

Ann Steiner

Dr. Diederich

Hello and welcome. Before we get started with this interview with Dr. Steiner, I wanted to note that we assume the viewers watching this are enrolled in, or have taken at least one graduate-level course in group psychotherapy. These courses offer an introduction to groups, focusing on group development, basic theories and an overview of the types of groups typically run, but rarely have time to dive into a specific type of group.

Thus, it's my pleasure to introduce Dr. Ann Steiner, who is a Certified Group Psychotherapist and a Fellow of AGPA. She has been leading, consulting and teaching about various types of groups for 30 years. She is a former Associate Clinical Professor at the U.C. Medical School in San Francisco and a founding member and faculty member of the Psychotherapy Institute's Group Therapy Training Program since 2005.

The third edition of her book, *How to Create and Sustain Groups that Thrive: A Therapist's Workbook and Planning Guide*, by Rutledge Books was just released and her group manual for the public, *Help your Group Thrive: A Workbook and Planning Guide*, was released in 2018. She recently learned that both books will be translated into Chinese.

She is passionate about the healing power of groups and leads three, now online groups in private practice in the San Francisco Bay area. She has taken the lead in teaching about and leading therapy groups for therapists and groups for the medically ill. As a professional speaker, she enjoys speaking to international organizations, teaching law and ethics workshops about her pioneering work for with *The Therapist's Professional Will* and training clinicians about the world of online groups. We will have links to her other webinars and other resources on our website. Welcome Dr. Steiner.

Dr. Steiner

Thank you for having me. It's really an honor to be here with you and especially in this first year of group being recognized as a specialty by APA. That's pretty exciting.

Dr. Diederich

Absolutely.

Dr. Steiner

I wanted to say that at the outset, and also that in terms of the unique advantages first, all support groups and all groups are antidotes for isolation and especially with COVID, with the literally enforced isolation, we're looking at support groups being a much more accessible way for a lot of people that would never get treatment, never get support to be able to access services. It's something that we're really looking at as a major addition in our fight against the side effects of dealing with shelter-in-place. That's, to me, the main thing right now and now, more than ever basically is the importance of this kind of group.

The option of outside-of-group contact is one of the differences between support groups and traditional therapy groups. It makes it easier for isolated members to join and to feel like they'll be able to have contact with people afterwards, outside and in between sessions and it complicates things for group leaders that are accustomed to just doing groups where it's in-person, number one, so it's been a fast ramp-up for a lot of people to go online where we had control of our office and now, we're in peoples' bedrooms. We're in their closets.

We're all over the place, so basically these groups in terms of the difference and what's unique about them is that it's a place for social support. With traditional therapy groups, we used to say this group is not a place for you to come to make friends, but to practice and learn how to do that and then, you can take those skills outside.

With support groups, it actually is often and unspoken agenda for people, that they're coming for support and to make connections with people in their communities and now communities are across state lines and all over the world, so it's opening up all kinds of new types of group work that we hadn't seen before with COVID. Basically all productive groups, I think, provide support, connection and a feeling of belonging.

I've been looking closely lately—and I'll tell you a little more about self-help groups and support groups and the difference because both are best, we recommend them for members who are unable to establish minimal object-relatedness because that's when you're looking and screening people to join a regular traditional therapy group, or psychotherapy process group, you really need people to be able to connect with each other, to have empathy and to have some basic tools.

In the support group, that's not quite as necessary. A lot of people think about the beginning of self-help and support groups as going back to Joseph Pratt. He was in 1905, he was the intern, as you may remember, at Mass General. He put together a group of 15 tuberculosis patients. They were all in isolation and they all felt better and got their health improved.

One of the reasons I was mentioning the self-help group is that I'm part of—let's see. How do I put this? It's under the umbrella of APA and many people are not aware of it. It is called the Self-Help Mutual Support Interest group. They have a column in the community of psychologists. For people that are interested in both self-help and support groups, I encourage you to check it out. They have quarterly calls and it was originally designed for more self-help oriented work, but the line between self-help and support is blurring all the time.

