are reenacted through implicit norms from our history that impede our development in the present. Changing the social communication patterns enables differences to be more easily discriminated and integrated toward development and transformation rather than fixation in survival. Functional subgrouping contains the differences of group conflicts in separate subgroups so that each side of the conflict can be explored as a voice for the group rather than taking care of differences by institutionalizing them into identified patients or scapegoats, both of which encapsulate differences into stereotypic roles which effectively silences the exploration of differences and truncates development. The overall goal of SCT large groups is to transform the group so that they can discover, and develop the norms that govern the group.

Exploring Versus Explaining
Exploring is fueled by curiosity from our inner-person system, which opens our boundaries to the unknown where new differences can be discriminated and integrated. Getting curious about differences is an important first step toward system development as it interrupting the pull to speculate or prematurely reject untested realities. Development also requires exploring the flight energy aroused by differences rather than enacting flight or dismissing it against ourselves or others. Exploring, rather than enacting, our flight energy connects us more fully to our life force.

Whole System Goals and Norms: The Unique Potential
The goal of systems-centered large groups is to survive, develop, and transform from simpler to more complex understanding through the process of discriminating and integrating differences. Toward this goal, SCT emphasizes the development and transformation of large group norms. As SCT large groups develop, the potential increases for it to become a unique context for discovering implicit group norms that reveal the social unconscious of the group, or put another way, emerging implicit group norms reveal the whole group survivor role.

Phases of System Development
Drawing from Bion (1961) and Berinis and Shepard (1956), SCT defines three phases of system development: authority (with subphases of flight, fight, roles/role locks and the crisis of hatred), intimacy, and work. Integrating Lewin’s (1951) force field, SCT operationally defines each phase as a force field of driving and restraining forces. Weakening the restraining forces frees driving forces toward the developmental goal of each phase.

Authority Phase
In the flight subphase, SCT leaders actively weaken the restraining forces of stereotyped, social subgrouping, and explaining, which maintain flight, enabling the large group to establish two norms: 1) functional subgrouping as an alternative to stereotyped subgrouping and social communications, and 2) exploring instead of explaining. These norms support reality-testing and collecting data in the here-and-now.

In the fight subphase, the developmental work discriminates between enacting flight and exploring the energy and information in frustration, irritation, and anger. The large group can then start to identify the past survivor roles (restraining roles) that are aroused in the group context that compete with their membership roles (driving roles) and whole group goals.

The group is then able to explore its hatred of authority with the leader as the stand-in for all disappointing authority. The group resists exploring its own resistance to change by trying to induce the leader to change instead. Exploring resistance to change is a driving force that leads to discovering how our resistance fuels the very norms in our large groups that we hate (of course, ifomorphic to society). Subgrouping to explore hatred is an important fork in the road to our survivor roles where we could only survive in hatred as we did not have the containment to develop through it. The large group context is vital here, as both the leader and whole group contain the hatred until it can be metabolized and used for development and transformation. The leader’s role is to stay attuned to the goal of system change and transformation, while holding the authority role with its responsibility for maintaining boundaries, goal clarity and containing the group and its underlying hatred of authority.

Intimacy Phase
The large group conflicts in intimacy, similar to Hopper’s (2003) fourth basic assumption of incelobus, relate to the repetitions of our restraining roles of enchanted and disen-chanted as early adaptations to our attachment challenges.

Work Phase
This phase is the ongoing developmental work of any living human system to explore and discover what we do not know and use what we discover to take our role in context.

