



Letter from the President



Comfort Zones

I thought about changing my identity and going into the witness protection program

rather than having to write this column, but decided that might be a bit extreme. Taking on new challenges never comes easily to me, whether it's leading a workshop, writing this column, or becoming President. I approach all with a great deal of trepidation and anxiety, certain that someone else would be better suited to the task or certainly do it with less anxiety! At times, my anxiety and desire to do an extraordinary job get in my way. This was the case at the first Board meeting in my new role. Although my ultimate desire is for everyone to have fun and be stimulated in their connections and the work of NSGP, my worry about doing it right and doing a good job, in fact, got in the way. Being a group therapist, I know, however, that the group is the instrument of change, not the leader, so I'm sure this NSGP group will teach me quite a bit. Groups are also generally quite tolerant of leaders' mistakes, so I guess I don't need to move out of the country.

Rumor has it that we grow by pushing ourselves to do things outside our comfort zones. (Another one of those growth opportunities!) So this column is a push for me, and although I proceed with angst, I am also very proud and appreciative to have this opportunity. Organizations as well as people approach change with different attitudes. Some of us (ahem) would rather avoid it, but I hope we can all work together, individually and as an organization to move beyond our comfort zones. I look forward to working with all of you.

Although this "group," or organization, needs to adapt at times to survive, it is also full of wonderful, extraordinary people who have many talents. Not only am I lucky to be a part of it but I'm also honored that you have put your trust in me to lead NSGP. I'm also fortunate that I have been handed an organization that is in such good shape. We are in an excellent position financially, and continue to have numerous successful offerings. Our June conference did very well as always. In addition, our Breakfast Club offerings (which are free) continue to be popular and now offer CE credit as well as food and schmoozing. By the time you read this, we will have held a New Member Breakfast Club offering, hoping to provide the opportunity to get a feel for the organization on a much smaller scale. On that same day, we also held another Networking event, courtesy of Deb Filiurin and Sandy Houde, at which therapists exchanged information and promoted their practices. Bob Weber has planned another special event on October 14, 2006, at which Gerald Stechler will present. We of course have our 50th anniversary gala on November 4th, at the MIT faculty club. I hope to see all of you there!

Lastly, I would like to thank all the people who have donated so much time and energy to this organization. Without all of you, we wouldn't be where we are today. Lise Motherwell, as President, was an excellent example of this. She led NSGP with creativity, calm, and openness, and I'd like to thank her for all she's given to the society. Many other folks merit thanks, whether for joining committees or just rotating off. (Since none of these folks has joined the witness protection program, to my knowledge, you can see all of their contributions elsewhere in the newsletter.) Thank you to all of you who have so generously volunteered.

Barbara Keezell, LICSW, BCD, CGP
President, NSGP

NSGP 2006 Report from the Conference

Forces that Unite and Divide Us

Plenary Address
NSGP Conference

by J. Scott Rutan, Ph.D.

We stand here this morning on the shoulders of our forefathers. And they were fathers. As was the culture of the time, NSGP was begun by white, male psychiatrists. And it began in a military building, which is only reasonable given that group therapy got its impetus from World War II and the glut of patients that all wars produce.

So it was that 50 years ago Captain Lynn Beals called to order the first official meeting of the NSGP at the Chelsea Naval Hospital. And though that institution no

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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

Joe Shay, PhD, CGP

You have probably heard by now that Pluto is no longer a planet. This is exciting news for me—and I hope for you—because there is a metaphor here which therapists can readily use. That is, assuming you accept the viewpoint I am about to offer about the nature of pathology and the nature of change. But you will have to indulge my meanderings for a few paragraphs to get there.

As I walked past a bookstore the other day, my eye was caught by the title *All Governments Lie*. Great title, I thought. They do, don't they? Having already been taken by Pluto's demotion, I was led to ponder a favorite theme of mine—the nature of change.

A renowned family therapist, Lyman Wynn, was supervising a young student who expressed his fear that he might inadvertently guide families in the wrong direction. Wynn reassured him. Not to worry. Families have a staggering capacity to remain the same.

We all seem to have that capacity, don't we, and our patients manifestly do. Change is very hard to come by, let alone profound change.

Our experiences and, more to the point, our perceptions of these experiences, are powerfully compelling to us. We believe them even in the face of what others would see as contradictory evidence. William James said, trying to explain this phenomena, "My experience is what I agree to attend to."

Given this context, it is not surprising to find that in a recent Harris poll, most Americans said they prefer their perceptions to facts. And not surprisingly, then, half of those polled said they still believe that Iraq had WMDs at the time of the invasion of Iraq. Even the current administration has stopped saying that.

A more recent Zogby poll helps explain this by illuminating how few facts many of us know anyway. As it happens, three quarters of Americans can correctly

identify two of Snow White's seven dwarfs while only a quarter can name two Supreme Court Justices. And 60% were able to name Bart Simpson as the son of Homer but only 20% could name either of the two famous works of the poet Homer.

We are then—and our patients are as well—individuals who experience what we agree to attend to, believe things that are not facts, and overlook facts that are important to know. And we are very stubborn about this even when others strive feverishly to change our minds.

Pluto is part of the old order, and it is predictable that for many of us Pluto will remain a planet. But this is a prejudice operating, a delusion, if you will. A lie. Maybe we can protect ourselves embracing George's advice to Jerry Seinfeld, "It's not a lie if you believe it."

Our therapeutic task, then, is to help our patients learn, remember, and integrate that Pluto is not a planet, but only used to be thought of as a planet when we framed planets differently. Borrowing from Buddhist teacher, Joseph Goldstein, my preferred way of phrasing this in the past was "there is no Big Dipper" because, if you really think about it, there's not.

If it is a fact that all governments lie, and that this is in the oxygen we breathe every day, it is easy to understand why we all lie as well—mainly to ourselves. This is one great project of psychotherapy: to help our patients see themselves honestly, even if painfully so. And then to have the courage to change what they see.

The challenge is to resist the almost-gravitational pull back toward rigid beliefs and unyielding perceptions and ingrained prejudices entrenched—but not ossified—in the neural network. To help patients think new thoughts. But, as William James lamented, "A great many people think they are thinking when they are merely rearranging their prejudices."

Pluto is no longer a planet. There is no Big Dipper. And Bart's father did not write the Iliad and the Odyssey.