One of the long-time members of this group is—I'm blanking on her name for a second. Thomasina. I'll bump into her name in a minute, but Thomasina in the group was saying that she has been doing this for many, many years and we used to have a lot of groups and now the self-help groups, there's no funding for them. The mental health associations used to make referrals. Now they don't.

A good example of a real, grassroots' support group that's sort of a hybrid in my mind is Ruth Hollman out of L.A. is, I think she's the director—I'm not positive—but she is part of SHARE!, which is Self-Help and Recovery Exchange in Los Angeles. I hadn't heard about them until I was on this quarterly call.

They have 160 support self-help groups online using 11 premium Zoom rooms. They have meetings throughout the day from 7:30 to 10:00 at night with people—technically it's not supposed to be outside of the U.S., but they have COVID and people and Zooming in from all over. It's, <https://shareselfhelp.org/>, but they've basically, they've got collaborative housing. They've housed more than 5,000 mental health consumers in L.A. alone with resources that they expect will reach \$1 million.

To put in perspective, the piece that really blew my mind was the Mental Health Services Act, the MHSA's Housing Trust Fund has housed 5,000 state-wide since its inception with a price tag in the hundred millions. They're housing people for \$5,000 instead more effectively within communities that are self-run and very support-based.

I always like, in answering your question about the differences and the way I could start on definitions.

Dr. Diederich

Absolutely. Having that foundation with some great examples of amazing ones that are being run.

Dr. Steiner

I mean, this group is, yeah, so we're all on the same page. I think of support groups as assisting people with similar, usually burdensome life challenges and they're less structured than self-help groups often and they may address physical or emotional issues like coping with arthritis, cancer, divorce, eating disorders or mental health issues, all of which are also in the family of self-help, right? Members come together to share coping strategies, to feel more empowered, to feel more like it's their group and for a sense of community.

Support groups also work to inform the public and engage in advocacy. A typical one that I am involved with is the Cystic Fibrosis Foundation. Every year, we lead support groups and I train the support group leaders, many of whom have cystic fibrosis and the groups follow a certain format. We have group agreements, which is something I'll be talking about, but support groups can be either open or closed groups.

I know Molyn is going to be doing—when you do his interview, he's going to do a deeper dive into training group leaders for frontline workers, as well as organizational resilience, which is a really important thing these days. I wanted to just touch lightly on the similarities and differences between the types of groups.

I think I mentioned already that APA has this Self-Help Mutual Support Interest Group with a column in the *Community Psychologist*, but it's under the umbrella of the Society for Community Research and Action. I had never heard of that before, which is an international organization of researchers, self-help leaders and policy-makers. They provide for a forum for the researchers, self-helpers, service providers to communicate and network.

They're really concerned about the lack of research, so if there are people watching this, graduate students that are looking for research projects, they have—a lot of the people that are part of, member of this subgroup have data like mad, but they don't have the funding for research, so it'd be great for like a post-doc to, or somebody looking for a dissertation topic, they have some amazing data.

There's one group that does—it's a divorce group in L.A. that's part of that group. They're a resource on there, as well. But again, it's a support group. At one point, there were nine happening in L.A. years ago and this one group made it and they went on. The Society for Community Research and Action, their interest group defines self-help support, which you see that sliding together?

Dr. Diederich

Yeah, continuing to...

Dr. Steiner

Right and it's voluntary, self-determining and non-profit gathering of people who share a condition or status, members for mutual support and experiential knowledge to improve person's experience of the common situation. Again, I'll put that link up for you. It was Thomasina Borkman that I was thinking about earlier. In a conversation, she said, "You know. I'm 83. I'm a fossil, but I was at George Mason for years," and she's been doing this literature review from the '60s and she said, "Basically self-help groups peter out in the 2000's. The research then turned to peer support," so that's where—so there's more support groups. So there's peer support and then, there's professionals leading support groups which is what most of us are doing, right?

Dr. Diederich

And especially with the shift to so many online groups, as you mentioned, so rapidly. There's such a need for, like you mentioned, the community fighting against isolation, bringing people together in these common conditions, definitely. You alluded to this a little bit, but talk a little bit more, if you would, about if therapists have more experience with psychoeducational groups or with interpersonal process groups, what are some things they should be aware of if they're going to be moving into running support groups?