Not Just Me: Shifting from Me to We
The conflicts of every living human system reverbate with the challenge of shifting from being just ourselves, mostly related to our inner-person, to being and seeing ourselves as a voice for the whole systems. This is where the large group may be most vital as we learn to see when our energy is a voice for the whole group. Shifting from “just me to us and we” (Agazarian, Guinn, & Carter, 2021) enables us to discover how to use ourselves as a voice for group development and transformation. Large groups always arouse these human conflicts between flight into ourselves (inner-person) and away from, or fighting with, inter-personal differences, and opening to the potential of membership (inter-person) with others in the large group continuing to develop and transform the norms that govern us. The lens of the person-as-a-system is useful again to visualize the boundary we must cross to move from focusing on ourselves to using our inner-person energy in collaborative goals with others. In the early phases of the group, this entails shifting from explaining ourselves in oft-told stories or discharges or defending ourselves by fighting differences (all inner-person role-systems) into cooperative exploration of similarities and differences with others; this is the work of all SCT large groups. All SCT groups use functional subgrouping to maximize the likelihood of differences being explored and integrated. This lowers the tendency of large groups to suppress, silence, or care-take, thereby extruding differences. Increasing the capacity for integrating differences also increases the potential for development and transformation of the large group and its norms and culture.

As a world, we are faced with two pandemics (COVID-19 and racism); we are still in the authority phase, blaming our leaders and resisting changing our roles. This makes developing our large groups essential. As subgroups of the world, large groups develop by integrating differences, fueling the potential of the world, to developing and transforming their norms, essential for our ongoing survival, development, and transformation as a world.
Michelle Bohls, LMFT, IRC, CGP, FAGPA (Austin, Texas), an AGPA Member since 2019 and a CGP since 2014, has served as a Board member of the Austin Group Psychotherapy Society and as its Secretary. She also served as the President-Elect, Chair, and Program Committee Chair for the American Association of Marriage and Family Therapists, which recognized her for outstanding leadership, noting that she doubled the membership during her term of office. Ms. Bohls has presented several research posters and workshop in AGPA Connect on topics such as cultivating intuition in group and working with feelings around money in groups.

Licensed as a marriage and family therapist, Ms. Bohls has co-led two weekly process groups in her private practice for more than a decade, where she specializes in working with people who identify as highly intuitive or highly sensitive and individuals who identify as gender queer, as well as leading a modern analytic training group for clinicians. She frequently presents at local agencies and national conferences on various mental health topics, including the challenges of group and couple’s psychotherapy. Ms. Bohls has published several newsletters and journal articles promoting group therapy, including the 2017 article, “Intuitiveness, Vulnerability, Shame, and Emery: Let’s Talk About Money in Group for the jounral Group.

She received her bachelor’s degree in organizational speech communications from the University of Texas at Austin and her master’s in professional counseling from Texas State University in San Marcos. Certified in both EMDR therapy and Imago therapy, Ms. Bohls has been an international trainer and consultant in Imago therapy and has led group retreats for couples in her practice.

Cheri Marmarosh, PhD, FAGPA (Fairfax, Virginia), an AGPA Member since 2005 and a CGP since 2012, is on the faculty as an Adjunct Instructor.

Dr. Marmarosh is the Founding Training Director of the APA-accredited doctoral internship program at the University of North Florida Counseling Center, which he created with a heavy group component. In addition to directing the program, he also co-facilitates group counseling sessions with trainees and conducts group clinical supervision. He also directs the Clinical Mental Health Counseling internship.

He received his undergraduate degree in criminal justice and psychology from the University of Alabama, Birmingham, and his master’s and doctorate in clinical psychology from the Illinois School of Professional Psychology. A licensed clinical psychologist, he has taught, supervised, and run groups for group clinicians and has served on the University’s faculty as an Adjunct Instructor.

FRONTLINE ATTORNEYS DEAL WITH IMMIGRATION PROBLEMS

It is any wonder that immigration attorneys often struggle with feeling helpless and overwhelmed? Add to this the fact that they are immersed in hearing about the most painful and intimate details of their clients’ lives. Finally, relatively few attorneys may be properly prepared for what they are hearing and dealing emotionally. There are few classes in law school for this. Most learn to cope with these problems on their own. But, as we know from our own work as therapists, the ability to sit with a client’s pain and trauma and maintain our own emotional well-being is a skill we develop with intensive training, supervision, and consultation. We also know that being in a group for caregivers is effective in providing needed emotional relief and support.

It has become increasingly clear, therefore, that we must enlarge the category of caregivers to include immigration attorneys. They are clearly both providing needed legal services, while simultaneously tending to the psychological needs of their clients.