Forces that Unite and Divide Us

Continued from Page 1

longer exists, NSGP does. Though we have been through periods of unity and division, we flourish today.

I will try to say something this morning about how the theme of this Annual Meeting ("Forces that Unite and Divide Us") might effect your experience today and tomorrow. We Americans proudly describe our country as a "the melting pot." It is the diversity of our population that has brought a rich blending of traditions, faiths, perspectives, tastes, skills and strengths.

In times of stress, however, diverse populations have a tendency to seek out "tribes" and subgroups. In particularly ambiguous times entire societies will indulge in the borderline solution of "splitting" — dividing the world into "good/bad," "right/wrong," "black/white." We are certainly living in one of those times. One of the clearest signs that we are in such a "subgrouping" phase is the current press to close our doors to immigrants, the historic lifeline of our country. Another form of division, not unity.

"For every complex problem there is an answer that is clear, simple, and wrong." (H L Mencken)

It would seem that in anxious times societies require an enemy to rally together. We circle our wagons against real or imagined enemies. We gain a feeling of "togetherness" by defining and emphasizing our what makes us *different* from others.

In the aftermath of 9/11 this country came together as we rarely have. Indeed, for the most part the world community was united with us. One of the larger tragedies in our current situation is that this enormous impetus for *unity* has been squandered and we are left with unprecedented *division*.

Unity is sometimes hard to come by, while the power of division is apparent and mighty. Indeed, a common military maxim is, "Divide and conquer." The way to defeat an enemy is to divide that enemy, and make sure that enemy does not unite.

Each summer over 450 teenagers participate in the *Seeds of Peace International Camp* in Maine. They now bring in teenagers from many countries but they are best known for their work in

putting Palestinian and Israeli teenagers together in an atmosphere that promotes (and demands) absolute honesty. And the results are always the same — after some incredibly intense times, these "enemies" come to forge relationships and even *friendships*. They come to realize that, when all is said and done, we are much more *like* others than *different* from them. (Sadly, some data suggests that the relationships do not survive returning to their homelands, where they are once again immersed in the prejudices of division.) This is a research version of the same truth embodied in that very popular movie *Breakfast Club*.

In *Breakfast Club*, five incredibly different students are forced to spend all day Saturday in detention. As they meet, things do not look good for a harmonious day in the school library. Allison is a very strange girl, Brian is an utter nerd, John is a petty crook, Claire is a prom queen, and Andy is a jock. Outwardly they have nothing in common, and their Saturday begins with each quickly showing his or her particular personality calling cards...as do people in so many groups.

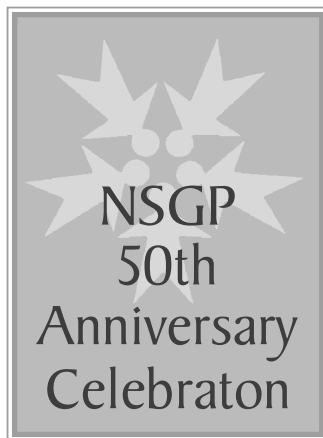
But during the day, after squabbles and bickering, (and with the help of some marijuana) they began sharing intimate details of their lives. And lo and behold, in the end it turns out they are much more *alike* than *different*. They are not divided, but united.

In my experience, ongoing, long term psychotherapy groups have a developmental trajectory not unlike *Breakfast Club*. At first people notice what is different and they search the room for someone who might look or feel similar. But as the group develops, and as people risk sharing themselves, it becomes clear that people are much more *alike* than different.

The very last line in the movie is, "You asked us to answer the question who are we? What we found out is that *each one of us* is a **brain**, and an **athlete**, and a **basket case**, a **princess**, and a **criminal**." (I am indebted to Joe Shay for providing me with that quote!)

Interestingly, groups that are formed homogeneously — for example eating disorder groups, grief groups, men's or

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Save the Date!

**AN EVENING OF DINNER,
DANCE, CONVERSATION,
AND CONVIVIALITY**

Saturday, November 4, 2006

From 7:00 P.M. until Midnight

**The MIT Faculty Club
Cambridge, MA**

**Ticket Prices: \$75 per person
Student/New Professional rate:
\$35 per person**

**Attire: Black, White, & Glitter
Invitations to follow**

Please join us for a fun evening, with appetizers, dinner, a fabulous DJ, and plenty of opportunity to converse or dance. Joe Shay will present a few clips of group therapists in (erroneous) action and we may have another surprise guest speaker as well.

50th Anniversary Celebration Committee Chair: Barbara Keezell

Making Ethical Decisions

- 1. Determine that the matter is an ethical one.** Many ethical violations occur through ignorance or denial. Differentiate between poor professional etiquette and unethical behavior.
- 2. Consult the guidelines already available that might apply to a specific identification and possible mechanism for resolution.** Your professional association's code of ethics is the place to start.
- 3. Consider, as best as possible, all sources that might influence the kind of decision you will make.** Personal needs, values, prejudices, gender, and employment situation can all influence the decision. Introspection and discussion with a trusted colleague can be helpful (remembering to maintain confidentiality at all times). Make sure that financial ramifications are not blurring your judgment. Multiple role relationship dilemmas are particularly vulnerable to self-delusion.
- 4. Locate a trusted colleague with whom you can consult.** Some professional associations offer ethics consultation.
- 5. Evaluate the rights, responsibilities, and vulnerability of all affected parties.**
- 6. Generate alternative decisions.**
- 7. Enumerate the consequences of making each decision.** Taking the time to do this and document that you did may be useful if your decision is ever questioned.
- 8. Make the decision.** Sometimes you can make the decision and avoid the problem. But often you are already in a difficult situation, and so the decision may mean stopping or doing something differently. There may be a question of remediation ranging from an apology to additional interventions and/or provisions of services. Therapist may need to have more supervision or psychotherapy or to file a report on a colleague to the ethics committee or licensing board.
- 9. Implement the decision.** Surveys have shown a discrepancy between what practitioners know they should do and what they actually do, the latter being towards decisions that were more expedient and practical.

Based on: Koocher, G. and Keith-Spiegel, P. (1998). *Ethics in Psychology* (2nd edition). New York: Oxford University Press [3rd edition scheduled for publication in 2006]. Abridged citation from a handout by E. Counselman and S. Emerson, presented at their workshop on Ethics in Group Psychotherapy, NSGP spring conference, Wellesley, MA, 6/17/2006.

