



the newsletter

NSGP

Northeastern Society for Group Psychotherapy

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Fall 2009

Letter from the President



Three cheers for the 2009 conference! By all accounts it was a big success. I heard lots of positive comments about the quality of the institutes and workshops, and our new home at Simmons worked out

beautifully. Attendance was the same as last year, which is quite an accomplishment given the economy. Many, many thanks to all who contributed to this success.

As I drove to Simmons on the first day of the conference, I felt an odd sensation of being "lost." I knew the neighborhood; it wasn't about that. It was the loss of the familiar. When I saw the NSGP orange balloons and signs, I began to relax. (One is never too old for transitional objects.) Although Simmons worked out very well, my experience reminded me that change is hard – not just for our clients!

People often say that NSGP is their professional home, and I certainly feel this way. I have been thinking about this home of ours. In *Good to Great*, Jim Collins says that what leads a corporation to greatness is "who's on the bus." We have wonderful people on the bus, and many people have moved into new seats. In governance, the recently elected executive committee consists of Sara Emerson as President-elect, Judy Starr as Secretary, Steffen Fuller as Treasurer, and Laura Crain as Member-at-Large. All are new to these particular positions. I will continue as President for another year.

Seven of the eight current board members-at-large have not served on the NSGP board before. This is a sign of organizational health; we are not recycling the same old folks. Of note as well: this year's board includes one member who does not run groups at all and another who runs only DBT groups. I very much want NSGP to appeal to greater clinical diversity and believe this must be reflected on the board.

We not only have good people on the bus, but we are enlarging our bus route. The board recently approved the creation of a Task Force for Public Communication. This committee, chaired by Bet MacArthur, will reach out to clinicians who may not know about group therapy, to hospitals and clinics, and to the public at large. It will promote NSGP as the premier resource for group therapy in New England.

Additionally, the committee will be an internal resource for the marketing and publicity needs of our various programs.

The NSGP home is a generous one. First, many people give many hours of their time. Over and over I have been touched by people's willingness to add an(other) NSGP task to their already busy lives. Second, we are generous monetarily. We support the NSGP Foundation that helps underwrite educational offerings, such as the Special Presentation at the conference, and provides scholarship and research money. Please come and celebrate the Foundation's 10th anniversary on November 7th! Although not obligated to do so, some of our Life Members continue to pay full or partial dues. A recent gift from Marsha Vannicelli has allowed online listing of Referral Service members' personal websites.

NSGP is generous in another way, as well. It is a forgiving culture that allows risk-taking. Our culture is not a punitive one; we know that mistakes are part of life and are often how you learn. As therapists, we encourage our clients to try new behavior, which inevitably means letting go of the familiar and trying the unfamiliar. No risk taking, no progress. It is important that larger systems such as NSGP to which we turn for support also embrace this approach. NSGP encourages its members to take on new roles or develop new programs, and supports them in doing so. New programs such as the Consultation Benefit, this year's teleconference, and the Task Force for Public Communications are examples of recent new programming.

We head into another busy NSGP year with a full Breakfast Club schedule, the NSGP Foundation 10th anniversary celebration, our annual joke-filled NSGP dinner at AGPA, the conference next June, and many other activities still to be planned. Enjoy the NSGP bus ride!

As always, I welcome comments about these thoughts, or anything else.

Eleanor Counselman, EdD, CGP, FAGPA

President, NSGP
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1

INSIDE

Page 2. . . Letter from the Editor

Page 3. . . 10th Anniversary
Celebration of
NSGP Foundation

Page 3. . . Breakfast Club

Page 4. . . Report from the
2009 NSGP Conference

Page 6. . . April Red Well
Performance Dinner

Page 7. . . Dialectical Behavior
Therapy Skills Groups

Page 8. . . Analyze This

Page 10. . PTSD Treatment Research
and the "Drunkard's Search"
Problem

Page 10. . Measuring the Evidence
Right in Front of Our Eyes

Page 11. . NSGP Online
Referral Service

Page 12. . May 2009 Retreat

Page 12. . New Starts:
Celebrating New Groups

Page 13. . Scattergories Auction Event

Page 13. . Seeking Committee Members

Page 14. . Progress Notes

Page 15. . Cartoon Caption Contest

Back Cover: 2009-2010 Events Calendar

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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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NSGP Office 617-484-4994

Office Administrator: Messages can be left at the office anytime, and will be answered daily.
Monday-Friday 9 am to 5 pm

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**Letter from
the Editor**

I write my last letter as editor with excitement and sadness. Barbara Keezell will co-edit with Joe Shay beginning with this issue. I don't even know how many years it's been since I started as editor. When I first took over many years ago, the newsletter was still being written on a typewriter! I was handed a box of photos of unknown (to me) people and events along with copies of recent issues of the newsletter. Overwhelmed at the prospect of editing alone, I asked Suze Prudent to join me, which she kindly did. We computerized the newsletter and reformatted the layout. When she left the position, I edited alone for many years until Joe Shay joined me. We respected each other and found that we worked well with Deborah Cake to make the newsletter look more professional. We added several new columns such as Analyze This, Progress Notes, and Caption This and put the newsletter on the NSGP web site. The six page newsletter is now 16 pages, which shows how NSGP activities have grown over the years.