Dr. Steiner

If they're going to be running support groups and they've been doing traditional groups, there are a couple of things. It's a great question, first of all. I love that question. They need to be clear about the differences between the different types of groups, for themselves and then, for people that are interested in their group so they can explain, "This group is going to do this and you might want to look for a self-help group first to get an idea," for somebody that's never been a group, which is pretty common, "I've never been in a group," and the truth is, we've all been in groups because families, and religious communities and classes. I tell people that.

“Actually, you have,” so then you can think about what you want out of this kind of a group.

But they need to be aware of the key differences. It’s support and supportive expressive groups usually deemphasize the past, so they have to let go of doing therapy or if they’re wanting to therapy, just make it really clear. Often, leaders get really excited about going deeper and wanting to go more into a therapy type of mode than the group was originally agreeing to do.

Dr. Diederich

Yes and the informed consent was established for.

Dr. Steiner

And informed consent was established for, exactly and they had an agreement to do that kind of work. It’s kind of like changing the rules midstream. That’s not fair and again, if your kid starts playing, with some kids at a certain age, they make up their own rules and we’re talking now about just basically having group agreements would be something I’d want to be sure to talk about because to me, that’s one of the cornerstones.

But what happens so often is that therapists that are doing one kind of group get excited about doing another, don’t get the consultation and training that they need to, to do that other group. Then, they find they can’t understand why the group is starting to fall apart because if they don’t have the foundation and the buy-in and people don’t feel like they were included in how to do this, then people will get disenchanted and leave.

One thing is to define the group. If you’re going to shift gears, say, “You know. I just came back from a conference and I really want to shift our group in this direction, but I want to see if everybody is onboard with that and explore what it would be like to change and do that.” We’re talking about an ongoing group, right, where somebody wants to change it. This does happen.

People come back from the American Group Psychotherapy Association and they’re all jazzed about doing a different type of group and they come back in and they kind of go, “Okay. I want us to shift gears and isn’t everybody else all excited about that?” Some people are like, “Well, actually this was more of a social group for me. I don’t want to be talking about politics or I don’t want to be talking about differences or any of that. Scary stuff. I want to keep it where we were.”

So, creating a clear description and the benefits of belonging, make it really clear, so having the objectives redefined, the expectations redefined. Think about how your role as a leader is going to change. Often people don't think about their role as a leader and how it's going and whether they're staying within their own boundaries of what their role as a leader is. Do they think of themselves as an expert? Are they shifting from being an expert now to more of a fellow sufferer?

This I see a lot with people that have say, gone through cancer, is they want to do a cancer support group. But I push people to think. Is this for you because you want the support? Are you going to be presenting yourself as a fellow sufferer or as somebody who used to be a fellow sufferer or who understands it better and be really clear.

Then, the group has to agree. The best, from my perspective, is to have written group agreements that define how the group is going to be different than the original, then, you recontract.

Dr. Diederich

If you're changing it midstream.

Dr. Steiner

If you're changing the agreement, then you say, "Okay. We're going to shift," and you literally draw up a new agreement. One of the challenges with the group world right now, with online, is it is more accessible and yet, we forget that there are many people still who don't have access to reliable internet and who do not have privacy.

Dr. Diederich

Absolutely.

Dr. Steiner

We'll talk about that later. I think that was something you wanted to touch on, the challenges. But those are the things we need to think about.

Dr. Diederich

I think that's a good focus on if you're changing a group mid-session, mid-series of sessions, what are some considerations that therapists should have if they're planning a new support group from the very beginning? You've already mentioned

the importance of pre-group agreements, the informed consent consideration, but what other considerations should therapists have for a brand-new support group?
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Dr. Steiner

For a brand-new support group, one thing that I like to think about is—many people haven't heard about and if anybody finds any documentation about Ruth Cohn's concept of the star formation she wrote about it in 1972. I have run dry on trying to be able to track it down, but her concept is wonderful. She says that the job of a group leader is to [unintelligible] the star formation. The star formation is I am the leader and all of the questions and conversation go through me. That's what many people do when they don't have training in leading groups, is they do one-on-one group, one-on-one work in a group setting.