Sex, Lies, and Videotaping

by Karsten Kueppenbender, MD

Did the headline catch your eye? Certainly I was intrigued when I read this announcement of a workshop on Ethics in Group Psychotherapy, offered by Eleanor Counselman and Sara Emerson at the annual spring conference this June. Ms. Emerson and Dr. Counselman took up the topic and ran, engaging an enthusiastic group of participants in a fascinating discussion and learning experience.

In the workshop, we defined ethical questions as dilemmas that are beyond clinical reasoning ("Which action, or non-action, will be more beneficial to the evolving therapy process?") and stop short of legal questions, where the ethics are clear: abide by the law and the professional standards of the individual group therapist's professional organization. Participant Jerry Gans, a seasoned group therapist, used a case example to illustrate how these dilemmas intertwine when an ethically sound course of action is clear but

considerable clinical tact and wisdom are needed to guide a group member on this course without shaming her or him.

Ethical questions are frequently complex, and commonly offer no easy answer. Rather than providing answers, Dr. Counselman and Ms. Emerson introduced the participants to a systematic process of ethical decision making, distilled by Koocher and Keith-Spiegel (1998) [see side bar]. The participants then used this process to examine case examples of ethical dilemmas, including those faced by members of the workshop in the past or present. The candor was remarkable, only equaled by the thoughtfulness of the responses. Countertransference emerged as a common source of perceived (or real) ethical dilemmas, stressing the need for supervision, mutual consultation, and continuation of each therapist's own therapy.

Borrowing Steven Soderbergh's title was a stroke of promotional genius fully matched by the content of this outstanding workshop. I hope we will build on Ms. Emerson's and Dr. Counselman's efforts, and conceive of more teaching events on ethics in group psychotherapy, maybe even form a working group within NSGP or AGPA that explores these issues. Let's bring ethics to the main screen, lest we may find ourselves unwilling participants in another Soderbergh production, e.g., *Good Night, and Good Luck*.



Professional Codes of Ethics are available online:

American Group Psychotherapy Association
<http://www.agpa.org/group/ethicalguide.html>

American Psychological Association
<http://www.apa.org/ethics/>

American Association of Pastoral Counselors
<http://www.aapc.org/ethics.cfm>

American Psychiatric Association
http://www.psych.org/psych_pract/ethics/ethics.cfm

National Association of Social Workers
<http://www.socialworkers.org/pubs/code/code.asp>



Sara Emerson,



Eleanor Counselman

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Please contact me if you are interested in an ongoing discussion of ethics in group psychotherapy.

Forces that Unite and Divide Us

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women's groups, etc. — *begin* by feeling "we are very, very much alike!" And as they develop the members begin to notice, "Yes, but we are also each very unique."

And there are times when division can be good — a time when recognizing the uniqueness of one's subgroup is important. In fact, division is *necessary* for unity — otherwise you don't end up with *unity*, you end up with simple *homogeneity*. Unity requires

"u n i t i n g " differences. A melting pot should not be so hot that all the ingredients are indistinguishably blended together so that no traces are left of the differences. What kind of world would it be if we all looked the same, spoke the same language, ate the same foods, viewed the world in precisely the same way?

So in a wonderful paradox, divisions are required for unity.

The goal, then, is to bring a unity that *respects* and *allows* and even *values* the differences that comprise it. And to somehow overcome that divisiveness which is defensive, hateful, and prejudicial.

It has been my experience in working with disparate groups — in Yugoslavia, in Northern Ireland, and in consultation, for example, with police men and women and attorneys and judges, that, when there is an opportunity for open and honest sharing, people who originally experience themselves as very different — and perhaps even enemies — come out feeling *united* not divided. The differences are

very much respected, but the fundamental *humanity* that we share, despite and because of our differences, is the ultimate reality that we see in groups all the time — and an ultimate reality that could spare the world a lot of heartache if it were shared more widely.

"All war must be just the killing of strangers against whom you feel no personal animosity; strangers whom, in other circumstances, you would help if you found them in trouble, and who would help you if you needed it."

"A melting pot should not be so hot that all the ingredients are indistinguishably blended together so that no traces are left of the differences."

—"The Private History of the Campaign That Failed"

Within every one of us are aspects of ourselves that we wish didn't exist. Some of these split-off aspects of self might even appear during the

workshops you are in, or perhaps in the Demonstration group for those of you willing to volunteer for it. I invite you to consider your experience of these aspects of yourself and your reaction to them. And you might notice that some of these aspects first are visible in somebody else, and only after a time become more clearly visible within you. (There is a disavowed "terrorist" within each of us.) So even within ourselves there are differences from which we can learn.

I hope each of you will risk sharing yourself as fully as you dare, including those divisions within yourself, so that you will end this day feeling united with those with whom you are going to experience this

Springtime at NSGP

by Carolyn Stone, Ed.D., CGP

I was looking forward to a conference weekend at Wellesley College to enrich my group psychotherapy skills but it was also a beautiful spring weekend without rain, finally. I could have worked in my garden or gone for a couple of bike rides, but I had signed up for three days of the NSGP conference. I did not regret it. The Institute and workshops entertained me and extended my understanding of group psychotherapy. And, as anyone who has attended the conference knows, Wellesley College is a lovely place to be in the spring. Fortunately the conference committee gave us two-hour lunches (except for those attending the Large Group). After having lunch with new and old friends, I used the extra time to explore the campus. On Saturday I walked around the lake with a new friend. Now we're old friends.

On Friday I attended Suzanne Cohen's Institute: Body Awareness and Expressive Movement in Group Psychotherapy. We used body movement and sensation to begin to share our experiences with each other. I came with a stiff neck that prompted me to talk about the tensions I was feeling. Others shared what their bodies or postures expressed. Later we settled into a more "traditional" experience group in which we started with words. Oddly, it was more difficult to share. At other times we danced together and apart, and experimented with mirroring. In each segment I found that my movements and sensations expressed what I might have said in words, but it was expressed for me in a powerful shorthand. I was quite moved and impressed with this added dimension to group psychotherapy. Could I use this in my group? By the way, my stiff neck cleared up.