In response to this situation, growing efforts are being made to provide them with some assistance. AGPA has begun to reach out to immigration attorneys on the frontlines.

Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, and Craig Haen, PhD, LCAT, CGP, FAGPA, Co-Chairs of AGPA’s Community Outreach Task Force, have conducted several webinars focusing on helping attorneys navigate the borderline of personal well-being and professional identity.

Additionally, AGPA’s Community Outreach Task Force plans to provide an even greater support and assistance programs for immigration attorneys on the frontlines.

For any professional—medical, mental health, or legal—responding to migration and immigration crises is emotionally traumatic. In addition to vicarious trauma, they suffer the moral injury of crimes against humanity unfolding on their watch. Are they caregivers? Yes. Do they deserve our support to deal with what they face and what they carry? Of course.

In this era of complex migration problems, we owe these caregivers our attention and care.

References


Transitioning to Online Group Therapy During the COVID-19 Pandemic
By Lianne Trachtenberg, PhD, CPsych

With the advent of the COVID-19 pandemic, group therapists were thrust into online therapy. While some clinicians felt apprehensive or ill-prepared, there is a growing body of evidence to suggest that it is not only feasible, but an effective form of treatment. At a time when social isolation is occurring in unprecedented ways, the role of the group has the potential to be a protective factor for our clients (Whittington, 2020). This article examines the research on the effectiveness of online group therapy, the process of translating face-to-face (F2F) groups into online versions, and practical implications for clinicians.

What Do We Know About Online Therapy? With the recent surge of online therapies available during the pandemic, more individuals are feeling comfortable turning to virtual psychotherapy. A PwC Health Research Institute study (2015) showed 72% of Americans aged 18-44 and 43% of Americans aged 45 and older opted for virtual mental health visits over F2F appointments. Meta analyses by Andersson and his colleagues (2014) compared online cognitive behavioral therapy (CBT) to F2F CBT in both individual and group formats. Systematic searches resulted in 13 studies (total N = 1053) that met all criteria and were included in the review. The results demonstrated that online CBT and F2F treatments produced equivalent overall effects. However, a dearth of these studies focused on internet-delivered group models.

There are benefits for clients interested in receiving online psychotherapy groups including: easier access to specialists; connecting with others despite geographic limitations; reduced travel time and cost; and finding support despite limited mobility issues or compromised immunity. However, online groups can present some obstacles for clinicians. Weinberg and Rolnick (2020) identify four common obstacles: (a) the disembodied environment—a non-body treatment experienced in cyberspace; (b) distractions—involving group members desire to multitask with other stimuli on or off screen; (c) the setting—online group leaders cannot control all aspects of the environment; and (d) therapeutic presence online—involving one’s whole self completely in the moment on multiple levels including physically, emotionally, cognitively, and spiritually.

Research Translating A Face-to Face Group into an Online Version Trachtenberg and colleagues (2020a) presented a pilot study to illustrate the translating of an empirically supported F2F group therapy into an online format. They described Esplen et al.’s (2018) Restoring Body Image After Cancer (ReBIC), a F2F group intervention for female breast cancer survivors and discussed how it was translated online into the i-ReBIC intervention. Sixty women participants engaged in an eight-week, face-to-face (F2F) group intervention called Image after Cancer (ReBIC), a F2F group intervention for women with breast or gynaecological cancers experiencing body image-related distress. Since then, she has continued to develop and run online groups to meet the needs of individuals with cancer. She is on several advisory boards to support the research and development of online groups for cancer patients across Canada.

The current literature is rapidly growing and can teach group leaders best practices to manage the unique challenges faced online. Future Research Research is needed beyond pilot trials, to assess the effectiveness of online group therapies. Future research should conduct randomized controlled trials comparing F2F groups to a diverse range of online group formats including text-based, video-based, and audio-based groups to assess each intervention’s efficacy. There is a dearth of data documenting which participants would benefit most from F2F versus online groups. Efforts should be made to consider the potential demographic characteristics, interests, and characteristics that may distinguish these two groups. Lastly, not all group members and treatment issues may be amendable to online therapy. Research is needed to classify which participants and treatment issues may be excluded from online group interventions.