I cut my NSGP teeth from the vantage point of editor. I was a recent member of NSGP when I began and got to know the organization and many of you through the articles you wrote or activities you engaged in. In my early years, I used the Letter from the Editor mostly to orient the reader as to what he or she would find inside the newsletter. Later I would use the Letter to express my thoughts about the nature of groups and the importance of community. You have been an important community to me. I appreciate all your efforts and your courage in making public your thoughts about group therapy. Your contributions allow us to have an ongoing dialogue about groups and NSGP concerns. And, I will miss Joe's humor, keen mind, and attention to detail. I know that Barbara will fill my shoes easily and competently, and also with humor.

This good-bye is one of many I have said this year. The last was to my mother in July. In her last days, she taught me to live life fully, even in the face of death. My mother, who loved to drive and was devastated when we took her car away from her, requested an electric scooter on her 85th birthday after she was discharged from the hospital with congestive heart failure and an oxygen tank. She and her 90-year-old boyfriend lived on the same floor in assisted living, but on opposite ends of the building, and neither could walk the length of the corridor to the other's apartment. After another brief hospitalization and a diagnosis of terminal cancer, the scooter arrived. My mother immediately read the manual, leaped on (well, not exactly), put her bottle of gin in the basket and headed for her boyfriend's apartment. Each night thereafter they had a martini together and then went to the dining room where they ate hot fudge sundaes for dinner. A month later she passed away.

Of course, as one door closes another opens. Both my parents taught me to dream big and to actively pursue those dreams. So, I have taken a four month sabbatical and, by the time you read this, I will be living in Italy where my husband and I will study the culture and language four hours a day, five days a week. I shall return to my post as President of the NSGP Foundation in January. I hope all of you will share in the celebration of the Foundation's 10th Anniversary Gala on November 7th so that we can thank you for your contributions that help to support the activities of NSGP and research and education in group therapy.

In the meantime, I hope you, too, dream big.

With affection,

Lise Motherwell, PsyD, CGP, FAGPA

Co-editors Joe and, now, Barbara, will alternate the Letter from the Editor in this space.

November 7, 2009

10th Anniversary Celebration of the NSGP Foundation

We are proud to be celebrating the 10th Anniversary of the NSGP Foundation. This event is a time to gather together to enjoy our success, to thank our contributors, and to welcome those who may not have joined us at our yearly events in the past. We will be enjoying fine wines, great food, conversation, and dancing.

The NSGPF, a non-profit philanthropic 501 3(c), registered with the Commonwealth of Massachusetts, was launched ten years ago to help people in our communities gain greater access to highly trained group psychotherapists. We are passionate about the power of groups to offer help to anyone experiencing isolation, trauma, stress, depression, illness, or loss. With financial support through donations, the NSGPF provides scholarships to group therapists attending the NSGP conference and training programs; supports ongoing programming in the application of group therapy to people affected by trauma and violence; and supports special programs at the NSGP Conference and other events. To find out more about our Foundation, please go to www.nsgpf.org.

November 7, 2009

7 pm—11 pm

First Unitarian Society of Newton,
1346 Washington St., W. Newton, MA
02465

www.googlemaps.com for location and directions. Free on-street parking and at City of Newton Parking Lots nearby.

Pot Luck: We will be providing the main courses, wine, beer, and dessert. We are asking that each guest bring a favorite appetizer or side dish. If your last name begins with the letter A-M, please bring an appetizer; if your name begins with the letter N-Z, please bring a side dish or salad. Please contact Kathy Ulman with what you will be bringing; she also can answer any questions you may have (kathyulman@verizon.net).

Tickets: \$10 per person (guests are most welcome), payable in advance so that we know how many people will be attending. Tickets may be purchased by check or credit card. Please go to our website for more details about the event and ticket information.

Tickets may also be purchased by sending your check with names, addresses, and e-mail addresses of attendees, to:
NSGPF 10th Anniversary, P.O. Box 356,
Belmont, MA 02478.

The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our 2009-2010

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 Todd Morse at the NSGP office: 617-484-4994.

Calendar for 2009-2010

- 9/13/09 ***The Need to be Liked: Managing Our Counter-Transference, & Becoming the "Good Enough" Group Therapist***
Presented by David Ward, LCSW, LADC, CGP
Hosted by Scott Rutan (Chestnut Hill, MA)
- 10/18/09 Breakfast Club Goes to Dinner and a Movie 5pm-8pm
Fantasy and Leadership in "Lars and the Real Girl"
Presented by Alicia Powell, MD
Hosted by Arnold Cohen (Newton Highlands, MA)
- 12/6/09 ***"Soul on Ice": Penitence, Redemption, and "The Heart of a Therapist": Reflections From 13 Years of Prison Psychology***
Presented by Tyler Carpenter, PhD, FAACP
Hosted by Norm Neiberg (Newton Centre, MA)
- 1/10/10 ***Googling, Tweeting, and More: An Introduction to the New Social Networking World***
Presented by Pamela Enders, PhD, CGP
Hosted by Kelley Bothe (Concord, MA)
- 3/21/10 ***Shall we Dance? The Role of Presence, Empathy, and Connection in the Healing Relationship***
Presented by David Dybdal, MD & Frederick Winsmann PhD
Hosted by Eleanor Counselman (Belmont, MA)
- 4/11/10 ***Nurturing the Curious Mind of the Group Therapist: Integrating Clinical and Research Agendas, Truly!***
Presented by Karin Hodges, PsyD
Hosted by Walker Shields (Belmont, MA)

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 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.



