



Letter from the President



You know that feeling: that mind and heart altering moment when you feel understood, seen and appreciated. And, you know one of the most powerful ways to create such an experience? Join a group! It's what groups

make happen! I'm keenly aware of how impactful groups are as I leave the AGPA conference in beautiful San Francisco and anticipate the NSGP conference in June. Reliably, participating in group in any form, whether it's our own group or at a conference and even as a member of a committee, enlivens and expands our minds, hearts and spirit.

The NSGP Board and Committees are so passionate and resolute about the benefits of group connection that we are on a campaign to reach out to therapists and students to introduce them to NSGP. As an NSGP member, your efforts in this campaign matter tremendously. Think about the colleagues and students you know and tell them about NSGP. Invite them to a Breakfast Club. Go with them to a Practice Development event. Help them choose an Experience Group or Workshop at the Conference. Encourage your colleagues and students to take the Training Program and reinforce how valuable it is to become a Certified Group Psychotherapist.

When you help to get someone connected to NSGP, you can be sure they're in for an enriching experience. For example, here are some of the upcoming NSGP events that you can share with others. Encourage them to participate.

The Practice Development

Committee provides programs to address the ongoing needs of our members and interested clinicians as they develop their practices in this ever changing health care landscape. Past presentations included: Elena Eisman, past Executive Director and Director of Professional Affairs for the Massachusetts Psychological Association, "What Does the Affordable Care Act Mean for My Practice?"; "CliniciansUNITED: Everything you need to know about the new union for clinicians in Massachusetts" moderated by Madeleine Lourie; "Paperless

Practice: Moving your records to the Cloud" by Michael Selva PsyD; "Did I Stay or Did I Go?" a panel discussion by Oona Metz, Ellen Ziskind, Amy Matias and Doug Baker who shared their experiences of leaving insurance panels, or not.

Future presentations include "Two Hours/Two Lawyers: What You Need to Know to Protect Your Private Practice," scheduled for April 26th and presented by Nancy Puleo and Jennifer Yelen. This is an incredible opportunity to ask questions of not one, but two, lawyers for the price of a small admission fee. Don't miss it! Also, on May 3rd we have "Gearing Down in Work and Gearing Up for Retirement," a panel with Lise Motherwell, Joel Frost and Marianne Zasa. These are just some examples of the relevant programs put together by Co-Chairs Oona Metz and Annie Ide and members Annie Weiss, Joyce Collier, Amy Matias, Carolyn Stone and Rachel Barbanel-Fried.

Ten students are participating in the **Training Program Principles Course!** The Experiential Group is robust as well. Thanks again to the Training Committee and faculty for their hard work and dedication. The Training Program typically begins in January each year. Consider enrolling yourself or encouraging others.

Be proactive about your career, continuing education and connections! Register now for the **NSGP Conference**, "Getting Real: Vulnerability and Effective Group Leadership" June 5-7 at Simmons College.

Jeffery S. Hudson, MEd, LPC, CGP, FAGPA will lecture and lead the **Demo Group** "Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders" in an innovative, all day format. Jeffrey is a highly regarded and accomplished presenter. Of this presentation, he says: "As group therapists, we routinely work with our group's availability for emotional engagement. Our success depends, in part, on our own emotional availability. We will examine the openness and resistance to emotional involvement in groups, and explore Modern Psychoanalytic approaches to working with resistance." Sally Henry, LCSW, CGP and Leo Leiderman, PsyD, ABPP, CGP are the discussants and Jenn McLain, MD, CGP and Co-Chair of the NSGP Training Committee will moderate.

The **Special Presentation** at the Conference "When Love Kills: Abuse in Couples and Families" by Lynn Dowd, M.Ed., PsyD, Alan Albert PsyD, CGP, Susan Nisenbaum Becker LCSW, LADC, RDT and Steve Cadwell, PhD, LICSW, CGP will explore a relevant and important topic. I hope you attend.

In other society news, we moved our website to a third party vendor, *WildApricot*, an integrated platform that offers sophisticated Membership Management software as well as Event and Registration Management. The Board took great care to determine the best course for our website needs. Special thanks to Lucy Jordan, Marc Bolduc, Ginger Reiber, Melissa Kelly and Kristina Weljkovic, our Office Manager and resident website expert, for all of your hard work to make this transition. And, a special thank you to Andy Pyman of TrulyGood. Andy is a website developer and created the Conference Flyer and the brochure. Thanks Andy!

I strongly encourage you to develop a relationship with the NSGP website

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The goals of this newsletter are two-fold:

- To promote the objectives of the Northeastern Society for Group Psychotherapy, an affiliate of the American Group Psychotherapy Association.
- To be a forum for the exchange of ideas and information among members.

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**Letter from
the Editor**

After Barbara Keezell's long and distinguished service as a newsletter Editor, there is now a "new guy" on the job, and that new guy is me. I have been reflecting on this and all that it might mean, and what a pleasure it is to be "new" again! With that in mind, I want use this space to focus on what sorts of things might be "new" (and not so new) about me, how I think about the business of writing and editing, and what I might bring to this newsletter.

In moving toward this work, my thoughts have taken refuge in memory (which is only appropriate, I think, as I shall explain). Many years ago, my mentor Bert Cohler led me into the study of personal and collective memory, and the ways that persons, groups, organizations, communities, and societies understand themselves, their place in the world, their stories, and their history. My thoughts also took me to the philosopher José Ortega y Gasset, who famously wrote that "man has no nature" but only a history. As we struggle to understand ourselves, even as we change constantly, I have come to think of this newsletter as our monument: *our* record, our history and a reflection of the togetherness of all of us and our essential nature as a group. Inside these pages are our points of connection, our shared experiences, and our memories. I am pleased to be, for the time I hold this post, a proper steward of this shared material; I hope that I prove worthy of this role and can help to show us ourselves.

My journey into memory also took me into my own history. When I was a small child, I was driven to be a writer; I was, in fact, completely taken with this idea. I wanted to go to the Iowa Writer's Workshop (goodness knows where a small child would have heard of such a thing!), and pursue the (probably solitary) life of an author. But with life being what it is, I moved on to other things, though not really so different in many ways. My AGPA institute leader Macario Giraldo quipped in a recent institute that "therapists are artists of the voice"—and so I have followed my love of language and narrative into the territory of the individual human heart and its sufferings and joys. My mentors in the psychoanalytic psychotherapy field were kindred spirits for me here: Bert Cohler, Jonathan Lear, Oliver Kerner, John Gedo; my love of stories found a way to be fed through the narrative study of lives, witnessing, listening closely, remembering, and finding words in clients' histories where none existed before. After all, words

**A HUGE and HEARTFELT
THANK YOU to Joe Shay**

for all his years of service to the newsletter as a past Editor and current coordinator of conference articles and ever-present photographer extraordinaire!!!!!! It's been such a pleasure to work together and we can't show our appreciation enough.

Thank you.

matter; people show themselves in very subtle ways, with the choice twists and turns of phrase that structure and memorialize our lives.

The stewardship role of the editor involves making choices about which directions to pursue or not, what to emphasize, or not, and how to make sure that the voices of our community are heard, reflected, and recorded. This introduces, of course, my own inevitable preferences and biases—how could it be otherwise? Part of being editor is that you will read more about the things that interest me; and so I hope that my interests are also interesting to you. This current issue shows some signs of this. Notably, we included a book review, Ken Jaeger's article on Eckert's *Unlocking the Emotional Brain*, which is the kind of feature that I hope to continue.