References
consultation, please!

Dear Consultants:

I am a group psychotherapist in private practice. I just learned from a colleague that, in addition to having a practice that is physically accessible to people with disabilities (although I am working virtually due to the pandemic), I plan to enhance my practice to be more accessible. I want to ensure that my website is accessible to clients with disabilities, as well as those with visual and hearing issues. While this can feel overwhelming, it is an opportunity to ensure that clients with disabilities have equal access to mental health services.

In consultation with attorneys from the American Psychological Association (APA) and the California Association of Marriage and Family Therapists (CAMFT), we’ve listed some questions to determine whether your website needs to be accessible. Does your website:

• List an address or directions to your in-person services?
• Provide a phone number for prospective clients to call for in-person services?
• Offer online scheduling that prospective clients can use to schedule in-person services?
• Provide paperwork that prospective clients can complete in advance for in-person services?

If you answered Yes to any of those questions, your website must be accessible. Technically, practices that are exclusively online are not subject to ADA regulation. Nevertheless, we have an ethical responsibility to provide equal access to mental health services and avoid harm and discrimination.

Having an accessible website means that it is usable by all people, those with and without disabilities. If your website uses an introductory video describing your services, adding captions creates a valuable point of access. If you use images with words, be sure to include alt-text image descriptions for use with screen readers.

If you answered Yes to any of those questions, your website must be accessible. If you use images with words, be sure to include alt-text image descriptions for use with screen readers.

Most importantly, access means that when we design and build our websites, we need to check in frequently about access needs. Change within settings and over time. As clinicians and designers of websites, we need to be receptive to change and to be aware of the needs of our patients.

A website will never fully be accessible. Be ready to listen to your patients’ needs and be aware of the needs of your patients. Our goal is to be design for everyone.

Leslie Klein, PhD
Long Beach, California

Ann Steiner, PhD, MFT, CGP, FAGPA
Lafayette, California

Health and Medical Issues SIG Co-Chair

This month’s dilemma and responses are supplied by the Health and Medical Issues Special Interest Group (SIG). The SIG supports group therapists who address health concerns in medical and non-medical settings, provide psychological treatment to the medically ill, and incorporate wellness techniques into their practice. The SIG’s current goals is to increase awareness of these issues and expand the accessibility and inclusivity of group therapists, whether or not they specialize in working with medical issues.

Co-Chairs are Leslie Klein, PhD (lesliekleinphd@gmail.com), Leah Murphy-Swiller, PhD (leah.murphy-swiller@gmail.com), Ann Steiner, PhD, MFT, CGP, FAGPA (drsteiner@drsteiner.com), and Linda Williams, PhD, CGP (drwilliamsll@gmail.com). To join the SIG, email agpamedserves@agapa.org. For questions about the SIG, contact the Co-Chairs at their emails above.

Dear Overwhelmed:

Your colleague is correct. As a private practitioner who offers in-person services, you do need to take steps to ensure that your website is accessible to clients with disabilities, chiefly those with visual and hearing issues. While this can feel overwhelming, it is an opportunity to ensure that clients with disabilities have equal access to mental health services.

In consultation with attorneys from the American Psychological Association (APA) and the California Association of Marriage and Family Therapists (CAMFT), we’ve listed some questions to determine whether your website needs to be accessible. Does your website:

• List an address or directions to your in-person services?
• Provide a phone number for prospective clients to call for in-person services?
• Offer online scheduling that prospective clients can use to schedule in-person services?
• Provide paperwork that prospective clients can complete in advance for in-person services?

If you answered Yes to any of those questions, your website must be accessible. Technically, practices that are exclusively online are not subject to ADA regulation. Nevertheless, we have an ethical responsibility to provide equal access to mental health services and avoid harm and discrimination.

Having an accessible website means that it is usable by all people, those with and without disabilities. If your website uses an introductory video describing your services, adding captions creates a valuable point of access. If you use images with words, be sure to include alt-text image descriptions for use with screen readers.