It has a subtle disempowering effect. That's what you do in a psychoeducational group because you are the leader, the teacher. I push people to really think about their roles. Are you a coach, facilitator, cheerleader? Now we're much more choreographer because no matter what kind of group you're doing, you have to be—because there's only one microphone in the room. So you have to really be choreographing and directing more, like, "Susie. It looks to me like you wanted to say something to Charlie," and you have to be using people's names more than you did when you were all in the same room and you could sense that people were wanting to speak and they knew each other.

With a new group, they don't know each other. They're getting to know each other. First thing is to define what the group is going to be doing and think about the specific and special needs of your target population. That's the key thing. Define it.

One of the interesting challenges can be naming the group. Some people think, "Okay, I want to do a group for domestic violence." Nowadays, you actually could do a group for domestic violence, but you probably don't want to. The group that you might want to call it a self-esteem group because if the abuser finds that you've got a link from a group for domestic violence, that puts you, as a group member, in greater danger and the other group members.

There are a lot of details like that that we don't think about in normal—when we used to when before it was online and before people were in confined quarters doing this. Reasons why groups fumble, falter and fold often are lead back to inadequate clarity about what the group will offer, lack of initial group agreements, screening, preparation and inadequate placement of group members. Somebody

that really is not able to be online—I have somebody that, back from years ago, that got back in touch with me. She’s a stroke survivor. She’s barely able to manage making phone calls. I’m working with the Brain Injury Network that will be training her how to use the phone.

But when you think about your population, think about what their skill set is with using the internet and whether they have reliable internet. So, what are you going to call the group? Clear expectations and the leader’s role because if you’re shifting or starting a new group, you have to really redefine your role.

Dr. Diederich

Redefine that comfort zone.

Dr. Steiner

Right. Where do you want to be as a leader? Do you want to be as active as you need to be with some types of groups? Or do you want to more a leader that just sort of facilitates and the group is self-run? With support groups, many of them really lead themselves. If they really are coming together on one particular topic and it’s topic-driven, then it makes it a lot easier for the leader to sit back and let them go and simply intervene when there are difficulties.

But again, big thing is the group agreements and having, at least the skeleton of group agreements for your group that hopefully they’ve all agreed to in advance and support groups, again, can be more interactive so you can—I mean, I do this with all my groups—is encourage people to make suggestions for change to the agreement and especially now with the online stuff, so there’s a whole other separate group agreement that people now often need to do, some of us combining them and that’s the issue about privacy and the rules for—it used to be we didn’t call them rules because it was agreements because you couldn’t enforce them, since Scott Rutan, which is still true. But we need people to buy into that they’re going to be private. They’re not going to have their spouse come and give them a cup of tea in the middle of the session and see who’s there. Confidentiality needs to be defined and clarified.

Going back to the leadership thing, your normal role, do you tend to be active and directive? Do you tend to be psychodynamic, just in your style and you’re wanting to shift to being more of a cheerleader or a traffic cop? When I refer to traffic cop, it’s like share the road, share the screen, which is what we’re having to do now.

For people, group members, who are not accustomed to looking at other people in the real world, it can be hard for them to look at other people online and they often miss cues and they talk over each other and stuff like that. The group membership is really important and you need to be clear about what the criteria for the membership is. Should I go on about that or did you have another question?

Dr. Diederich

I think that's really good. Moving into, say you have a support group established—and you mentioned this earlier. Often support groups then allow their members to have contact with each other outside of group and as you've highlighted, this has been online. They could have such immediate access to each other that previous to all groups moving online, they don't have.

If the leader is going to explicitly allow that and talk about that with the group, even, what are some considerations they should keep in mind and they should bring up with their group members?

Dr. Steiner

The cornerstone piece on that, I think, is that it needs to be no secrets, that is to say that traditionally didn't allow outside-of-group contact and explain that the reason is that that could create feelings of people feeling left out and secret and what they call subgrouping and problems that come up outside of the group so the group doesn't know what's going on, but all of a sudden, one person is saying, "I'm out of here," and we don't know what happened.