Neal Spivak & Lena Furgeri



Betty Martin & Ben Banister



Rowell Levy, Karen Wischmeyer, Jim Leone, & Greg MacEwan



Gail Hall & Greg Chilenski



Renee Hoekstra & Karin Hodges

Passing The Baton

NSGP Conference 2009

Jerome Gans, MD, CGP, DFA GPA

A disturbing dream awakens me as I get up and prepare to attend the Saturday session of NSGP's Annual Conference. I am the anchorman in a relay race at Boston University, awaiting the baton pass from our star runner. As he approaches, I crouch, ready to take the baton and head for the finish line. But my relay partner does the unthinkable—he refuses to pass the baton. In what feels like an endless replay loop, this scene repeats itself in the dream.

I process and analyze the dream. I focus on my teammate who won't pass the baton until I remember that as author, producer, and director of the dream, all the characters in the dream are parts of me. An upsetting

realization follows: It is I who won't pass the baton. Next, an association to the dream. I am running a T-group of psychiatric residents and a spirited exchange breaks out between two subgroups: one that celebrates the recent ascendancy of biological psychiatry and another smaller subgroup that values psychodynamic thinking. Suddenly, a resident says, "Dr. Gans, this must be very hard for you. Your psychodynamic approach is out of fashion and you look like you are in mourning." I realize that I am near tears.

Apparently I need reassurance because as I continue to make sense of my dream, I have an exciting insight that suddenly lifts my spirits. Why is the track meet taking place at BU? Psychodynamic insight to the rescue: BU are the initials in reverse for Usain Bolt, the Olympic sprinter and the man recently named Athlete of the Year. Yes, I tell myself, psychodynamic thinking is still valuable.

Annoying thoughts go through my mind as I drive to the conference's new location, Simmons College. I find myself clinging to memories of the almost 30 years that I have attended the conference at Wellesley College: the beautiful, lush Wellesley campus, ascending the many steps to the Science Center, faculty lunches at the college Faculty Club with its yummy desserts, and the first workshop I presented



Alicia Powell, Siobhan O'Neill, & Karsten Kueppenbender



Jim Leone, Robert & Dickie Macy, & Eleanor Counselman



Alicia Powell & Kathy Ulman



Walker Shields, Barbara Keezell, Eleanor Counselman, Laura Crain, & Joyce Shields



Lauren Kopans & David Goldfinger

there. Since I live only five minutes from Wellesley College, I realize I'm going to miss its convenient location. And where the hell is Simmon's College located anyway!

I know it has some dorms on Brookline Avenue and its campus is somewhere near Harvard Medical School. The prospect of finding it feels akin to deciphering the Rosetta Stone. I feel snarky as I turn onto Avenue Louis Pasteur.

But wait. The parking is convenient and hassle free. The campus—oh, so this is Simmons—is lovely, the registration folks are super-friendly, and Joe DeAngelis even makes sure I have a yellow parking ticket for Sunday. And all the young, energetic people, many of whom I have never seen before are very involved in running the conference. Ben Banister, the Workshop Co-Chair, comes over and lets me know we will have enough participants to run our workshop. I go and sit in a corner and review the names of the folks on the Conference Committee. I feel excitement about all the new blood in the organization. I review the brochure and am so impressed with caliber of the presenters and with the range of topics offered: Buddhism, Imago Therapy, Treating Opiate Dependence, Eating Disorders, Jungian Approach to Group Therapy, even Shakespeare. And yes, my beloved psychodynamic group psychotherapy is still robustly represented.

As I'm driving home after taking two stimulating workshops, one with Carol Kramer-Slepian and the other with Walker Shields, I ask myself, "Jerry, what was all that morning irritability about?" I find myself associating to Freud's short, poignant essay, "On Transience." In this essay, Freud talks about the mourning involved in the loss of something we have loved or admired. As my associations to my dream suggested, I was mourning the declining currency of psychodynamic teaching in the training of our future therapists. Detaching from something we love is painful.

As I continued driving, my spirits, I realized, had brightened considerably. My experience at the conference demonstrated that not only was psychodynamic thinking still in very good hands, but that other substantive approaches to helping others are enriching our field as well. I realize that in my next dream I will, enthusiastically, be passing the baton.



Lise Motherwell & Alan Witkower

Couples (and a few therapists) Gone Wild

NSGP Conference 2009
Alicia Powell, MD

In my private practice, I avoid treating couples. The idea of sitting with an angry couple (and let's face it, what other kind of couple comes for therapy?) scares me in a way that group work never has. During my residency, I received very little training in treating couples, and I skipped the elective couples therapy seminars. So, with the opportunity to attend only one workshop at this year's NSGP conference, how did I end up in Joe Shay's workshop entitled, "Couples Gone Wild: Top 10 Complications in Treating Couples"?