Of course, editing is only a small part of the picture: the newsletter is only as good as its source material that comes from you, our community of readers. If you have ideas, thoughts, suggestions about what you want to include or see in this publication, please let Jenn and I know. I should give fair warning: suggestions could result in volunteer opportunities for you! I hope that can feel like an invitation to all of you. If you have even rough ideas, Jenn and I are here to help you flesh them out and to help you find your voice.

I am humbled, stimulated, grateful, and simply glad to be involved in writing again—yours, and mine. I look forward to the stories we might tell together, the ways that we will write our history, find points of connection, and share ourselves generously together.

Kurt L. White, LICSW, LADC, CGP

Co-Editor Newsletter

Co-Editors Jenn and Kurt
will alternate the Letter from the
Editor in this space.

Letter from the President
(continued from page 1)

www.nsgp.com. You can create a profile and describe your practice, upload a picture, describe your groups and get the current NSGP news about upcoming events.

There is also interesting biographical information about our conference presenters, interviews, suggested readings and blog postings on our website. The Publicity and Marketing Committee works creatively to make the website lively and informative. Let us know what you think! Send a Tweet or Like us on Facebook!

Peter Gumpert, PhD, CGP is concluding his term as Past President serving in each Presidential role over the past four years with determination and courage. Extremely important NSGP business was conducted during his term including being reaccredited by APA and MMS to continue offering CE's. We wish him peace and joy and hope that his connection to NSGP continues to be sustaining.

SHARE THE CONNECTION!

Invite a colleague, co-worker, or other clinician to join NSGP!

Learn more at

www.nsgp.com

This is the first edition of the newsletter since the Fall of 2009 in which Barbara Keezell hasn't been an editor. She was extremely attentive to the tasks and spirit of the newsletter for many years. Barbara's love for NSGP, our community, the newsletter and group work was evident throughout her tenure as editor. Barbara is a kind, smart, steadfast leader and attentive, encouraging editor. We wish Barbara well in future endeavors and thank her deeply for all the years of terrific stewardship.

Before I conclude, I would like to thank the NSGP Board of Directors. This hard working, conscientious group takes their responsibility to this organization very seriously. They are curious, thoughtful, dive into hard work and believe in this organization passionately. We are tackling some very difficult issues and they are demonstrating grace and fortitude.

I look forward to seeing you all at the NSGP Conference.

Debora Carmichael PhD, CGP
President, NSGP

The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our 2015-2016

Breakfast Club

Learn about group therapy and socialize with colleagues at a FREE colloquium series. Each POTLUCK event will take place on designated Sundays from 11 AM to 1:30 PM. Participants may bring guests. Please contribute a breakfast item (quiche, fruit, bagels, pastries, cheese, etc). The host will provide coffee and tea. To sign up for an event or for directions, participants should register online at www.nsgp.com or call Kristina at the NSGP office: (617) 431-NSGP.

Calendar for 2015-2016

- 9/20/15 ***The Rational Mind and the Animal Body: Yoga in Psychotherapy***
Presented by **Douglas C. Baker, LICSW, RYT**
Hosted by Julie Anderson (Brookline, MA)
- 10/25/15 ***Group Work Training in Graduate Programs: How Are Our Students Learning about Group Work?***
Presented by **Kurt White, LICSW, LADC, CGP**
Hosted by Suzanne Brennan Nathan (West Roxbury, MA)
- 12/6/15 ***Healing from Childhood Trauma in a Group: a Structured, 3-Year, Integrative Model***
Presented by **Amanda Curtain, LICSW**
Hosted by Geri and Scott Reinhardt (Newton, MA)
- 1/10/16 ***Cultivating the Curative Power of Gratitude and Forgiveness in Groups***
Presented by **Bob Weber, PhD**
Hosted by Deb Filiurin (Cambridge, MA)
- 3/20/16 ***The Unconscious Dance: Co-Leading a Psychotherapy Group***
Presented by **Julie Anderson, PhD, CGP** and **Arnie Cohen, PhD, CGP, FAGPA**
Hosted by Jim Leone (Belmont, MA)
- 4/10/16 ***Mindfulness-Based Cognitive Therapy Groups***
Presented by **Judith Prebluda, MA, LMHC**
Hosted by Walker & Joyce Shields (Belmont, MA)

**Please note that CEUs are no longer being offered for Breakfast Club events. If you have any questions about this, please e-mail the office at groups@nsgp.com.*

WANTED: Newsletter Committee Member!!!

For open position of **Photography Coordinator**

Looking for an enthusiastic person who wants a great opportunity to get involved and give back to NSGP but may need a small time commitment; much of our work is done online and in brief spurts. We offer fun, flexibility and the chance to see your name in print! Attendance at regular events a plus.

If you're interested or have questions, please email Jenn: mclainjenn@gmail.com.

AGPA Moves

Siobhan O'Neill, MD, CGP

After sitting for two days in an institute on trauma groups (which was powerful, and masterfully led by Suzanne Phillips) it was a welcome change to find myself dancing, playing, and rolling around on the floor with twenty other adults. I wondered what the casual observer might make of us—and then by the end I noticed I did not care at all!

Nanine Ewing's workshop, "The Body as Primary Access to the Self," offered just what the title advertised: a primary process experience of being in the body

and thereby getting to the self. Dr. Ewing offered us the gift of a workshop carefully constructed and yet flowing so seamlessly that the structure could fade out of awareness and the pure experiences come to the fore. She encouraged the process to be wordless, to support the body awareness, and skillfully chose music which fostered the work. The result was a vibrant group process in which participants entered fairly rapidly into wordless places not easily accessed cognitively, and yet where deep connection to self and others is possible.

Dr. Ewing guided us through three distinct phases of movement to music, punctuated by two brief periods of sitting on the floor in a circle and processing verbally. In the beginning we danced and moved, experimenting with direction, rhythm, and space. We bumped into each other, clapping and shouting. Initially there was some nervous laughter and whispered apologies as we transitioned from our usual social interactions to increased freedom of movement. We then began to work with mirroring one another, and clapping on others' backs, arms and legs. It was playful and joy-filled.

In the middle phase, we experimented with melding the shape of our bodies to others' bodies in pairs and in small groups, moving in and out of connection. This was the part which involved rolling around on the floor, climbing over and under one another, swaying slowly in groups, arms entwined. There was joy-filled laughter, there were tears. Dr. Ewing encouraged us to notice all the feelings that arose in close contact to others, and in separation. The full range was named.

In the end, we shared a closing ritual to acknowledge one another and the connections we made. It was a goodbye without words. We each had a candle, and we lighted each other's, one at a time, silently honoring the person whose candle we lit. There was an atmosphere of full attention and absorption in the moment. It was beautiful and deeply grounding. The invitation to look someone in the eyes, and to hold the gaze in recognition of the end was in sharp contrast to the more common farewell or the "see you soon" said in passing. It brought me fully in contact with the fundamental importance of ritual in meeting endings face to face.