My experiences in the weekend expanded my skills in group psychotherapy, and I continued to have fun. In Ellen Ziskind's workshop, The Group's Use of a Member's Absence, we participated in a role-play that was full of vitality. The drama took off, and many of us did a real piece of work as we played roles. How does that happen? We had a powerful experience of the using the group as a whole to address a member's acting out. The acting out



Sandy Hude, Damian Vanya, and Ceil Parteleno



Scott Rutan and his granddaughter

Springtime at NSGP

Continued from Page 5

member reported an experience of being understood, rather than cornered. This was another useful kernel to take along.

That afternoon I got to play with Lego as Lise Motherwell and Gretchen Schmelzer guided us through Transitions: The Power of Play to Promote Change. In play we considered our own transitions and “beasts,” obstacles to change. We built our beasts from Lego and then got to transform them to make them more manageable. The exercises were playful object lessons and metaphors for our own personal processes.

“On Saturday I walked around the lake with a new friend. Now we’re old friends.”

Then on Sunday morning I continued the playful theme by attending Joe Shay’s Projective Identification Goes to the Movies. The content was dense but presented clearly with lots of humor. The cinematic examples were helpful and fun. It was a useful review of old material and presentation of ideas new to me.

I came away quite tired, but pleased. I had a number of rich experiences both in and out of the formal learning situations. I have more to mull over in order to integrate the ideas I was exposed to. My impression from talking to others over lunch and at the social hours is that others had equally useful experiences. The Conference Committee and presenters put on a great conference/retreat/party. Thanks!



Merle Bragdon and John Lemon

Thank you, NSGP!

by Betty Martin, Ph.D.

I am delighted to share the story of my first experience at the NSGP annual conference. I have attended a variety of psychological conferences and have never felt as seen, heard, and valued as I did at the NSGP gathering. Little did I realize I would not simply be listening to discussions of alienation and connection, but would embark on a journey of experience and discovery. On Friday morning I showed up for an Institute led by Cecil Rice. Each word he delivered seemed to carry weight and impact while creating an atmosphere of safety and containment. By the first break, I knew I was going to have a unique and intimate experience with a very special group of people. Quite simply, I did not want the day to come to an end. In hindsight, my experiences in the Institute seemed to parallel my many encounters with members of the NSGP organization at large. I was continuously greeted with warmth, support, curiosity, and the invitation to genuinely connect. Throughout the conference, I continually re-connected with my Institute members and eagerly look forward to our next Institute.

I relished each workshop I attended and noted similar themes across the presenters from New York. They were profoundly experiential, courageous, and able quickly to form deep connections with the individual members of their workshops. Lena Blanco Furgeri bravely showed the ability of a leader to absorb group aggression and hostility with grace. David Altfeld expertly demonstrated various object relational interventions with a small demonstration group. I was fortunate to be a volunteer member and felt intimately

held and connected to him and others, even though we were role-playing. And lastly, Gregory MacColl created a special place of safety where I could openly speak with others about my fears and anxieties related to leading group therapy. I have fondly recounted to many friends and colleagues how the presenters weren’t simply describing the techniques to us, but using the techniques with us so we could internalize the experience to call upon in times of need.

I was also impressed by the courage displayed by Nancy Miriam Hawley, David Altfeld, Barbara Cohn, Jerry Gans, and the volunteer members of the Demonstration Group. Each person’s contributions, vulnerability, and bravery allowed NSGP members to learn and benefit from observations rarely witnessed in other venues. I have similar sentiments regarding the Large Tavistock Group. Although initially intimidated by this process, I savored the opportunity to engage in an experience that I had previously only heard about. Danielle Kennedy and Gerard Fromm allowed me to taste a bit of history, while daringly introducing richness to many in the NSGP organization. Each activity at NSGP was invigorating, emotionally charged, and highly educational. Meanwhile, each encounter exemplified new models for me to consider as a group leader.

The sense of connection which began in the Friday Institute flowed nicely into the entire weekend of the NSGP conference. Nonetheless, following many warm conversations, invitations to join committees and the Training Program, still I experienced a sense of alienation and disconnection after the conference ended. Fortunately, the connection returned when I was comforted by a knowledgeable member and co-worker, and when I recalled my conversation with Lise Motherwell. When I had the opportunity to tell her of my phenomenal experience at the NSGP conference, she knowingly replied “Yeah, kind of like the family you never had.” I wholeheartedly agreed. This is a “family” that provides much warmth, nurturance, and educational experiences that can be easily devoured, digested, and used to help our clients. Thank You NSGP! I enthusiastically look forward to next year.



Annie Weiss and Marianne Zasa

26th Annual
Northeastern Society
for Group Psychotherapy Conference

June 15, 16, 17, 2007

Wellesley College, Wellesley, MA



Donald Wexler receives a recognition award

*Institutes
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SAVE THE DATES!



Barbara Keezell, Lise Motherwell, Rick Tomb, and Emily Berg



Celebrating



Bob Weber, Dieter Boxmann, Herb Baker, and Shoshana Ben-Noam

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 Joe Shay, Ph.D. through the NSGP office, or via email to newsletter@nsgp.com. (Please remember to preserve the confidentiality of any group members described.)

Dear Analyze This

A new woman entered my group a month ago and I am having trouble dealing with her individual therapist so I'm looking for some advice. In addition, I anticipate verbal assault from the patient based on what the therapist has told me.

Nancy, a 35 year old married Caucasian woman was referred to my group by a colleague—and friend—because Nancy has been depressed ever since giving birth to her second child, who is now two years old. Nancy works part-time as a consultant for a marketing firm, but feels lost professionally, and realizes she was never sure of what she wanted to be “when she grew up.” Her problems at work have escalated in that she is angry at and hurt by her co-workers because they have never asked her about her depression, even though she says she gives them “signals” by sometimes sitting and crying at her desk.

Nancy has been in individual therapy for the past year, during which she and her therapist have explored the emotional deprivation and barrenness of her childhood, having been raised by a successful, driven, absentee father and an alcoholic mother, who would smoke in the car, but not allow Nancy to roll down the windows. The parents divorced when Nancy was seven.

The therapist reports that Nancy constantly questions her about the utility of individual therapy, feeling that she is wasting her time and

money, once stating to her that she thought she'd have been better advised to cancel the session and spend the therapy fee on a silk blouse that would “cure” her blues for the afternoon

Concluding that the therapy was at an impasse, the therapist sought consultation. The consultant recommended group therapy which the therapist thought was an excellent idea, and which the patient was reluctantly willing to accept since it was a condition of continuing in individual treatment. In my contacts with the therapist, I experience her as inviting support and validation for how “impossible” the patient is.