At least part of the answer lies in Jerry Gans' challenge to Institute attendees at the 2008 AGPA conference: "Take risks!" I took Dr. Gans' advice that year, and learned even more than usual. So, with the NSGP conference brochure in hand, and Jerry's words still echoing in my ear, I decided to face my fear of treating couples and register for Dr. Shay's workshop.

Dr. Shay is well-known for his skillful use of popular culture as a teaching tool. I realize now that the idea of "going to the movies" with other participants provided me with a familiar and safe entrée into this new territory. I imagined laughing at the Simpsons and re-experiencing the drama of the Sopranos. Although I don't have clinical experience of my own to speak about in working with couples, I could react to the clips and thereby make a contribution. What's so scary about that?

As I entered the room, a jazzy swing tune played, and a movie screen glowed with the promise of those juicy film clips. Dr. Shay welcomed the participants and asked us to introduce ourselves each time we



**Brenda Hamady, Oona Metz,
Deb Carmichael, Kim McNamara,
& Lise Motherwell**



**Roberta Russell, Maxine Shushelsky,
Joyce Collier, Joe DeAngelis, Ann
Koplrow, Rowell Levy**



Barbara Keezell, Lolona & Todd Morse



**Cornelis Pieterse, Dianna Proctor,
Szuszi Gero, Diana Fenton, & Ken Jaeger**



**Naomi Dugan, Judy Silverstein,
& Joyce Shields**

(continued on page 6)

spoke so that we would “talk to each other in addition to” him. The parallel process had begun: we were going to learn from and about each other, and Dr. Shay was there to lead the way.

After reviewing common issues that bring couples into therapy, we began to address the “Top 10 Complications in Treating Couples.” David Letterman’s top ten lists make us laugh, but Dr. Shay’s list also helped me break down my anxiety into manageable pieces. As he worked through a list of common complications in treating couples, Dr. Shay exposed my fears, one by one. Suppose a couple gets angry at the therapist? How about a couple with very different levels of pathology? What if there are kids in the picture?

To illustrate each issue, Dr. Shay showed a brief clip or two. We saw a lot of arguing couples, some spectacular therapeutic blunders, and exactly one depiction of a therapist who seemed to know what he was doing. Dr. Shay interspersed the clips with his own and participants’ clinical experiences, reactions to the scenes, and therapeutic pearls (“If you fear it, predict it.”). He subtly modeled therapeutic techniques for expressing disagreement when he and some participants proposed different ideas. He was showing us how a couple can disagree without being destructive.

Before the workshop began, I imagined that I would be thoroughly entertained by the film clips. But, like a good director, Dr. Shay used the images to illustrate his points without relying on them to do all the teaching for him. He took an anxiety provoking topic, sorted it into workable parts, welcomed all contributions (even from a participant who’s never treated a couple!), and modeled therapeutic behavior. Even without using an experience group as part of this workshop, Dr. Shay found many ways to use group process, as well as content, as learning tools. I do not feel prepared to begin treating couples yet, but this workshop was an excellent starting point. This experience greatly reduced my fear of working with couples, and at least for me, that was the main attraction. Stay tuned....



April Red Well Performance Dinner



Bob Schulte & Alan Albert



Dan & BethAnn Schacht



**Bob Weber, Deb Filiurin,
& Deborah Carmichael**



Deb Clendaniel & Kelley Bothe



Diane & Alan Witkower



The Red Well Players & our Cecil



**Molly Donovan, Barry Wepman, Rob
Williams, & Bob Schulte**



Lise Motherwell & Pam Enders

Dialectical Behavior Therapy Skills Groups

An Integration of Clinical Approaches

Betty Martin, PhD

I am constantly attempting to create symbiotic connections between relational, psychodynamic approaches and structured behavioral approaches for diverse clinical populations. We know that some clients are so heavily guarded by higher functioning defense mechanisms that emotional regression is inherently needed for them to grow. Other clients, however, live in a state of continual emotional regression. Quite simply, they do not need to regress any further. These clients benefit from solidifying ego strength, defenses, coping skills, and a more intact sense of self.

My enriching experiences in the NSGP Training Program in Group Psychotherapy strengthened my developing theories. I highly value my NSGP education and have seen both my individual and group work greatly enhanced by an exceptional training program, supportive faculty, and interactions with my fellow training “groupies.” At the same time, it seemed various clients would not have been able to tolerate the emotional regression which naturally occurs in an open-ended process group. They would have likely experienced increased symptoms of intense negative affect, paranoia, and possibly disturbing flashbacks in the presence of group ambiguity. They may not have had the internal resources to fully benefit from group interactions, and they may have struggled to understand group interactions as projections related to developmental histories.