The agreement that I have people make is to let everybody in the group know when they have outside-of-group contact. It used to be if you're going to go have coffee, let the group know and then, the deal is supposed to be you don't talk about the group outside of the group and you go over what the limits of confidentiality are and how confidentiality works.

The example I like to use is if you run into somebody on the street—which we're hoping will happen again soon—if you run into somebody on the street and you're with—and they're with—their partner, you don't want their partner saying, "Aha, you're the one who blankety blank, blank, blank." But instead, "Oh, you're in her group. How great. I have been hearing how much it's been helping my partner being able to communicate," or whatever.

It's being able to talk about confidentiality and keeping it so that there are no secrets because complications do come up. They really do, so for example, I have a

chronic pain, chronic illness group. It really is what I think of as a high-grade group. It started out as a therapy group, but it became really clear after I was encouraging people to have a script that they brought into their doctors and to have somebody go with them to their doctor; that many of these people were so isolated, they didn't have anybody to go. They really wanted to be able to offer to do that with each other.

This was a group that really built trust and there was confidentiality. They got the boundaries and the reasons for that. They have done that. It helped if one person had—and it was more than the group could do to go over somebody's script of what they were going to talk to the doctor about because they were so stressed. It really, the level of reciprocity and what you get, again, is the feeling like they have something to offer.

Some people in chronic pain who are isolated and now double-isolated with COVID, then there's a sense of having something to offer. It's really been quite beautiful to watch and challenging for the group to talk about whether people felt left out. "How come you offer to do that for Susie, but not for Charlie?" But for that to be a topic, we can talk about.

Dr. Diederich

Absolutely and have that norm that those are talked about from the very beginning.

Dr. Steiner

Yeah. That's why when we get to talking about agreements and screening, that's going to be so important. It's so key.

Dr. Diederich

Yes, absolutely. You've touched on this briefly in terms of highlighting what are some of the things that people need to be aware of, particularly with running support groups online now. You talked about needing to be able to use people's names explicitly to connect people so you're not that center hub of communication, so it is more of a star pattern. What are some other pieces that, with online groups in particular, leaders need to be aware of?

Dr. Steiner

There are a couple of things. Well, there are a bunch of them, but for these purposes, we encourage people to think about their environment. We forget to think about our environment. When I've been doing some consultation on this, we tend to forget our privilege and we need to locate ourselves socially, economically,

racially and in the privileged way. If you're sitting in your home office and your home office is clearly that of a wealthier person than their people that they're working with, you may want to think about doing something different.

There are a couple of things actually you're technically supposed to do. You're technically supposed to have your license showing so it's visible. You really, if it's a group that you've been doing beforehand, to help with the continuity of shifting, which is no longer quite as relevant, but it makes it easier to have the continuity. I literally brought this—and I try to model the same books that they could see and things like that. You need to have good lighting on yourself so that you can be seen and you're not burying a light in your face.

Other things for the environment, your environment, it's really important and you kind of model that, that if there's a door, it's clearly closed. The key thing, the summary of that is having that, is that you really need to get that into people, they need to be able to do that. Many people can't, so some people have to go to their car in order to call in and then, some of their neighbor knocks on the window.

You need to really educate people as to how to keep them private and you're wearing ear buds. For many people, their phones come with ear buds, so they can do that. Finding ways to really keep the space private is really, really important.

Again, thinking about their population. I may be doing a training for an organization in Connecticut that works with Medicaid. They're having challenges getting online. Part of that is that a lot of people are not going to have access to devices like most of our population that many of us work with have a choice between an iPad and a phone and a laptop, right? Not everybody does, so we have to really check our assumptions at the door. That's really key.

Spell out, they used to call it netiquette, what you're going to ask people to do. With some populations, you need to be really, really clear, so with more disturbed populations, really explicit. You need to be fully dressed, top-to-bottom because if somebody comes in and you stand up to get them out of the room, we don't want to see your boxer shorts.