In reflecting on Dr. Ewing's workshop, I appreciate that it followed my institute experience, and enhanced it. The institute's focus was "Healing the Spoken and Unspoken Traces of Trauma." The unspoken was vividly present for me in the form of severe nausea, which came and went throughout the two days. It was quite intense at times. Though it was tempting to chalk it up to a virus, I worked with the nausea as an unspoken trace of trauma. I followed it, riding its waves, and let it inform me. It was gone by the time we ended. I was exhausted, but felt I had experienced significant healing.

The body-focused workshop was a continuation of this work, from a very different orientation. It also built upon important take-home messages from AGPA in Boston last year: Bessel Van der Kolk's conviction about the healing power of rhythmic attunement of one's body to another (the dancing, mirroring, and melding we did) and Steven Porges' sweeping but wonderful statement that the goal of civilization is immobilization without fear in the arms of another—that this is where deep restoration of our minds and bodies is possible.

I came away from the conference inspired and grateful for the opportunity to learn in such different modalities with experienced and generous teachers, and grateful for the AGPA community.



Kathy Ulman & Eleanor Counselman



Joel Krieg & Arnie Cohen



Jeanne Gavrin & Joyce Shields



Andrea Grunblatt & Helene Satz



Shunda McGahee, Annie Weiss & Oona Metz at NSGP dinner



Chera Finnis, Robin Good & Cynthia Gray at NSGP dinner



Keren Neemn Kantor, Jenn McLain, Heather Barron, Kurt White & Joel Krieg

A Morning Bun, Uber, AGPA, and Me

Howie Schnairsohn, LICSW

My son, familiar with “The City by the Bay,” had just two recommendations for my maiden visit: stay anywhere except the hotel and bite into, as often as possible, the famous ‘morning bun’ made on the premises at the Tartine bakery, corner of 18th and Guerrero. As usual, Leore was right. The fresh air trolley ride each morning on the J Church line from my Airbnb in the Mission combined with the ‘bun’ to make for a grounding experience before the launch to a far-away galaxy named AGPA—and the specific planet Me—to continue the quest I began at the conference in Boston last February.

Not a second was wasted! In my first group encounter, day one, I was labeled as “meek” in the morning and in the afternoon alternately as “brave.” I didn’t sleep that night, turning and tossing with the label ‘meek’ trapped in and gnawing at my brain. Tentative...yes; reticent and shy...yes; but meek! Then it came to me. I was not meek...but instead just very, very frightened.

I realized I ‘rolled’ with an undercoat of fear at every institute, workshop, meeting—actually at any gathering of one or more fellow human beings almost always. And it finally crystallized in my mind the reason why! Day two could not come fast enough so I could return and declare that I was not of flawed character but instead had been ‘wired’ at age 3 to ‘panic’ by any approaching object (then, always in white), each one a signal that pain would be coming hard to one part of my body or another. Often it was the penis (cystoscopies), my back (spinal taps and myelograms), the arms and fingers (hematology IVs) and at least twice my nose and mouth as they became completely sealed by a cover and the familiar air replaced by an unbearable gas (ether or chloroform). I had long given up on the return of my mother and father who, in those days, were not permitted to remain in the hospital with their children beyond a certain limit. Each parent,

unable to bear the pain of screaming pleas from their child to not leave him, fabricated the promise to return immediately. No wonder the fear of abandonment added its presence and weight to all I described above.

Now 62 years later, although the inner sense of danger and panic still haunts me, particularly at events when social forces are unleashed (workshop breaks and lunchtimes), here in the open air of AGPA something became different. By day 4 and 5 of observing and reflecting on my experiences at the Conference, the whole point of AGPA for me, I began to see my reactions as rooted in very real early trauma. Once I could see that, I started to reach out and ask for help at specific social intersections. As San Francisco was the place I ended my virginity with respect to utilizing Uber, and in doing so became star-struck and infatuated, I began to give the name a new personalized meaning. Instead of actual transportation to arrive in physical terms from point A to point B, I needed to order up a little ‘social Uber’ to escort me through some very specific challenges during certain intervals of the conference that I now better understood. My fears, albeit very much present, were

made lighter by the dislodgment of shame and channels hitherto inaccessible became available. Now, requesting a little ‘Uber’ (with a simple text) to any one of several of my closer NSGP/BIP colleagues (you know who you are!) located at different corners of the conference resulted in an immediate exchange of locations and a relief that aid was on the way.

A “social Uber” to connect friends and navigate an 1,100 person AGPA conference without getting lost—now there is an App waiting to be developed!



Don Wexler and June Ellen Mendelson-Wexler on the AGPA dance floor



Howie Schnairsohn, Keren Neemn Kantor, Cyndee & Kurt White at 2015 AGPAF luncheon



Julie Reece, Joe Shay & Kurt White at AGPAF luncheon



Ramon Alonso & Dorothy Altman



Oona Metz & Ronnie Levine



Deborah Cross, Andrea Grunblatt, Mark Grunblatt & Ann Koplów



Barbara Keezell, Deb Carmichael, Shunda McGahee, Jennifer DeSouza & Ann Koplów



Christina Bertrand, Helene Satz & David Griffiths at NSGP dinner

When it Comes to Group Therapy—It's All About Boundaries

Robert S. Pepper, PhD

Not long ago, and at the insistence of his girlfriend who threatened to leave him if he didn't, a young man came to my office for a psychotherapy consultation. I asked him: "How can I help you?" He said his girlfriend told him that he had relationship issues. He didn't really want to come for a consultation; he said that he didn't need it. This was a bad sign: he was in my office under duress. I asked him, a bit sarcastically, if he always did what his girlfriend told him to do. After listening to his 'defense' of his plight with women, I recommended group treatment. From even a brief interview, it seemed clear this young man had no idea how he came across in relationships. He took no responsibility for any part of it. He flatly refused the offer to join one of my groups. When I asked why not, he said: "I don't care about other people's problems." To which I replied: "Exactly, that's the problem!" He didn't believe me and left in a huff. His girlfriend did indeed leave him soon thereafter. This bright but not very introspective young man just didn't get it. Had he allowed it, a group therapy experience might have been able to help him with his 'relationship issues'—but with one major proviso. The treatment had to take place in a secure frame environment.

This simply means that the group leader and members are only known to each other in a clean fee-for-service relationship between patient and doctor. Members are only known to each other on a first name basis and they are otherwise anonymous to each other outside of the group. This ensures the preservation of confidentiality. When members have outside-the-group contact, treatment becomes diluted, or, worse, contaminated. In some circumstances, like small towns, rural areas, the military and group training institutes, outside-the-group contact is inevitable. This outside contact always has consequences for the treatment. It is the leader's responsibility to know when outside the group contact is potentially disruptive to the treatment, or, worse, when it does harm. Before giving an example, here's a little background about group therapy.

In recent years, group psychotherapy has emerged from its roots as a little known and less respected stepchild of individual therapy. It is now a recognized treatment modality for people with relationship problems. There are few people who have never experienced conflict with

either personal or professional relationships. In individual psychotherapy patients tell the story of their lives, their perceptions of who they are and why their lives are not where they want them to be. In group therapy, it's different. Members re-create their relationships with significant others in their lives through their 'as if' relationships with the group members. This is called the transference. This means that members react to each other as they would react to important people in their lives, past and present. The group leader can actually see, in vivo, how members undermine themselves in relationships, rather than through the patient's narrative. This is something that an individual therapist cannot directly observe and it is what gives group its healing power.

The following stories compare two apparently similar group events that are actually quite different. The major difference has to do with the blurring of boundaries between therapy and not therapy. The outcomes are very disparate as a consequence of blurring this boundary in the second story.