In my private practice, I very much enjoy leading DBT-informed groups because I believe such groups offer the best of both worlds. I lead two types of DBT groups. The Introductory DBT group is highly structured and begins with a mindfulness exercise followed by shared observations of reactions to the exercise, discussion of assigned homework (using the skills taught in the previous session), and a DBT lesson from the Marsha Linehan manual. It concludes with the homework assignment for the next week. The group is ongoing with a syllabus that repeats itself every four months. The longer-term Advanced DBT group begins with a mindfulness exercise followed by shared observations of the exercise, and a brief review of a DBT skill, and then focuses on discussion of group member agenda topics with emphasis on DBT skills-based

problem-solving. Through the years, I continue to compare and contrast DBT and open-ended process group experiences by reflecting on stimulating conversations with other clinicians about the topics learned in the training program, NSGP conference workshops, and Breakfast Club discussions.

Points of convergence may be universal to groups in general. My clients seem to benefit from a sense of connection to others, knowing they are not alone in their struggles, learning more effective emotional coping skills from each other, and trying new behaviors in the group. Members increase their self-reflective skills by observing their reactions to mindfulness exercises and examining the homework topics. Group members appreciate being able to openly discuss aspects of their lives with others, feeling accepted in a nonjudgmental fashion, and knowing their feedback is highly valued. Even in short-term structured relationships, it is apparent that clients genuinely care for one another, are eager to hear about how others handle difficulties in their lives, and demonstrate a growing sense of accountability to the group.

Just as in process groups, group members in the introductory group are constantly having to say “Hello” and “Goodbye.” Graduations from the structured group are honored through a “Rock” ceremony that I learned when I was directing an Intensive Outpatient Eating Disorder program. When a group member leaves, a smooth stone is selected from a special box. The stone is passed around the group and each member says something positive about the graduating group member or wishes them well in the future. I often envision the rock as a “transitional object” infused with positive regard that, one hopes, the group member will internalize.

There are also unique aspects to my DBT groups in contrast to a process group. Group norms include the predictability of the group structure, including how the introduction to the group and of group members is made, as well as the assignment of group member responsibilities. For example, all group members participate in discussing homework or sharing agenda items. This expectation is conveyed through light-hearted joking and gentle yet persistent encouragement to participate. Group responsibilities also include: members taking turns in leading mindfulness exercises; being in charge of ringing the

mindfulness bell on judgments, tangents, over-apologizing, and cognitive distortions; and being the scribe who writes summary statements on the white board. All of these subtle and obvious consistent patterns seem to develop a sense of safety in the group, as well as to provide space for members to take initiative, learn assertiveness, and develop a sense of accomplishment in their contributions. And they begin to “hear the bell” outside of group when they are taking a judgmental or critical stance to themselves, which is yet another way of internalizing group experiences in a positive and humorous way.

I appreciate that DBT allows for the use of humor and clinically relevant self-disclosure. My skills as a graduate teacher of psychology courses are highlighted in the group lessons, and members have conveyed their appreciation of my own disclosure of using DBT skills. Members often thrive in the presence of a group leader who is transparent, active, and provides a structured holding environment. They seem to feel safer in the groups because the discussions are problem-solving in nature with a focus on external, current life events. I also model offering feedback to members with the expectation that members will give feedback to each other. Often members who are “newbies” in the beginning become strong voices in the group by the time of graduation, and set the frame for the new clients.

It has been a fascinating and continuously rewarding process to watch shy, quiet members as well as aggressive members quickly acclimate to the group norms, begin to bond with others, and actively engage in the process in a relatively short time. They also leave each session with a specific skill to practice which may help improve their quality of life. I am constantly in awe of how each group session is a unique orchestration of what I’ve learned across the various dimensions of my clinical life, blending my psychodynamic understanding of underlying processes with my knowledge of DBT approaches to psychological disorders. Moreover, I find myself incorporating material from my countless learning experiences through NSGP, and most importantly what the clients teach me. I truly believe the clients are my best teachers and I often feel grateful to them for letting me be part of their process.



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, PhD 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

For the past three years, I have been running an open-ended process group which I “inherited” from a former colleague and supervisor who ended the group abruptly because of a sudden change in her schedule. At the start, the group had one man and four women, all professionals. Four of these original five have remained with the group, and I have added a man and woman from my practice, as well as one woman referred by a colleague.

Unhappily, the group has never quite seemed to gel and I’m not sure why or what to do about it now.

My predecessor ran the group more as a support group than a process group. When I interviewed the original members (as a group), and laid out my facilitating style, including reviewing the group agreement form, it became apparent that the focus in the old group had been primarily outside of the room, while including intermittent attention to here-and-now process.

Two members of the original group initially expressed ambivalence about joining because of plans by both to do significant traveling. The other three encouraged them to join anyway and see how the travel worked out. I agreed that we could talk about absences and their effect on the others as we went along.

In the past three years, I’ve added three members, as I noted, and there have been four other new members who have begun and left without either attaching to the group or completing their work. While each of these four offered a different

reason for leaving, my impression is that they were unable to break into the old subgroup, or entered into a group dynamic which prompted them to flee.