The therapist recently told me that Nancy described the group as full of neurotic losers, and viewed me as clearly over my head as the group leader. Nancy also told her that she relishes the idea of watching me flounder and fail every week because it makes her feel better about herself, and that SHE is waiting for an opportune moment to point out how poorly I am doing, hoping that the other group members will see her as perceptive and valuable to the group.

Little of this is obvious to me in the group sessions themselves in which I find Nancy to be aloof and distant, but which I attributed to her adjustment period.

The group has just begun its second year together and consists of six other members, suffering from either anxiety, depression, social phobia, or a mix of these.

Can you guide me about how to deal with the individual therapist and also with this information I now have about Nancy's impending detonation?

No Thanks for the Referral

Dear No Thanks for the Referral

Any therapist who takes pride in his work is likely to react emotionally to the onslaught of a depreciating patient. In this case Nancy appears to be having a pronounced effect on her individual therapist, who feels as demeaned by Nancy as you do. I suspect that your concerns about dealing with this individual therapist involve many of the same dynamics (a parallel process) as are alive between Nancy and her therapist. That is, she demeans you by “helping you” to know what Nancy thinks about you and your leadership abilities, while at the same time seeming to pull for your “support and validation.” The individual therapist may feel vulnerable for having needed to call in for

your help. She may, then, also feel a pull to put you in a vulnerable position (like she, herself, experiences) by passing along the depreciating remarks of the patient.

Your task—often easier said than done—is to use your experience to understand the patient and to guide your interventions, rather than acting-in with the patient. Consider that Nancy is depreciating the individual therapy, you, and the group

therapy, all for the same reason, namely, that she needs all of you, through the process of projective identification, to feel the inadequacy that she experiences. As for her aloofness in the group, I would guess that this might be a function of feeling frightened. She suggests you might be “in over your head,” but it's more likely, that she's afraid that she will be “in over her head” as a newcomer to a group that has functioned for over a year.

Maybe Nancy wants to be understood without having to demonstrate the degree to which she needs you, her individual therapist, and others in her life. Thus, she bemoans the fact that others at work don't pick up on her “signals” and don't ask about her depression. In this regard she is probably replaying her old childhood tape involving extremely depriving parents, hoping that this time the parent figures will behave differently and will attend to her needs. In fantasy, in order to make everything come out differently, she first has to create a situation in which she is treated badly. She seems to have

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accomplished this to some degree by getting the therapist to threaten to dismiss her, unless she joined a group. She then does so, in order to keep contact with the individual therapist, replaying the child's experience of deprivation by punitive parents to whom she strives, nonetheless, to connect.

An important clue to her dynamics is that she joined the group because it is a "condition of continuing in individual treatment." Thus, she clearly values the individual therapist and the therapeutic work but cannot acknowledge it (and perhaps doesn't even recognize it herself). In time she may come to hold the same positive feelings toward you and the group, though it may be a while after that before she can openly admit it.

My advice for dealing with the individual therapist is to speak directly with her about the parallel process that has been occurring between you and her, and how this can be useful in understanding and dealing with the patient's issues. As for the patient, although devaluing patients are likely to feel toxic, she has, as you have noted, behaved rather gingerly in the group itself. I see this, and her stated wish to be seen positively by other group members, as hopeful signs, and would encourage you to support behaviors that help her to feel good about herself in the group.

Lawrence Kron, Ph.D.



Dear No Thanks for the Referral

What a complicated picture. I sympathize with your dilemma. It's not that unusual for there to be some complications when working with a referring therapist. But it's particularly annoying when you have the sense that a therapist wants to "hand a patient off" to you who she no longer can tolerate working with herself. That seems, at best, an avoidance of clinical responsibility and, at worst, unethical and harmful for the patient.

I know you are concerned about the patient's unleashing a "verbal assault" or "detonation." I want to help you think about accepting the patient's assault if this does arise. (Parenthetically, an assault by Nancy at this time may be the kind of hostile action similar to what her mother did in smoking in the car with the windows rolled up.)

It's useful to think of Nancy's "detonation," should it occur, as a developmental step up from a physical assault, although verbal attacks are at times indeed difficult to receive, process, and use productively—without retaliating against the patient. Nancy needs to release her rage in some way that is appropriate. However, you would have to make it clear to her that abusing you or any group member is not acceptable in the group. You might say something like, "I can certainly understand your anger right now; however in this group, everyone needs to feel safe. Speaking as you do now, I'm going to ask you to find other words to use in here. If you need to, take some time out, leave the room for a few minutes, and come back when you feel more in charge of yourself."

Taking this clear stance is especially important when working in such a beginning stage of the group's history together.

You are in fact leading a very new group, with just over a year under its belt. There is a lot of culture-building still to be done, and big disruptions at this formative time can be very disruptive. But almost anything can be overcome with enough therapist care, consideration, and good-faith effort. In the end, you can't know if someone will

detonate something. But you can be prepared to be vigilant for any "hand at the pin" of a group "grenade," and know that you'll do the best you can in making the issues of group safety paramount.

Of course Nancy is questioning the utility of individual therapy. Anyone who has as many doubts and questions as Nancy does, spending their time and money in an enterprise which depends upon at least a minimal level of trust and cooperation, will of course wonder about its utility. People upon whom she has relied in the past did abuse her. This patient has earned her doubt about relying on other people to be trustworthy.

I believe it is a mistake for the individual therapist to make "the condition" of her continuing in individual therapy contingent upon her joining a group. There's nothing in this presentation that in any way suggests this as a necessary

option. It seems to me that the therapist is trying to increase the pressure on this patient to either "be good and do what she's told," or to drop out of treatment. This is a stance I assume which will only reify Nancy's experiences of the past.

In dealing with the referring therapist, try to be as straightforward as possible, without getting unnecessarily into interpersonal/professional differences of opinion or philosophy of treatment. Keep in mind what you think is best for this patient and keep your own boundaries clear when discussions come up with Nancy about the other therapist. Nancy is dealing with her own boundary difficulties. You need to model a clear sense of your own position without putting her "in the middle" between you

and a differing voice. You're not in clinical practice to fix the other therapist but to be of most use to this patient in the here and now.