I just heard about a study group that's basically a support group and the person's camera fell off. It was unsteady and it was on the guy's boxer shorts for way longer than it was appropriate and the leader didn't know to shut him out.

Dr. Diederich

Yes, to turn the screen off, to put him back in the waiting room.

Dr. Steiner

Right. Put him back in the waiting room. You can. If there's a problem, you need to do that.

Dr. Diederich

Yes.

Dr. Steiner

Other most important thing is knowing where people are calling from. The advice is that you have them report to you where they're calling from each time, especially at-risk populations.

Dr. Diederich

Definitely.

Dr. Steiner

You're working with people that are all potentially suicidal or have serious medical conditions. We need to know where are you going to send 911 and who their emergency contact is. You also really need to have the immediate access, like right away, a piece of paper, whatever, of all the local domestic violence, crisis, hospital, all the phone numbers, hotlines and all that within reach.

I say this, that we need to have that for every group because you never know when an emergency is going to come up. If it's in your office, you can manage it, but if it's in somebody's home, you don't know how many stairs there are, anyway, I could go on about this. Those are some basic things that you really want to do.

Every group is different. That's why I think it's important to make it a living document, the group agreements, for online groups because the group agreements and expectations, that has to fit the group, so for some people, you have to tell them not to show up shirtless, right?

Dr. Diederich

Yes, definitely. You should not be laying on your bed during group.

Dr. Steiner

If you can only be in your bedroom, then you have to be sitting up. This often has to be literally written, spelled out and then, find a way to have them sign it and

send back. We're operating under COVID, so the confidentiality thing is lightened a bit, but we're all encouraged to have the business agreement, business associates agreement be, yes, with our online provider and to have encrypted email available so that we're really providing privacy on every level and modeling that we really care about it. From the get-go, when you first talk to somebody, they know the email is going to be private, but that's setting the tone.

This is, "I take this seriously," and for support groups, I do the same thing as for my therapy groups. I screen people between three and four times. For a support group, you may not do that. You may not be able to. Your screening, you may have to do on the fly. You can still be looking for psychotic stuff and psychotic core and whether this person can really make it in this group or whether there's going to be damage that happens, because that's what we're sort of watching for if we can't screen.

Dr. Diederich

I just want to circle back before we got too far away. Division 49 works with APA Legal Services, to create a telehealth group informed consent, particularly for a lot of the telehealth concerns that you're highlighting, so we have that available on our website because that is such a critical piece.

Dr. Steiner

It's so critical and you're going to put that on the list.

Dr. Diederich

That will be available, yes.

Dr. Steiner

Good, because the more links we have for resources, the better for people. APA has done a phenomenal job on that, just phenomenal, making the website accessible and being able to get access to the latest information. AGPA, which is the American Group Psychotherapy Association, I-SIG, which is their internet special interest group, has up-to-date stuff and keeps adding things, so that's also a good resource.

It was interesting. When I did the third revision of my book for therapists about group was I like to have people to have templates for doing group agreements.

Dr. Diederich

Definitely. They are so helpful.

Dr. Steiner

I had 12 in-person group agreements and nine online group agreements because they're all different. It gives you the flavor. If we had time, I would read you an example from an online group for chronic pain that's done by Jennie with <http://chronicbabe.com/>, It's very hip.

Some of our audience that are watching this interview are a lot younger than me and are working with Millennials and people from a different generation, so they really do need to give language that fits rather than the language I'm accustomed to, which is more traditional.

The other thing is guidelines for discussions about difference. This is another thing that the AGPA's taskforce on diversity, equity and inclusion—I'm on that taskforce—we work really hard. I'm on a couple of other taskforces in different organizations where we've worked on and created these guidelines for discussions about difference, to make it—we used to say safer, but the literature is quite clear when you look at white fragility and all that, we can't offer safe.

Dr. Diederich

No, that's not possible.

Dr. Steiner

We can encourage brave spaces. Putting that in language and talking about that we will not tolerate racist, homophobic language and things like that and that there will be consequences. Some support groups end up turning into listserves that have to be moderated and then, there needs to be an active moderator who literally, there are consequences when if somebody gets warned, then they get bumped off. They're put on probation, whatever. They have somebody explain to them why what they said was offensive and all that. That can happen in these support groups, too, especially when we don't screen and when we're working with diverse populations.