As I recall it now, even the initial sessions of the group were conflictual for me. First, although I consider myself to be a fairly active facilitator, I was experienced as much too quiet by the group. Unlike my predecessor, anxiety and anger were prominent group affects, and the group felt I wasn’t doing enough to contain these affects. Naturally, there was anger at me for not being the old group therapist, and there was displaced anger as a result of their not having had the opportunity to work through the anger at her abandonment. Direct and indirect discussion of safety was a frequent initial topic. There was a fear that aggressive conflicts couldn’t be contained if I wouldn’t quell feelings as they emerged. I, instead, interpreted the dynamics and trusted that they could be worked through adequately.

To be more honest, I didn’t entirely trust that this was true. While I don’t usually walk into a group session feeling anxiety, in this group I did, and, to a lesser degree, still do.

Part of my anxiety was because two of the original members were especially vociferous in their demands that I run the group more like they were used to. Even with regular and ongoing peer and senior consultation, I was more anxious about their hostile challenges than I would expect. I feel less anxious at this point, but don’t feel adequately resolved.

Another source of anxiety, rarely mentioned in the group by anyone but me, is the very significant absenteeism by the two members whose ambivalence has not been resolved. I’m sure that I haven’t adequately held them to the group agreement. Other group members encourage participation as they can

instead of committing or leaving. I’ve avoided the issue by continuing to have it be a group process rather than my clarifying the lack of safety and coherence that their absenteeism might elicit for group members, and the anger from a lack of control that this dynamic elicits for me.

In writing to you, I’m hoping for some clarity about how I might approach this group differently, and how my unresolved feelings may be playing out in the group.

Searching for Identity

Dear Searching for Identity

I’d like to start my reply with an appreciation for the clear thinking and open awareness you bring to your work with this group. It was a pleasure to read about your experience, and I have enjoyed thinking about the issues at hand.

What is prominent to me is your uncertainty of ownership of this group. You didn’t make this child, you “inherited” it, and it feels like that fact of adoption contains and retains enormous significance for you. How might you step into a more secure position of leadership? First, I would note that you have retained 4 of the 5 original members—not bad! I think the group is more ready than you think to be your group, despite the different style of its first leader.

In great part, you earned your position with them (as we all do in our groups) by bearing witness to their confusion, anger, and loss: in your group’s case, a huge factor was the abandonment they experienced right around the time they met you. It sounds like it was a stormy time, with the feelings manifested as hostile challenges, absenteeism, and direct and indirect discussions of safety, anger, fear, and aggression. What a great opportunity to facilitate growth, when so much is out in the open! (Some of us work for months to have such an opportunity.)

When a child is abandoned by a parent, the upset is so deep that words aren’t enough: there is a hunger for pre-verbal

“Unlike my predecessor, anxiety and anger were prominent group affects, and the group felt I wasn’t doing enough to contain these affects.”

reassurance and soothing. Your interpretations of their struggles may feel too distant, and that, in turn, may undermine your assurances (both verbal and non-verbal) that the group is a safe place. (In fact, it seems you're not sure it's a safe place, so you all are on the same page!) While you can't take anyone onto your physical lap, imagine the unspoken messages a child receives in an emotional lap: I am unshakably here for you, I can hold all you bring, you don't have to feel alone.

I think your group needs to borrow your "grown-up" faith in their recovery from big emotions because they're not there yet, and you might need to offer it more tangibly than just in trusting that interpretations will enable them to work it through. I find myself doing this occasionally by offering a bit of individual work in the group, attending to someone's distress with very specific mirroring responses. Pertinent to this point, I noticed that you did not interview each member of the group individually when you took over the group, and while there's no rule of thumb that says you should, you might have missed an opportunity to forge important bonds. When we form our own groups, those individual evaluation sessions are hugely important foundations for each member to draw on, and when we adopt a group, we might need to find a way to create the same effects for each member.

In addition to this very primitive dynamic underlying the group, I sense that the ongoing challenges to your leadership (the absenteeism and demands that you run the group "more like they were used to") are like adolescent jabs to parental authority. Are you really in charge? And what does being in charge look like: omnipotence or flawed intentions? How do you stop me if I act out? The group's solution of just letting people "participate as they can" feels like a young and inadequate attempt at solving an adult problem. Again, I think you might consider being more real around the struggle being enacted here. If the feelings encoded in this acting-out behavior have already been thoroughly explored through your interpretations,

"While you can't take anyone onto your physical lap, imagine the unspoken messages a child receives in an emotional lap"

you could try more direct individual interventions with the challengers, including invitations to see you once individually outside group. And here is where you get to become the real leader of this adopted group: you know that high absenteeism isn't good for a group, so you won't permit it to continue. Of course what you will permit and even invite are all the feelings and ambivalences that the members hold, ready to engage with each as is needed.

I would also invite the group to talk about the sub-groups which have inevitably been sensed within the group: the "inherited" or adopted group, and the new members who are more like your own children. This may be a difficult topic for them to bring up, but deeply reassuring to them if you do.

Good work with your blended group! You should feel proud that you've brought them this far, and have some productive frontiers ahead of you.