One way to soften the difference between you and the individual therapist is to be openly curious about her thinking and to listen to clues about why she may be suggesting one course of treatment over another. You may be curious yourself about why she is telling you certain things, especially as they relate to your "poor

performance." These may be projections, distortions of one sort or another, or actual reports from Nancy; it is hard to know, although her sadistic comments about "relishing the idea of watching [you] flounder" would fit into her history as you describe it. It is complicated to try to understand in all of this what is Nancy's actual report to her individual therapist and what "spin" the individual therapist may be putting on her reports. You can never know entirely what's going on between them. Nancy's clear competition with you (as well as, perhaps, the other therapist's), however, can in fact help you to join with Nancy in finding potential ways to work powerfully together in the group.

Alan Albert, Ph.D., CGP



"There is a lot of culture-building still to be done, and big disruptions at this formative time can be very disruptive. But almost anything can be overcome with enough therapist care, consideration, and good-faith effort"

The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our

NSGP Breakfast Club

Learn about group therapy and socialize with other N.S.G.P. members at a FREE colloquium series. Each Pot Luck event is limited to 15 participants on a first come, first served basis, and will take place on designated Sundays from 11 AM to 1:30 PM. Participants may bring guests. Please contribute a breakfast item (quiche, fruit, pastries, cheese, etc.) or bottle of wine. The host will provide bagels, coffee and tea. To sign up or for directions, participants should call Pamela Dunkle at the NSGP office: 617-484-4994.

Breakfast Club Calendar for 2006 -2007

- 9/24/06** Walker Shields presenting
Wilfred Bion, Reverie, and the Group Therapist in the 21st Century
Hosted by Julie Anderson
- 10/15/06** David Griffiths presenting
Is He Addicted? How Does the Group Address This?
Hosted by Kelley Bothe
- 12/3/06** Sara Emerson presenting
Passion and Authority in Groups
Hosted by Alan Witkower
- 1/21/07** Pamela Enders presenting
What Does Positive Psychology Offer Group Psychotherapists?
Hosted by Jim Leone
- 2/25/07** Ellen Ziskind presenting
The Ongoingness of the Therapist's Mind: Shame versus Curiosity and Redemption
Hosted by Suzanne Cohen
- 4/2/07** Steve Krugman and Marsha Vannicelli presenting
Therapeutic and Life Transitions: The Group Therapist as Container
Hosted by Larry Kron & Marsha Vannicelli

See statement of CEU's available, below.

• The Northeastern Society for Group Psychotherapy, Inc. (NSGP) designates these educational activities for a maximum of 1.5 AMA PRA Category 1 Credit(s)[™] each. Physicians should only claim credit commensurate with the extent of their participation in the activity. NSGP, Inc. is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians. • NSGP is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. NSGP maintains responsibility for this program and its content. These programs provide a maximum of 1.5 credits each. Each psychologist should claim only those credits that he/she actually spent in the educational activity. • NSGP, Inc. is an approved provider of continuing nursing education by the Massachusetts Association of Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. These programs carry maximum of 1.8 contact hours each (offerings held after 11/1/07 carry a maximum of 1.5 contact hours each.) • NSGP is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. These activities have been approved for a maximum of 1.5 Category 1 Continuing Education hours each for relicensure for Licensed Mental Health Counselors. Each LMHC should claim only those credits that he/she actually spent in the educational activity. • For information regarding the status of Continuing Education Credits for social workers and to find out if an authorization has been issued, please call the NSGP office at 617-484-4994. For all disciplines, continuing education credit awarded is dependent on participation.

The NSGP Album

*The NSGP Spring Retreat
April 2006*



Charlie Glazier, Kim McNamara, and Lise Motherwell



Suze Prudent and Eleanor Counselman



Kim McNamara and Katherine Wenger



Steven Haut, Carolyn Stone, Deb Filiurin, and Suze Prudent



Polly Francisco and Carolyn Stone

The Ambassadors Program

The concept behind the NSGP Ambassadors Program grew out of a discussion on the dance floor between Donald Wexler and then-NSGP President Lise Motherwell. The setting was the March 2005 AGPA Conference in New York, and it is rumored that the dance was a waltz.

The idea was defined in this way: after identifying hospitals, clinics, and other group therapy sites which haven't been involved with NSGP, the Conference Committee would offer a limited number of "ambassador" slots to their clinicians practicing group therapy. These ambassadors would be our guests at the NSGP Spring Conference, enrolling in any or

Membership Committee

Charles Glazier
Karsten Kueppenbender
Apolinaria Francisco
Kathleen Hubert

Ambassadors Committee

Julie Anderson
Paula Lyon
Donald Wexler

all of the presentations, institutes, or workshops, and joining us for lunch each day to get acquainted with each other and with current members of NSGP. These ambassadors would be encouraged to share their impressions and experiences of the conference with us, and then with their colleagues back at their agency.

This concept was enthusiastically accepted by Kim McNamara and Katherine Wenger, Conference Committee Co-chairs, and

then rapidly implemented. To our great satisfaction, there were seven ambassadors involved in last year's 2005 conference. From this beginning we refined our invitation process for future conferences to include two from each agency. We decided to emphasize within the invitation that ambassadors had the opportunity to do NSGP a service: to bring fresh feedback and new perspectives to the Conference.

During its first two years, the Ambassador Program has included settings as diverse as the Long Island Shelter, Westwood Lodge and its Outreach Partial Hospital Program in Lowell, the North Charles Methadone Clinic, the Family Institute of Cambridge, the New Center Program of Riverside, the Cambridge Health Alliance, and Faulkner Hospital. In emails received following the conference, the ambassadors not only gave high marks to the Conference institutes and workshops, but they also were warm in their praise of the friendly receptions they received during each day's concluding social hour. They were also touched by the camaraderie they saw among the members of NSGP. We were very gratified that one of the Workshop presenters at the 2006 Conference was a 2005 Ambassador!