A woman in her 20's spent the first year of her individual treatment complaining about the harsh treatment that she was receiving at the hands of her older sisters. As the youngest of the three, she felt like an innocent victim of her sisters' meanness. She said that she felt like Cinderella with her wicked step-sisters. I suggested group therapy because I thought that she needed support and I also had a hunch that there was more to the story than she was telling me. It wasn't that she was lying so much as it was that her 'spin' may have been self-serving. I didn't have to wait very long to find out.

On her first night in group, and within the first half-hour of the meeting, she went around the room verbally abusing all the other female group members. I had to caution her to stop talking and listen for the rest of the group. While there may have been an element of reality to her feelings of sibling rivalry—competitive and jealous feelings as the newcomer to the group—the intensity of her reaction was over the top. Since the group members were anonymous to each other, and she had no real life contact with any of them, I could reasonably assume that her reaction was mainly transference. She actually had been a precocious new member by re-creating her family in the group right from the start. That was what was supposed to happen. The ferocity of her verbal attack, however, alerted me to the possibility that she wasn't necessarily her sisters' victim

but that she played a part in her own family discord. I learned more about this dynamic in that first group session than in a year of individual therapy. And although it took her awhile to see the connection between her own behavior and other members' responses to her, she learned that she could say that she felt competitive and jealous without acting those feelings out in the group. Subsequently, her relationships with her sisters improved. In the next story, the outcome wasn't as sanguine.

In a group at a psychoanalytic group training institute, under the direction of a brilliant, authoritarian and charismatic figure, a female member complained about the unfair distribution of perks in the organization that the leader's inner circle was afforded. She suggested that loyalty to the leader was rewarded with such benefits as patient referrals, supervisory and teaching positions in the organization and so on. The group knew this member's history of sibling rivalry with brothers and sisters in her family of origin; her real-life father played favorites and she wasn't one of them. The group reminded her of this and characterized her grousing as transference, a relic from the past. There was no validation that perhaps the group leader did indeed have an inner circle. That is, there was some measure of truth to her assertion that members curried favor with him. This phenomenon is known as "gaslighting." It is a term that is derived from the classic movie of the 1940's, *GASLIGHT*, where the husband (Charles Boyer) attempts to drive the wife (Ingrid Bergman) mad by invalidating her perception of reality. She is saved from ruin at the end of the movie by a handsome stranger (Joseph Cotton) who had been watching her slow deterioration from a distance. The stranger saved the day by providing evidence that the husband had been attempting to get rid of her, to drive her crazy and to place her in a mental hospital. The woman in the group wasn't so lucky. In a personal communication to me, the member let me know that she left that meeting feeling anxious and depressed.

This story is different from the first one because she had complicated outside the group relationships with other members and with the leader. She suffered when her view of reality was questioned. The famous psychiatrist, R.D. Laing, was known to have said, "The fastest way to drive someone mad is to undermine their perception of reality."



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NSGP DINNER PARTY

ANalyZE This

This question-and-answer column appears regularly in the Newsletter and addresses complex dilemmas in group therapy. Featured are case vignettes presented by NSGP members, with responses by senior clinicians. If you have a question you would like considered for this column, please submit a case vignette of 400 words or less to Amy Matias, PhD, LICSW through the NSGP office, or via email to newsletter@nsgp.com. (Please remember to preserve the confidentiality of any group members described.)

I have a question regarding getting off insurance panels and how this will affect my psychotherapy groups. I'm hoping you can provide some guidance in terms of how to think about the issues involved.

In my two groups, some members utilize their insurance benefits to pay for group, some have out-of-network benefits and some pay out-of-pocket. Some members also see me for individual therapy in addition to group. These members may not be able to pay out-of-pocket and I am concerned that this will make it difficult or impossible for them to remain in the group.

I am wondering how to appropriately process this change with the group. I would like to give them adequate notice so that they have time to both process their feelings and make financial arrangements for this change. On a psychological level, going off insurance may create feelings of unfairness and even anger that need to be addressed. Many members have experienced other inequities in their lives that are likely to come up. Although processing members' feelings provides an opportunity to explore these issues, how can I address these feelings without negating the very real inequity this change will create?

In addition, I am conflicted about whether to process this change with the group as a whole or to keep the process private between each member and myself. There may be clear benefits to bringing this discussion into the group, but could it put members in the awkward position of revealing information about their

financial and insurance status that they would rather keep private? I am wondering how this information could affect group dynamics?

On a financial level, I am curious about how to approach a fee scale for members who may no longer be able to use their insurance benefits. Once I am off insurance, I am aware I can offer a sliding scale fee. I wonder how to properly address a fee reduction for members who cannot pay in full. Does this create another dilemma regarding members who have been paying full fee all along? What aspects should I be considering when thinking about bringing these discussions into the group?

I would appreciate any direction you can provide regarding this multifaceted dilemma!

Sincerely yours,

Insurance Weary, Leaving Leary

Dear Insurance Weary, Leaving Leary

As group leaders, we have multiple responsibilities. Frequently, we focus on managing what I would call the "inner workings" of the group (e.g., group interactions, affect within the group, challenges to group cohesion). Your questions and concerns pertain more to our groups' "outer workings" (interfaces of group process with realities and changes in the marketplace, differences between various members' capacities to cope with external changes). As group therapists, we're often less trained and more insecure about dealing with the outer workings than with the inner ones.

As you are already aware, your decision to stop taking insurance will undoubtedly reverberate within the group in a host of ways. Regardless of how you choose to handle these reverberations, you remain the group leader and need to be prepared to "take the hit" for any feeling, belief or attribution that will reach you. From my experience, having guidelines based on thoughtful consideration is more useful than seeking answers. In other words, there are no simple or contained answers to the issues you present. In our work, grappling with the questions often guides us to more meaningful and honest practice than does searching for answers.

For these reasons, I prefer to offer few answers and instead present a spectrum of response options to draw upon in helping you consider where you actually stand and might best act as a leader.

To start, consider that your insurance decision will inevitably raise group awareness and sensitivities to differences between members' financial capacities and potentially to their abilities to remain in the group. How you handle these surfacing emotions speaks to your core values and leadership style.

Some group leaders adopt what I could call a "businesslike" stance, announcing to the group the insurance changes that occurred and clarifying potential financial implications. Although taking this stance can still certainly provide space for processing of feelings within the group, it tends to emphasize the changes in the group financial structure and

the need for members to adjust to realities resulting from these changes. Processing of these realities may result in some members deciding to pay out of pocket and others deciding to leave the group. This approach tends to minimize discussion pertaining to individual members' financial particulars and may funnel more specific concerns or disclosures about finances to one-on-one sessions with the leader.

At the other end of the spectrum, some group leaders adopt more of a "process" approach and help the group explore and even decide together which specific policies the group might institute in response to the changing financial landscape. These policies might include setting a sliding scale for members who would like to stay but cannot pay full fee. This end of the spectrum tends to favor more disclosure in the group of members' financial and insurance status.

In my opinion, this spectrum of positions represents a range of acceptable and honorable approaches toward tackling these thorny issues. I do not believe that the more businesslike end of the spectrum is necessarily less empathic or that the process side necessarily represents a greater threat to group structure.