Dr. Diederich

I really appreciate that focus on safe space versus brave space. One of the resources, actually, that we can share, probably from similar colleagues in the taskforce, is a brave space poem, a really nice way to introduce that idea at the start of the group, so we'll put that with these links.

Dr. Steiner

Wonderful. I love that. Great. Good thinking.

Dr. Diederich

As we talked about, with the current COVID pandemic and the focus on social injustices, highlighted by the Black Lives Matter movement, as we said, many group leaders may be tempted to start online groups with new populations. What should group leaders keep in mind if they're branching out? You've been emphasizing the importance of knowing your population, but what are factors that people need to keep in mind if they're starting a support group with a population that they've never worked with before?

Dr. Steiner

A bunch of things. One is to really get familiar with that population. Is it your population that you're doing it in your personal life, but you now want to lead a group for people that are dealing with Black Lives Matter or white fragility groups or things like that? You really need to know—okay, I get distracted with my own thoughts sometimes.

But to me, it reminds me of back in the days of AIDS, early-on, where there was only one kind of group for people with AIDS. Nobody had experienced working with medical illness, so they were doing the groups without realizing that they were dealing with very complicated psychological issues and other complications that go on with it.

We started training people to do groups for the worried well, groups for newly-diagnosed and on like that, but they had to do a lot of learning. We had to train people to really be familiar with the literature. AGPA's website, they've digitized all the literature, so you can do a search, which is really worth doing if it's a topic you're not that fluent with. I would suggest getting a consultation, have a consultant. Life-long learning is not just for other people.

The other thing is consider having a co-leader at the outset. Maybe that would be somebody that's got more experience doing this or something like that. Those are a couple of things you can consider.

I tend to be thinking, when I hear that question about the downsides to online because at times, domineering or monopolizing group members are actually in crisis and if we don't have empathy for them, then we don't realize they need more support than our group can offer. So knowing what the alternatives are and being

able to refer them out if you need to move them out is something, or into a different group.

But if you're from a different class than the people you want to work with, be aware of that and be able to talk about it and be able to discuss differences and be comfortable with that. That takes practice.

If it's not a topic you're familiar with, then you really want to be familiar, as much as you can, with the issues that are going to come up. If you can screen people, then be clear about your learning, if that's something you want to put out there. Does that make sense?

Dr. Diederich

Definitely. That's a great list. As we're working to close this—this has been a wonderful introduction to support groups. Actually the impetus for this series on support groups was because there's such a lack of information out there. So, this is a great overview and introduction to it.

Anything on your mind that you would want to add that we haven't covered as we close up?

Dr. Steiner

I really like making sure that people check out the version, something around guidelines for difficult conversations. I've been doing that with one of my groups where we've got people on one end of the political spectrum and their family members, they're losing connection with their family members because they can't talk about politics. This group said they really wanted to learn how to do that. We worked on putting together—I tweaked the guidelines for difficult conversations for that particular group. We spent two sessions going over how to have difficult conversations. It's been mind-blowing.

Dr. Diederich

That sounds lovely, yes.

Dr. Steiner

It's just really enriched things. There are different topics, including money. Are you going to talk about money in your group? Think about that. Fees, and be, again, I'll go back to your question about if it's a new group. Think about whether you want to slide your scale. Also be aware that a lot of people are hurting financially and some ethnic and cultural and socioeconomic groups are not getting

access to services. A lot of the violence against blacks is really causing problems. We need to create safe and braver spaces for people to talk. Finding alternatives for privacy would be the other thing. I think that's the main thing I would just remind people of.

Dr. Diederich

Wonderful, wonderful. On behalf of the board and the members of Division 49, as well as myself, the Society of Group Psychotherapy, Group Psychotherapy of APA, I want to offer you a great big thank-you and we'll look forward to getting this online for everyone and getting all the resources up for people to start using. Thank you so much.

Dr. Steiner

It was lovely talking with you. Thank-you.