While the Membership Committee initiated the Ambassadors Program, the Conference Committee now has the responsibility for future liaison with settings in which group therapy is being done. One goal of this article is to ask you, the reader, for suggestions of other sites that we might reach out to in years ahead. The diversity of our membership makes us optimistic that you will be able to supply us with further opportunities to extend the participation of ambassadors to realms yet to be explored. Our emphasis is on bringing new energy into the NSGP annual conference. Please email your suggestions to: donwexlermd@comcast.net

The Ambassadors Program at the NSGP Conference, June 2006

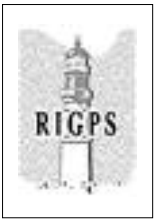


Travis Atkinson, Jeff Conway, Jasmine Appleberry, and Beth Riemer



Nancy Rosenblum, Tim Casey, Debbie Sosin, Emily Berg, and Laura Zimmerman





The Rhode Island Column

Daniel Even, MDiv, MSW

RI Affiliate Dissolving

The Rhode Island Group Psychotherapy Society (RIGPS) has petitioned AGPA for dissolution. The petition was filed by David Kahn, MD after over a year of discussion by the board which followed a viability study three years ago by Belle Evans, Ph.D., founder of the society.

After a vibrant beginning and a membership that once approached two hundred, the society succumbed to many of the factors currently challenging volunteer professional organizations. In addition, certain local conditions have undercut the incentives for therapists to provide groups.

One example has been the deterioration of Blue Cross Blue Shield (BCBS) incentives for group associated with the adoption of the 90853 CPT code formulas for reimbursement. Although psychologists and psychiatrists have seen increases in the past two years, incentives for individual and couples work continue to outpace those for group.

Social workers have fared even worse as they were cut out of the increases for group altogether. Since 2000, reimbursements for groups led by social workers have increased less than 3%. For the same period reimbursements for individual and couples has been over 33%.

Another set back has been the decision by Brown University and Rhode Island School of Design purchasing agents to contract with an insurer that will not reimburse for group. There is some irony here as Brown Medical School has been increasing its investment in resident training for group thanks in part to the efforts of Maxim Daamen, MD, a former president of RIGPS.

Some thought had been given two years ago for RIGPS to seek affiliation with NSGP. Agreement could not be reached on this course and the option of dissolution was finalized over the winter.

According to Dr. Kahn, AGPA has seemed resistant to the idea of dissolution. "It has been a slow back and forth process with AGPA," he reported last week. Given

the dwindling RIGPS membership, the lack of elections, regular meetings and conferences, and the decision by the remnants of the board to dissolve, the dissolution appears de facto if not de jure.

Group Studies Center of Providence to be Formed

With the support of several past presidents of RIGPS, a small group is forming to help preserve a multidisciplinary collegial center for the study of small groups. While group therapy will be a major focus, the group will be open to explorations of group phenomena of interest to the wider Providence community.

Former RIGPS liaison to NSGP, Daniel Even, will serve as coordinator for the group. He will be seeking to gain NSGP sponsorship for local presentations which meet criteria for CGP continuing education credits. As a 25 year member in NSGP he also hopes to recruit a small core membership for NSGP in Rhode Island.

If NSGP agrees, that core could serve as an ad hoc local committee bringing the regional presence of NSGP to Providence.



With this issue, we are introducing a new feature:

Caption This!

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



Drawn by Debra Filiurin

Sample Captions:


Hmm... Maybe a Cambridge "Fans of Bill O'Reilly" group isn't such a great idea?


##%f##+* *###sucker #&*@#b%\$# Okay. I'm prepared for the *Deadwood* group to come in now.

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, a notable change in your life.


 **Herb Baker** has earned his LMHC.

 **Karen Brenner** earned her LICSW. She was also offered a position at BIP at The Rice Center and, in addition, has become an active member of PSI (Postpartum Support International) which has accepted her proposal to educate healthcare providers at the Rice Center by increasing symptom awareness and providing screening tools for Postpartum Depression.


 **Tyler Carpenter** has a review of David E. Engle and Hal Arkowitz's new book *Ambivalence in Psychotherapy: Facilitating Readiness to Change* (2006) in the August 9 edition of APA's PsychCRITIQUES.

 **Sara Emerson** led a workshop entitled "Group as a Forum for Beginning a Dialogue to Bridge Differences" at a conference in Tel-Aviv, Israel which was sponsored by Lesley University and a number of Israeli organizations. **Jerry Gans** was also a presenter. Sara has also joined the organizing committee of the Northern Ireland Group Psychotherapy Conference, uniting with other NSGP members, **Cecil Rice**, **Kathy Ullman**, and **Pat Doherty**. The conference will celebrate its 10th anniversary next August and proposals are welcome.


 **Pamela Enders** presented "Developing Mental Toughness: How to Perform Masterfully in High Stress Situations" for the New Jersey Institute for Continuing Legal Education. She also presented "How to Manage the Jitters and Become a Powerful Presenter, Facilitator or Trainer" at the International Technology Training Conference in Sturbridge. Lastly, Pamela gave a talk on presentation skills to members of the Inner City Entrepreneurs in Boston.


 **Caren Glickson's** daughter, Marion Elizabeth, is entering Caren's alma mater, Wellesley College, this fall.


 **Lena Furgeri** presented a workshop in Brazil at the International Association of Group Psychotherapy and Group Processes on "Immediacy in Group Therapy."


 **Karin Hodges** and her husband, Mark, moved from Keene, NH to Newton Corner. Karin completed her doctoral coursework in clinical psychology at Antioch University New England and successfully passed her dissertation proposal meeting, with her research to focus on processes and outcomes in prevention-focused preadolescent all-female interpersonal groups. Finally, Karin was invited to co-present at AGPA (with Theodore Ellenhorne, PhD and Dagmar Kaufmann, MA) at the annual meeting this spring in an open session titled, "You Can Never Go Home, You Will Never Stop Trying: The Promise of Joining a Professional Organization" and also to co-lead (with David Dybdal), a workshop titled, "Regression in the Service of Training: The Role of Mentors in the Development of the Psychotherapist."


 **Barbara Keezell** led an institute at the annual AGPA meeting in February for clinicians with 0-2 yrs of group experience. She also presented "The Difficult Patient in Group Therapy" for NSGP's Breakfast Club in April.

 **Lawrence Kron** led a workshop on "Patients and Caregivers Coping with the Stress of ALS" at the annual symposium of the Rhode Island ALS society.


 **Karsten Kueppenbender** graduated from the Partners Fellowship in Addiction Psychiatry, a one-year training program based at McLean and Brigham & Women's Hospital, and the North Charles Institute for the Addictions. He is currently an adult psychiatrist at the Central Street Health Center of the Cambridge Health Alliance in Somerville where he also teaches and has started a group for patients in early recovery from opiate dependence. With Amy Sobieszczyk, LICSW, he co-leads a dialectical behavior therapy (DBT) skills group for patients with addictions. Karsten continues to lead two groups in his private practice.