Each side of the spectrum (and points in between as well) has strengths and limitations in its approach: the "businesslike" model preserves group structure and boundaries but may fail to adequately address particular members' circumstances, the "process" model allows for greater flexibility in addressing

individuals' needs but invites a number of boundary and equivalency challenges (e.g., Should group members be active in setting group policy?; Is it truly fair to have some members pay more than others?; Even if all group members agree by vote for a sliding scale, does it necessarily follow that they agree in spirit?).

In the end, it is the leader and her/his leadership skills which remain the driving force behind the successful handling of differences within the group. Regardless of where you stand on the spectrum outlined above, keep in mind that the congruence you demonstrate between your leadership behavior and your leadership values will help the group adjust to and accept change. Also keep in mind that the group always carries within it the internal resources to endure and flourish despite external changes which may threaten its course and survival.

Steffen Fuller, PhD



Dear Insurance Weary, Leaving Leary

Congratulations on making an important decision for your practice, and for wisely considering the powerful material that it will surely evoke. Based on your question, it sounds as if the group has not yet discussed financial disparities and other issues related to money. Whether or not your group has already ventured into these shark-infested waters, this change will provide a wonderful, albeit challenging, opportunity.

You ask how you can address the members' feelings about the financial change without negating "very real inequity." As group leaders, we often deal with "real" issues as we simultaneously process dynamics, feelings, reactions, longings, distortions and projections that those issues trigger. In this case, you are dealing with "real issues" that most people assiduously avoid, so catalyzing discussion about them will be a tremendous gift to your group.

It is not surprising that your group members are reluctant to candidly discuss finances, as well as the psychological and interpersonal issues that surround money. According to a 2014 study, 44% of adults reported that money is **the** single most difficult topic to discuss with others. Considering that 70% of adults experience stress due to financial issues,

and 70% of couples report that they fight about money, helping people to discuss and address these issues is vital.

It will be enormously valuable for group members to discuss the insurance changes **in** the group, and it would be detrimental to collude with any member who wants to have such conversations "privately." You are correct to give the group adequate notice to prepare for and process the change in fee structure. I suggest that you encourage members to talk about personal finances, actual inequities in the group and financial challenges posed by the insurance change, as well as the feelings that you accurately anticipate will emerge, such as: resentment, competition, envy, shame, anger, greed, the wish to be taken care of and fear of exploitation. These discussions will undoubtedly elicit important, previously-avoided personal material and deepen intimacy and safety in the group, though not without considerable resistance and protest.

In order to facilitate this difficult conversation with the same curiosity, candor and unflappability as any other, you may have some work to do regarding your own feelings about discussing money. We therapists grapple with the same taboos, discomfort and cultural silence about money as anyone else. In addition, we may have particular resistance based on our identities as caregivers, ambivalence about how much we deserve or are entitled to be paid, and denial of greed.

"On a pragmatic level, one fee is simpler and more straightforward for the therapist."

Whether you maintain one group fee or establish a sliding scale, the most important factor will be candid, open discussion within the group about each person's financial arrangement with you. Some group leaders do set sliding fee scales, and manage them successfully, using fee setting conversations as therapeutic grist. Feelings of entitlement, shame, preferential treatment, sibling rivalry and other valuable themes will likely be evoked, but can also be mined when all group members pay the same fee. It would be tempting for you to establish a sliding fee scale to accommodate clients who will no longer have insurance, and to mitigate your own ambivalence and other potentially uncomfortable feelings noted above. However, I recommend that you set a reasonable fee for all members. On a pragmatic level, one fee is simpler and more straightforward for the therapist, and levels the playing field when exploring how members "own" their space in group or defer to others. Negotiating a "fair" fee is extremely

complex in group, requiring a highly detailed conversation about income and expenses; many therapists have done so only to later feel resentful when their clients buy a new car or take a vacation, perhaps one the therapist (or another full-fee paying group member) couldn't afford! As therapists we must maintain professional boundaries such that we don't unwittingly need or invite our clients to take care of our personal needs; we can, however, reasonably expect fair payment for our services.

The short answer to your question is that you will do your group a favor to initiate and look for opportunities to discuss personal finances and all the feelings that surround money in group and in life. And, there is no way to make it easy. Good luck!

Annie Weiss, LICSW

(References for statistics available upon request).



Got a Question About Your Group?

Maybe you would like another opinion about the current dynamic in your group, or whether to bring in a new member now, or how to deal with the fact that two people have given their notice precipitously, or something entirely different.

We all face these dilemmas.

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The Consultation Benefit cannot be used to address an emergency situation. It is not available to students as they have consultation built into their programs.

Did I Stay or Did I Go? A Practice Development Event

Carolyn Stone, EdD

On a chilly late afternoon in November about thirty members and friends of NSGP gathered at the invitation of the Practice Development Committee to hear about the experiences of therapists who had left insurance panels and one who had stayed. This gathering was a one year follow-up to last year's lively panel discussion which left people wanting more ways to discuss this important personal and business choice.

As a result, the committee decided to present a follow-up in which a few clinicians would share about how they made the choice and how they have fared in the intervening year. The panel that began our discussion was composed of Oona Metz, Ellen Ziskind, Amy Matias and Doug Baker. Oona, Ellen, and Doug had all stopped taking insurance payments in the past 18 months. Amy had considered it, but decided to stay on the BC/BS panel.

Why did people leave? Oona mentioned that the Blue Cross reimbursement for social workers has decreased significantly over the years and that she felt increasingly devalued for her work. Ellen noticed that Blue Cross began to state emphatically in its authorization letters that while authorization may have been given and monies paid, payments could nonetheless be rescinded at some future time. In fact, they can require as much as three years of re-payment after an audit. She found this language threatening. Doug noted that he disliked the one-sided power arrangement. If there is a mistake in payment, it is up to the clinician to track it and ask for correction. He felt that Blue Cross took no responsibility for that.

Why would one stay? Amy noted that at this point in her career it feels important to have the stability in her business and her income that being on an insurance panel affords. She feels she is still building her business. Staying with an insurance that pays comparatively well makes sense to her. During the discussion others expressed the same concern. One man's wife had recently been laid off, so he was not in a position to make a change that might make his income less predictable. Others were concerned about serving people who could not pay out of pocket for mental health services. Amy especially likes working with students and diverse populations in Cambridge who might not otherwise be able to afford her services.

How did people leave? As the discussion unfolded, it became clear that this is a very important consideration. Oona and Ellen found that almost every client remained in treatment after they became out-of-network providers. They felt this was due to the fact that they gave people as much as six months notice about the upcoming change. In addition, they made it clear that they wanted to hear from their clients about how this change would affect them. Ellen described how she "held" clients through these difficult discussions. Making a place to talk about the meaning of money, the meaning of paying directly for one's therapy, and about making therapy a financial priority seemed to allow clients to work through their feelings and stay in treatment. Doug lost more clients, and he stated that he did not invite as much discussion as Oona and Ellen did. He presented the change more as a choice he needed to make in his business. However, he also noted that he tends to do shorter-term work where there is more turnover.

All panel members emphasized that clients can use their out-of-network

benefit in order to see them. They have found it helpful to accommodate clients using out-of-network benefits by submitting claims for them.

And how are they doing? One therapist volunteered that although she is working the same hours, her income has gone up by 30%. Doug said that though his caseload is down about twenty percent, his income is the same.

In addition, people talked about developing other income streams that are not reimbursed by insurance in order to diversify their income sources.