Julie Anderson, PhD, CGP



Dear Searching for Identity

Taking over a group is always a difficult task. It is comparable to a family losing a parent and having a new parent move in. The new parent must be understanding and empathic to the loss the children (group members) are experiencing and at the same time, provide a sense of security and stability so the children feel that the family will survive. The new parent must be clear and direct about how the family will be run going forward (the contract). These two tasks must occur simultaneously which at times can be quite challenging. The two questions you ask, speak to these issues directly: How might I approach this group differently and how are my unresolved feelings playing out in the group?

This group/family operated under a set of assumptions (contract) with the old leader. It was a support group. Therefore, we can assume the primary goal was not character change but rather support and advice. Although it is not clear how long the group met with the old leader, it can be assumed that a certain culture was in place before you arrived on the scene. For the purposes of this response, I assume you are attempting to run a

psychodynamic psychotherapy group (PPG). A PPG has a very different and explicit contract that each member should have an opportunity to review and then decide if they can agree to it. Without this opportunity, a group member can feel pressured or, even worse, coerced into agreeing to something they are not prepared to accept. Having taken over the group the way you did, I think this piece of business is not fully resolved. Although, in front of their peers, group members explicitly agreed to your contract, it appears that implicitly there was ambivalence that has never been worked through, and so a great deal of acting out has ensued. I think you have attempted to address these issues; however, your unresolved feelings appear to be getting in the way. Your anxiety adds to the uncertainty in the room.

I believe you need to clarify your group contract and help people address the feelings/behaviors around not living up to the contract. Some members may choose to leave. That will have to be addressed. Should you or any reader have this opportunity again in the future, I would recommend that you meet with each group member individually prior to taking over another person's group. This helps in two ways. First, it allows you and the group member to develop a beginning alliance and, second, it allows the group members the opportunity to decide on their own whether they are willing to commit to the new group contract.

Leading a group is one of the most challenging tasks a therapist can perform. It is one of the only venues in our work where we are observed by many others and often criticized for an intervention gone wrong. It often requires an enormous amount of self confidence to withstand the attacks of group members. These attacks can come directly in the form of a verbal assault ("run the group like the old group leader") or indirectly (e.g., absenteeism). I believe the group needs your strength and assurance that the group will survive. It is also important that you run the group/family in your own style and help them adjust to it. In many ways you are on the right track. If you trust the group process and calm yourself down, I think the group will work out just fine.

Arnold Cohen, PhD, CGP



PTSD Treatment Research and the “Drunkard’s Search” Problem

Peter Gumpert, PhD, CGP

Terence Keane’s presentation to NSGP on recent advances in the treatment of PTSD was interesting, well organized, and persuasive. He provided fascinating epidemiological information (e.g., nearly 8% of U.S. adults report the cluster of symptoms usually associated with PTSD). He also presented interesting information on combat-related PTSD, and research evidence about effective treatment. Keane strongly emphasized that the research he presented provides a basis for “evidence-based” treatment of PTSD in adults, clearly implying at the same time that only evidence-based treatment will be taken seriously, or reimbursed by insurance.

In presenting the various studies done by his colleagues and himself, Dr. Keane talked about how difficult it is to do this kind of research, because of 1) the substantial numbers of participants required, 2) the need to ensure that as few participants as possible will drop out of studies, and 3) the need to control as many extraneous variables as possible. These difficulties have led researchers to use highly structured, relatively brief treatment protocols that are “manualized” and thus applied fairly consistently across participants. Dr. Keane’s treatment protocols were carefully designed and thoughtfully structured, based on what has been found effective in other PTSD brief treatment studies. What he did not note was that if studies take a long time or are particularly difficult, most researchers will simply not undertake them; their life blood is successful publication. Thus brief, highly structured treatment is what is most often studied. In the case of group treatment, there is a further complication: the unit of statistical analysis is the group, because individual members of groups cannot be considered independent observations. This means that many groups have to be run, and run in a very structured way—and that is far from easy or inexpensive.

All this brings me to the “drunkard’s search” idea mentioned in the title. The term comes from an old joke:

One night a policeman finds a drunken man on his hands and knees under a bright street lamp. He asks the man what he is doing. The man replies that he is looking for his keys. “Where did you lose

them?” asks the policeman. “Over there” replies the man, gesturing toward another area. “Then why are you looking here?” the policeman asks. “Because that’s where the light is.”

Researchers too often do what’s relatively easy, or at least not too difficult; understandably, they tend to work where the light has already been shining. And the work they do is often quite useful, as is certainly the case in the work of Dr. Keane and his colleagues. *But the leap from research results directly into policy (e.g., this is evidence for the effectiveness of our protocol, and only “evidence-based” treatment will be endorsed or reimbursed) is highly problematic and without justification.* It leaves out treatment methods that are more difficult to research in these ways. Psychodynamic treatment is a clear example.