 **Oona Metz** had a baby on May 8th. Her name is Lucia. Oona is no longer working at The Brookline Center but has maintained her private practice in Coolidge Corner.

 **Rick Miller** was on the faculty for the Northern Ireland Group Psychotherapy Conference, and led a day-long institute emphasizing the use of self.

 **Sharan L. Schwartzberg** has a forthcoming book co-edited with Leyla Navaro, an AGPA member of Istanbul. The book is entitled *Envy, Competition, and Gender: Theory, Clinical Applications and Group Work*.

 **Marian Kaplun Shapiro's** first book of poetry, entitled *Players In The Dream, Dreamers In The Play* (Plain View Press), is coming out this fall. It has to do with the intersection of dreams and reality. Also, she has been awarded many prizes including the title of Senior Poet Laureate of Massachusetts.

 **Joe Shay** received the 2006 Psychotherapy Supervision Award from the MGH/McLean Adult Psychiatry Residency Program.

Michael W. Shields, who has been living in Sandwich, MA. for several years, is the proud father of Olivia, 4, and Elizabeth, 1. In June, 2005, he received his license as a clinical psychologist. Michael is currently practicing at a community mental health/substance abuse agency on Cape Cod and is beginning a private psychotherapy practice with adolescents, adults, and couples. He also performs sport psychology consultations.

Marsha Vannicelli will be joined by **Danielle Kennedy** in co-teaching the fall semester of Fundamentals of Group Psychotherapy at the Massachusetts School of Professional Psychology. Marsha has also been invited to contribute to a special edition of the *International Journal of Group Psychotherapy* on Combined Therapy (individual and group) that will be edited by Richard Billow.

Tracy Wallach has returned to clinical practice after a hiatus of a few years during which she focused on organizational consultation. She is currently working in Weston at the Weaver Clinic which focuses on offering comprehensive services to people with ADHD and their families. In addition, Tracy will be returning to school in the fall at Lesley University, ultimately for a PhD.

Bob Weber taught the third-year advanced seminar "Psychoanalytic Theory and Technique" at the MGH Center for Psychoanalytic Studies. He has also been a member of MSPP's Committee for the Integration of Psychotherapy and Spirituality which is working to develop a curriculum for an elective track on the topic at the school.

Committee Departures and Arrivals

Departures

Nominating Committee: Mark Sorensen (chair) & Judy Silverstein

Conference Committee: Geri Reinhardt

Board of Directors: Sara Emerson, Polly Francisco, Charlie Glazier, Suze Prudent, Helene Satz, & Carolyn Stone

Arrivals

Nominating Committee: Scott Reinhardt & Ilana Tal

Training Committee: Kelley Bothe (co-chair)

Membership Committee: Karsten Kueppenbender (co-chair)

Board of Directors: Alan Albert, Arnie Cohen, David Griffiths, Joe Shay, Carolyn Stone, & Alan Witkower

Newsletter Committee: Helen Hwang

Thank you for your generous service to NSGP!

The Northeastern Society for Group Psychotherapy Announces a Special Event:

A Presentation

The Relational Basis of Feelings

The Affective Basis of Relationships In Couples, Families, and Groups

with Gerald Stechler, Ph.D.

On Saturday, October 14, 2006
9:00 a.m. to 4:30 p.m.

At Episcopal Divinity School, Sherrill Hall
Cambridge, Massachusetts

For more information, call Dr. Weber: (617) 492-7264 ext.4

FREE
Colloquium
Series

NSGP Breakfast Club

Sunday, September 24, from 11 am to 1:30 pm

Wilfred Bion, Reverie, and the Group Therapist in the 21st Century

PRESENTED BY **Walker Shields**

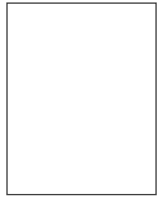
HOSTED BY Julie Anderson

The first of this season's programs! Our POT LUCK event is limited to 15 on a first come, first served basis, and will take place on Sunday, April 2, from 11 AM to 1:30 PM. The hostess will provide bagels, coffee, and tea. CEUs are \$10.

For directions or to sign up, please contact Pamela Dunkle at 617-484-4994 or groups@nsgp.com.



Northeastern Society for Group Psychotherapy, Inc.
 PO Box 356
 Belmont, MA 02478-3201
 (617) 484-4994
 www.nsgp.com



the newsletter fall 2006

Fall 2006:

Breakfast Club Series begins September 24
 Special Presentation, October 14
 50th Anniversary Gala, November 4

2006 NSGP Events Calendar

- | | |
|----------------|---|
| Sept. 24, 2006 | Breakfast Club 11 A.M.—with Walker Shields , hosted by Julie Anderson
<i>Wilfred Bion, Reverie, and the Group Therapist in the 21st Century</i>
(see ad on page 15) |
| Oct. 14, 2006 | Special Presentation: <i>The Relational Basis of Feelings and the Affective Basis of Relationships.</i> Gerald Stechler, PhD (see ad on page 15) |
| Oct. 15, 2006 | Breakfast Club 11 A.M.—with David Griffiths , hosted by Kelley Bothe
<i>Is He Addicted? How Does the Group Address This?</i> |
| Nov. 4, 2006 | NSGP 50th Anniversary Gala (see ad on page 3)
Dinner, Dancing, Conversation, & Conviviality from 7 P.M. until Midnight |
| Dec. 3, 2006 | Breakfast Club 11 A.M.—with Sara Emerson , hosted by Alan Witkower
<i>Passion and Authority in Groups</i> |
| Jan. 21, 2007 | Breakfast Club 11 A.M.—with Pamela Enders , hosted by Jim Leone
<i>What Does Positive Psychology Offer Group Psychotherapists</i> |
| Feb. 25, 2007 | Breakfast Club 11 A.M.—with Ellen Ziskind , hosted by Suzanne Cohen
<i>The Ongoingness of the Therapist's Mind: Shame versus Curiosity & Redemption</i> |
| April 1, 2007 | Breakfast Club 11 A.M.—with Steve Krugman & Marsha Vannicelli ,
hosted by Larry Kron & Marsha Vanicelli
<i>Therapeutic and Life Transitions: The Group Therapist as Container</i> |

For more information or to sign up, please contact Pamela Dunkle at 617-484-4994 or groups@nsgp.com.

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