This is clearly an individual decision. The clinicians that left insurance were all adult providers. Some of us who see children remarked after the discussion that we feel it would be more difficult to make this change with families. Others noted in the discussion that it is easier to leave if your caseload already has predominantly PPO coverage. Those people can choose to use their out-of-network benefit. Some therapists who are taking insurances described the dilemma of deciding whether to take a new patient who has insurance that pays poorly, yet not being ready to resign from that panel because being on the panel provides some stability.

Many thanks to the Practice Development Committee for providing this very useful forum. Thanks also to NSGP member, Steffen Fuller for opening his lovely home for this event.



NSGP Foundation



NSGP Foundation Benefit Fondue Party



NSGP Foundation Benefit Bowling Party

Join us for these exciting
Practice Development Events:

"Two Hours with Two Lawyers: What You Need to Know to Protect Your Practice"

with Jennifer Yelen and Nancy Puleo
April 26th, 4-6 p.m.

"Gearing Down in Work and Gearing Up for Retirement"

a panel with Lise Motherwell, Joel Frost and Marianne Zasa
May 3rd, 4-6 p.m.

Locations TBD. For more information and to sign up,
visit www.nsgp.com and click the **Special Events** tab.

NSGP Foundation



Barbara Keezell at the NSGP Foundation Benefit Poker Party



Poker sharks Kelley Bothe & Oona Metz



Scott Rutan dressed for the poker table



Deb Carmichael, Kelley Bothe & Walker Shields at NSGP Board and Foundation evening



Howie Schnairsohn, Alan Whitaker, Sara Emerson, Siobhan O'Neill & Barbara Keezell



NSGP Board and Foundation evening



NSGP Board and Foundation evening



Kathy Ulman, Helene Satz, Tracy Wallach & Pat Doherty
NSGP in Hawaii Jan. 25, 2015

The NSGP Training Committee would like to welcome the members of the 2015 Training Class to NSGP!!!

Alison Weeks
Ben Killilea
Caleb Englander
Dan Becker
Frank O'Sullivan

Jean Fain
Kim Santora
M.E. Quinn
Veronica Akins
Yana Kotlar

These students will complete the Principles of Group Psychotherapy Course in May 2015. *If you meet any of the students at future NSGP events, please extend a warm welcome!*

THANK YOU also to the Training Faculty for 2015 for volunteering their time and expertise: **Arnie Cohen, Julie Anderson, Kurt White, Sara Emerson, Steffen Fuller and Steve Cadwell.** We would like to congratulate them on a successful program thus far and a job well done!

****Much appreciation to the NSGP Foundation for their generous scholarship support of the training program.****

The committee will begin to accept applications for next year's training program in November 2015. Please check the website at **www.nsgp.com/training/** for more information, or feel free to contact Joel Krieg at any time with questions about group therapy training at NSGP **kriegjoel@gmail.com**.

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Questions? See details above or call the NSGP office at (617) 431-6747.

The ads will not be edited for accuracy. NSGP does not endorse these groups.

Memory Reconsolidation Meets Group Therapy

Ken Jaeger, LICSW, CGP

A Review of Eckert's *Unlocking the Emotional Brain*.

U *Unlocking the Emotional Brain* (2014) by Bruce Eckert, et. al. offers a neuroscience explanation for a therapeutic healing process they call "memory reconsolidation." Memory reconsolidation maps out a neurobiological mechanism of change and traces the clinical practices in a variety of 1:1 therapy approaches that have evolved to exploit this mechanism. Although the authors don't consider group therapy in their work, I want to introduce the major concepts of the book and suggest that they:

- 1) apply compellingly to group work and
- 2) argue for group leader engagement to reduce harmful reenactments in groups.

In memory reconsolidation, implicit emotional memories that are at odds with an individual's current conscious reality (i.e. any number of negative neurotic doubts and fears) can be "dissolved" allowing for "transformation" around that issue. The authors offer their own treatment model for facilitating these healing transformations, but also celebrate that a wide variety of other therapies include techniques that achieve memory reconsolidation without having been guided by prior awareness of the neurobiological framework.

"UEB" starts with an exploration of neuroscience research with nematodes, crabs, rats and humans (among others) that demonstrates that implicit or emotional memories can be unlearned. The authors take pains to clarify that they are not referring to learning better ways to cope with the original implicit knowledge, but rather that the older learning can be removed under very specific circumstances. If you are a crab, this might mean that you could unlearn your fear of sea gull silhouettes and no longer recognize them as threatening. If you are a human (let's assume you are), you might be able to unlearn that your overtures for love or attention can only result in hurt and shame.

Fear memories serve to trigger behavioral schemas that the organism has learned and practiced and deeply believes are necessary for survival. In the case of our human example, someone noticing their desire for closeness might trigger a schema that sends them into avoidance, drinking, depression, etc. The products of the schemas are the symptoms that bring people into therapy. Eckert broadly distinguishes two categories

of therapeutic change to address symptoms: 'transformative change' and 'counteractive change.' Therapies of counteractive change accept the persistence of the underlying implicit learning and teach the patient ways to cope with their emotional reactions after circumstances trigger the implicit memory. Transformative change, as pursued in memory consolidation, seeks to unlearn the original fear trigger, freeing the patient from the whole mess rather than managing it.

The memory reconsolidation process in humans follows a superficially simple pattern of clinical steps. One aspect of the book I appreciated a great deal is that the authors celebrate the newness of their neuroscience understanding of therapeutic transformation, but they honor a wide variety therapeutic approaches that accomplish the reconsolidation effect and have alighted on the reconsolidation steps through clinical practice. What follows is a summary of the steps which might leave you saying, "I do that seven times a day." The steps are A-B-C (assessment phase), 1-2-3 (transformation phase), and V (verification of change) and are as follows:

- A. Symptom Identification (Pat is sad. Pat is lonely but avoids meaningful opportunities for intimacy. Pat seeks therapy.)
- B. Retrieval of "symptom-necessitating emotional schema" (Pat learned early in life that expressing the need for connection or affection would be met with rejection, so it's best to keep isolated.)
- C. Identification of accessible contradictory knowledge (Sometimes people like and value Pat; this step could be life experiences normally disregarded because they contradict the implicit belief. It could be experienced in a 1:1 therapy, or, lo and behold, it could happen in a group.)

ABC is the assessment phase. Next is the transformation phase, 1-2-3.

1. Reactivation of symptom-necessitating emotional schema (Bring the familiar pattern to conscious awareness with access to feeling, in Pat's case, accessing the felt experience of loneliness.)
2. Juxtapose a vivid experience of contradictory knowledge (Without the therapist picking sides, simply keep both learnings and the felt experience of the emotions in awareness. E.g. "you can remember the times you were humiliated for expressing need, but notice that right here and now you've done it and you are being cared for. Notice what you are feeling.")

3. Repetitions of the juxtaposition experiences of #2 until the symptom-necessitating schema fades.

V. Verification of change by observation of critical markers. (Look to see if his aversive behaviors (symptoms) occur in Pat's life when the trigger of having an emotional need would have normally started up the schema.)

The authors are frankly a little confusing about whether this method is simple (which they assert) or complicated, which seems to be demonstrated in the intricacies they employ in their many case examples. Perhaps it's enough to say it looks like a simple idea but it's complicated to carry out with an individual who is presenting in pain rather than presenting with their schema nicely clarified.