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Introducing the AGPA Connect Leadership Track:
Presented by the Affiliate Societies Assembly (ASA), Organizational Consulting Special Interest Group (SIG), and the Diversity, Equity, and Inclusion (DEI) Task Force

Marc Azoulay, LPC, LAC, CGP, ACS, Member at Large, Affiliate Societies Assembly and Past President, Four Corners Group Psychotherapy Society

As group psychotherapists, we are often called to take on leadership roles. Whether it is becoming a team leader or clinical director, getting involved in a non-profit, or perhaps even joining your local AGPA Affiliate Society. We have unique and powerful skills that we can bring to leadership: emotional intelligence, the ability to read a room, and deep insight into group and team dynamics. Leadership needs us, and we need to be leaders.

However, there are some aspects of leadership and management for which we were not trained. Many therapists struggle with time management, asserting their own boundaries, business negotiation, and marketing. Without these foundational skills, we are often prevented from having a greater impact in our communities.

To remedy this, the ASA, Organizational Consulting SIG, and the DEI Task Force invites you to participate in the 2021 Leadership Track offerings at AGPA Connect. Any AGPA Connect attendee can sign up for this programming, no prior qualification, application, or consideration is needed.

As a subtheme of AGPA Connect 2021, The Power of Groups in a Challenging World, the theme for the Leadership Track will be Navigating Challenges to Leadership. This includes topics around how leaders develop skills to handle positive and negative transferences toward the leader from boards, membership, and individuals within the organization, as well as how leaders can handle crises like the COVID-19 pandemic. It also includes ways to navigate the personal challenges a leader may face due to their personal vulnerabilities, strengths, and/or leadership style.

The 2021 Leadership Track is comprised of three events: a two-day Institute, Utilizing Group Therapy Skills in Corporate Culture facilitated by Rick Tivers LCSW, CGP; a full-day Workshop, Interpersonal Neurobiology, Courage and High-Performing Teams facilitated by Carolyn Waterfall, MS, LPC, CGP, and Rachel Stephens, PsyD; and a half-day Workshop, Facing the Challenge: Group Goes to Business School facilitated by Darryl Pure PhD, ABPP, FAGPA, CGP, and Lisa Stefanac, MBA. These talented and skilled leaders have experience working with and for organizations and are committed to empowering and inspiring other AGPA members to take up leadership roles.

If you’re interested in being considered as a presenter for the 2022 Leadership Track, email Marc Azoulay at marc@marc-azoulay.com and stay tuned for more details from the committee early next year. We aim to focus on DEI and social justice issues and are looking to sponsor and work with new and diverse presenters. Our aim is to educate the next generation of AGPA leaders and to take the expertise offered by group psychotherapy into the larger world.

Eastern Group Psychotherapy Society Training Program:
Called to Antiracist Action

Robin Good, PhD, CGP, FAGPA, Member, EGPS Board of Directors, and Director, EGPS Training Program in Group Psychotherapy

In response to the Black Lives Matter movement and growing awareness of systemic racism, the Eastern Group Psychotherapy Society (EGPS) Training Program in Group Psychotherapy has been working to develop cultural humility and aspiring to be anti-racist. We are also committed to studying group dynamics and processes, reflecting on our history and how the faculty group engages, resists, and grapples with issues of race.

With significant training and support from the Work Group for Racial Equity (WG4RE) and the Reparations Scholarship that this EGPS task force established, we have seven Black Americans enrolled in a class of 18 students for 2020-2021. The Dustin Nichols Scholarship supports students in need of financial assistance from Black, Indigenous and People of Color (BIPOC) and members of other marginalized groups.

After years of being an all-white faculty, one of our initiatives has been to build a more just and representative faculty. We have brought on three talented BIPOC teaching and leading groups, along with a Co-Dean of Curriculum, who will provide optional support to BIPOC students via an affinity group.

One of our new faculty will also function as a racial dynamics consultant, meeting with the consultation and experiential group leaders to discuss overt and/or hidden dynamics of racial experience or tensions in the groups and offering insight and suggestions to those group leaders.

The entire staff is undergoing training each year, developing racial literacy and competence to work with racial dynamics.

It is our goal to continue to build our program to be more enlightened, attuned, and equitable.