A part of the technique I find fascinating is the stress the authors put on not taking sides in the juxtaposition process. It seems obvious and appealing to weigh in with Pat to assert his worthiness, but their findings emphasize simply helping the patient to maintain juxtaposition of the contradictory information.

Groups offer a rich environment for these juxtaposition experiences, provided that the group leader is actively engaged to decrease the likelihood of wounding experiences that will reinforce the original fears. Patients come to group because their relationships don't work and they are stuck doing things the same ways: acting out the behavioral schemas driven by their implicit emotional learnings (or for that matter, living in their transference). In a cohesive, engaged group, people open up about the pain they carry. By its very nature, sharing one's challenges with a caring group creates a juxtaposition experience. For Pat to share the experience of loneliness (a felt experience of the symptom-necessitating schema) to a caring group (a lived contradictory experience) sets up the juxtaposition. Standard group practice is to circle back to such a poignant moment and support Pat in being with the contradiction. Groups offer many such opportunities: expressing affection for someone, stepping out of reflexive meekness to assert yourself, having an opinion, etc. This healing transformation assumes that the group experience doesn't reaffirm and deepen the original fear which, for me, supports the value of active leader engagement in establishing constructive group norms and working to head off damaging reenactments.



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Progress Notes


Progress Notes features a variety of items that reflect progress for NSGP members or committees. Please let us know (newsletter@nsgp.com) if there's anything you'd like noted, whether an article you've published, a speech you're giving, or a notable change in your life.

 **Alan Albert's** first book of poems *Fragments of the Natural* will be published later this year, by Word Press.


 **James Tyler Carpenter** beginning in September of 2014 and continuing through March 2015, has taught 3 trimesters of internet based Psychoanalytic Theory courses to Chinese students in the China American Psychoanalytic Alliance on Psychopathology and Ego Psychology through Relational Theory and an advanced course on Classics and Ego Psychology. He is currently serving on the ISPS (International Society for Psychological and Social Approaches to Psychosis) NYC 2015 Scientific and Conference Advisory Committee for the March 18-22, 2015 international conference in New York, "DIALOGUE: From DNA to Neighborhood." He will also be presenting on a panel at the conference entitled, "Out of the Box" on creative approaches to treating psychosis. In January, he served on the Expert Witness Faculty for the Harvard Law School Trial Advocacy Workshop at HLS. In September 2014, he joined his longtime friend and colleague Ebi Okara as a Psychology Associate at Metis Psychological Associates LLC.


 **Bette Freedson's** published her book, *Soul Mothers' Wisdom: Seven Insights for the Single Mother*, in March of this year. It has received glowing endorsements from several reviewers. In June she will be teaching a course entitled, "Simple Schemas for Solution Focused Treatment: Coping Skills That Last" for the Sweetser Training Institute in Saco, Maine.


 **Jerry Gans** presented a talk at the Harvard Medical School course on Treating Couples in November on "The Do's and Don'ts of Couple Therapy." In December, he taught the module on Therapeutic Action for the PCFINE trainees. He has also presented a Grand Rounds in December at the Boston Institute for Psychotherapy on "The role of personal experience in the making of a group therapist" and a workshop in January to the therapists at Harborside Counseling on "The Do's and Don'ts of Couples' Therapy." In February, Jerry led a PGE Institute for senior therapists at the AGPA Annual Meeting in San Francisco, and also was a presenter in an Open Session on "The Use of Self in Group Therapy." In March, Jerry was a panelist on PCFINE's March conference on "Couples on Fire" and in April, the *International Journal of Group Psychotherapy* will publish his article on "The insufficiency of theory: Gaining one's voice in group."


 **David Goldfinger** was a panelist at a recent PCFINE conference titled, "Couples on Fire: What Should I Say and Why Should I Say It?"


 **Joel Krieg** is excited to be engaged to Angie Caggianelli. A date isn't set just yet but they're hoping for fall 2015. Joel is also looking forward to stepping into **Mark Sorensen's** shoes as President of Group Solutions Network in March.

 **Jennifer McLain** co-facilitated the two-week Continuous Online Group (COG) at the AGPA Annual Meeting in San Francisco. She also co-presented a workshop at that meeting entitled, "Help, I'm Being Sued! Group Support for Clinicians with Malpractice Suits or Board Complaints" with **Karsten Kueppenbender** and **Siobhan O'Neill**.

 **Barbara McQueen** has been happy to reconnect with NSGP after a number of years, and enjoyed leading her first experience group at the June conference: "Neutrality is a Myth: Considering Class, Gender, Race and Sexuality" and she is excited about leading another experience group on connection and shame this spring. Her article, co-authored with two colleagues, "Teaching From Privilege: Reflections From White Female Instructors" will be published in *Affilia* this year. In March, they presented a workshop on this paper at the White Privilege Conference. This past September she moved to a new office where she continues to expand her private practice.


 **Oona Metz** is pleased to announce she has become a Fellow of AGPA. She led a workshop at EGPS in NYC in November and a Two Day Institute at AGPA in March. She also spoke on a panel at AGPA entitled "Group Psychotherapy Practice of the Future." On a more playful note, Oona enjoyed co-hosting a night of bowling, pizza and beer with **Deb Carmichael** at Sacco's Bowl Haven for 12 NSGP members as part of the NSGP Foundation auction.


 **Rick Miller** had his book published, entitled *UNWRAPPED Integrative Therapy with Gay Men...the Gift of Presence* (Zeig, Tucker and Theisen, 2014). He also has a new blog published in *Psychology Today*.


 **Cecil Rice** published two articles in the *International Journal of Group Psychotherapy*, "A Group Therapist Reflects on Violence in America," and "The Power of the Group in Northern Ireland." He was


the keynote speaker for the 2014 American Group Psychotherapy Institute meeting in Boston, where he gave a speech entitled "Sailing into the Unknown," which will be published as a paper later this year in the *International Journal of Group Psychotherapy*. On 01/22/2015 Biomed, which gives updates on professional publications for 200,000 doctors every week, ranked his paper "Three perspectives on the treatment of political prisoners and trauma victims" (published in *International Journal of Group Psychotherapy*, 2011, 61(1): 78-83) as number 5 among most read papers out of a list of over 2 million publications published since 2011.


 **Scott Rutan** will be conducting a 3-day workshop for the Mid-Atlantic Group Psychotherapy Society, Nov. 13-15th.

 **Daniel Schacht** is thrilled to announce the birth of his son Leo. Although only born on October 27, he is already eating and growing like a teenager.

 **William Sharp, CGP** was chosen as the recipient of the 2015 Alonso Award for Excellence in Psychodynamic Group Psychotherapy for his work "Sticks and Stones" that appeared in the *International Journal of Group Psychotherapy*, July 2014.

 **Maxine Sushelsky** led a seminar on grief therapy to clinicians at Tufts University Counseling and Mental Health Service in December. In her private practice, she designed and offered a therapy group entitled, "Finding Happiness in the Midst of Anxiety & Depression," using mindfulness, breath and interpersonal connection to help group members feel more mindfully present and connected to others.

 **Richard Tomb** is now living in Portsmouth, NH and has started a practice there as part of the Counseling Center of Portsmouth. He hopes to start at least one group in the next three months.

 **Bob Weber** presented "Spirituality in Our Later Years" as part of the "Keeping Life in Order" program offered in Cambridge, MA. He gave Haber Lectures for the Massachusetts General Hospital's Senior HealthWISE program entitled, "The Two Faces of Care: Care-Giving and Care-Receiving." His book, *The Spirituality of Age: A Seeker's Guide to Growing Older*, co-authored with Dr. Carol Orsborn, will be published by Inner Traditions * Bear and Company and released in November 2015.



Oona Metz receiving her FAGPA from Jerry Gans

Congratulations

to **Oona Metz, LICSW, CGP** for being awarded Fellow of the AGPA this February!!

Annie Weiss presented at AGPA in San Francisco with **Tracy MacNab** on integrating IFS (internal family systems) with group therapy.

Kurt L. White started an eight month T-group for psychotherapy trainees at the Brattleboro Retreat. He co-presented with Dr. Geoff Kane, FASAM, an open session at AGPA in SF entitled, "Connection and Accountability: Use of Group in Suboxone Prescribing for Opioid Addiction" which dealt with the use of medication assisted therapy groups for opioid dependence. He is also pleased to be teaching in March as NSGP Training Program Faculty. He was also re-elected as president of the Vermont Association of Addiction Treatment Providers, VAATP, and has been working to create a more fully integrated, statewide system of care for addicted and co-occurring individuals.

CLASSIFIEDS

Boston Office: M/TH/F Near Copley. Quiet residential Bay Village. Large 15x25, big windows, waiting room, 2 baths, furnished. \$240/day per month. Steve Cadwell, Ph.D. 617-482-2286 cadwellsa@aol.com

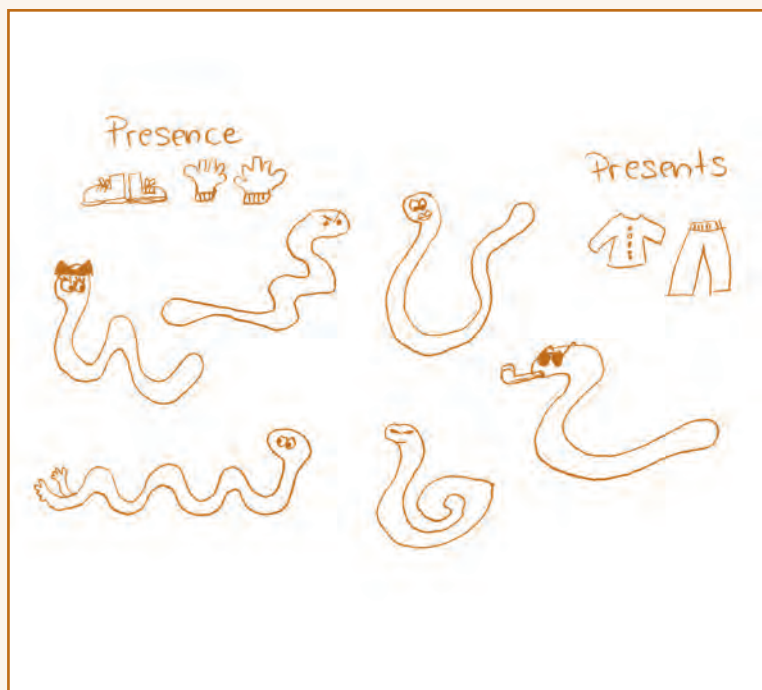
Bedford PT Office Sublet: Lovely, ADA access. Free parking, public transit, 10" from 128/3. Near Whole Foods/Starbucks.; \$8/hr: 3hr/wk minimum; \$25/full day. NMD@DrNaomiDogan.com 781-275-1800

CAMBRIDGE: Sunny, accessible space in Harvard Sq available in 4 hour blocks 8 AM to 8 PM Mon-Sat. Call Michael 617-605-7429

Sunny Wellesley office to sublet. Suitable for individuals, groups. Parking lot. Pictures available. Reasonable rates. Call 781-235-2510.

Caption This!

Please submit a caption for this cartoon to newsletter@nsgp.com. The winning entries will be announced in the next issue.



Drawn by Renee Hoekstra

Spring 2015 Cartoon Caption Winners from 2014 Fall

Selected by the Cartoon Committee
(Ellen Ziskind, Alan Witkower, & Oona Metz)



Winner:

It seems you feel not heard or seen or understood.—Steven Haut

2nd:

Seriously? No one has any idea how those footballs were deflated?—Joe Shay

3rd:

I owe the three of you an apology. All this time, I assumed he was simply your projection.—Joe Shay

4th:

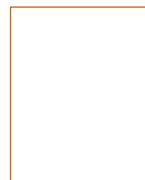
I'm not sure this is the right group for me.—Larry Kron

5th:

Could it be that S'tan is saving the group from being afraid of their own shadows?—Bette Freedson



Northeastern Society for Group Psychotherapy, Inc.
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the newsletter spring 2015

GETTING REAL: Vulnerability and Effective Group Leadership

NSGP's 34th Annual Conference!
June 5, 6, & 7, 2015

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2015-2016 NSGP Events Calendar

April 26, 2015	Practice Development Event with Jennifer Yelen and Nancy Puleo <i>Two Hours with Two Lawyers: What You Need to Know to Protect Your Practice</i>
May 3, 2015	Practice Development Event with Lise Motherwell, Joel Frost and Marianne Zasa <i>Gearing Down in Work and Gearing Up for Retirement, a Panel</i>
May 17, 2015	NSGP Foundation Garden Party and Silent Auction
June 5-7, 2015	Register Early! Register Online! GETTING REAL: Vulnerability and Effective Group Leadership 34th Annual NSGP Conference
Aug. 31– Sep. 5, 2015	IAGP'S 19TH International Congress in Rovinj, Croatia
Sept. 20, 2015	Breakfast Club 11-1:30—with Douglas C. Baker, LICSW, RYT <i>The Rational Mind and the Animal Body: Yoga in Psychotherapy</i> Hosted by Julie Anderson—Brookline
Oct. 25, 2015	Breakfast Club 11-1:30—with Kurt White, LICSW, LADC, CGP <i>Group Work Training in Graduate Programs: How Are Our Students Learning about Group Work?</i> Hosted by Suzanne Brennan Nathan—West Roxbury
Dec. 6, 2015	Breakfast Club 11-1:30—with Amanda Curtin, LICSW <i>Healing from Childhood Trauma in a Group: a Structured, 3-Year, Integrative Model</i> Hosted by Geri and Scott Reinhardt—Newton
Jan. 10, 2016	Breakfast Club 11-1:30—with Bob Weber, PhD <i>Cultivating the Curative Power of Gratitude and Forgiveness in Groups</i> Hosted by Deb Filiurin—Cambridge
Feb. 2016	AGPA Annual Meeting in New York City
Mar. 20, 2016	Breakfast Club 11-1:30—with Julie Anderson, PhD, CGP and Arnie Cohen, PhD, CGP, FAGPA <i>The Unconscious Dance: Co-Leading a Psychotherapy Group</i> Hosted by Jim Leone—Belmont
Apr. 10, 2016	Breakfast Club 11-1:30—with Judith Prebluda, MA, LMHC <i>Mindfulness-based Cognitive Therapy Groups</i> Hosted by Walker & Joyce Shields—Belmont

For more information or to sign up, please call 617-431-6747 or go online to www.nsgp.com.