The structured treatment methods judged as effective in Dr. Keane’s research studies (such as exposure treatment, and anger management) are indeed involved in the psychodynamic treatment of PTSD patients, though such events take place in subtle ways over time, and are carefully tailored to the needs and readiness of the individual patient. Psychodynamic treatment, whether in an individual, couple, family, or group setting, is, by its nature, a highly individualized process. It is also effective; many important changes are reported in studies (see, for example, the meta-analysis by Leichsenring and Rabung in *JAMA*, October 2008). But systematic research on the outcomes of particular interventions used in psychodynamic treatment is extraordinarily hard to do using the research methods commonly used in studies of short-term treatment. What would be required is the invention of new research processes and methods that can illuminate phenomena generally not visible in studies of brief, structured treatment—methods and measures that can also show evidence of changes within an “unstructured” process. So, is psychodynamic individual and group treatment for PTSD to be considered “not evidence based” despite the broader meta-analytic studies of longer-term treatment? If so, is that because it is not effective? Or is it because researchers have not yet done the very difficult work of “searching where it’s dark?”

In any event, we must avoid making policy decisions based on the limitations of current research methods.



Measuring the Evidence Right in Front of Our Eyes

Karsten Kueppenbender, MD, CGP

Regardless of whether Terence Keane meant to imply that psychodynamic group therapy for PTSD should not be covered by health insurance (it did not cross my mind during his presentation), Peter Gumpert’s concerns about the perception of the efficacy of psychodynamic therapy are timely.

Over the last two decades, evidence based medical treatments have gained added significance as Medicare and private insurers determine which treatments get reimbursed and which do not. In psychotherapy in general, and particularly in group therapy, time-limited and cognitive behavioral approaches, as Dr. Gumpert points out, lend themselves more easily to evaluation in clinical trials than psychodynamic ones do. Consequently, there are many more studies documenting the efficacy of CBT than studies documenting the efficacy of those supporting dynamic psychotherapy. Are methodological difficulties solely responsible for this disparity? There are rigorous studies of psychodynamic treatments. In addition to the meta-analysis of long-term psychodynamic psychotherapy by Leichsenring and Rabung, cited by Dr. Gumpert, which analyzed 23 prospective psychotherapy trials, there are studies that investigated short-term psychodynamic treatments for anxiety disorders. Current evidence points to a sustained benefit of long-term psychodynamic psychotherapy in the treatment of complex mental disorders, especially personality disorders. Preliminary evidence demonstrates the efficacy of short-term psychodynamic treatment in the treatment of anxiety disorders, though dynamic therapy may not be as effective as CBT for these disorders (see Leichsenring et al. and accompanying editorial in the August 2009 issue of the *American Journal of Psychiatry*).

Traditionally, psychodynamic clinicians have developed theories and techniques based on their personal experience, often described in vignettes, case reports, or series of cases. We have rarely shown interest in evaluating the efficacy of our treatments. In light of the current healthcare crisis, how long can we expect society to pay for our services without this evidence?

On July 16th, the Special Commission on Health Care Payment Reform recommended to the Massachusetts

legislature to phase out the current fee-for-service structure and gradually implement a model of global reimbursement for patient care through Accountable Care Organizations (ACOs). Weblog entries by the Massachusetts Medical Society on July 16 and 17, 2009, provide more details, at http://massmed.typepad.com/each_patient_counts/.

All eyes are on the legislature to see how these recommendations will be implemented. Group therapy, by design more economical than individual therapy, stands to benefit from the changes on the horizon in Massachusetts. Our treatment approach may appeal to those who now funnel to individual clinicians the global payments that would be made to ACOs. We will benefit from the recommendations for payment reform to the degree that we are able to educate the public about the efficacy of group therapy. As individual practitioners, practice groups, and hospitals in Massachusetts join more or less tightly in ACOs, there is a real incentive for each group therapist, and for NSGP as a whole, to demonstrate that the services we offer actually do what we have learned they do, i.e., help our patients. It will be a more competitive environment. Our clinical colleagues, especially physicians and nurse practitioners who do not work in mental health, will see little incentive to share global payments with group therapists if we cannot demonstrate the value of our work. Thankfully, our treatment approach works.

Demonstrating that "Group Works" may be simpler than many of us assume! In

The NSGP Training Committee is pleased to offer a *Principles of Group Psychotherapy* course beginning in January 2010 and meeting for 5 Saturdays through May. This course will meet the requirements for the educational component of the CGP certification. This course will replace the CGP offering at the Annual conference. Questions can be directed to **Alan Witkower** or **Kelley Bothe** through the NSGP office at NSGP@groups.com. Look for further details on the NSGP website under Training.

fact, clinicians in private practice may implement straightforward research protocols more easily than clinicians in academia, where studies involving human subjects are subject to institutional review and the paperwork this entails. For several years now, Gary Burlingame, Bernhard Strauss, and their AGPA task force have promoted the CORE Battery-Revised and taught workshops on how to use simple measures and tools to select participants, and assess group process and outcome. Sign up for a workshop at the next AGPA meeting, or order your own copy of the CORE-R battery, which costs \$140 (AGPA members pay \$100) on the AGPA website. Or, to keep it simple and stick with the example of PTSD treatment: consider the administration of one validated PTSD symptom scale to each participant at the outset of psychodynamic group treatment, and at fixed intervals thereafter, e.g., every 3 months. Thanks to the work of Dr. Keane and colleagues, these measures exist, ready for use in our practice! How impressed would collaborating clinicians or the patient's primary care physician be, let alone the utilization reviewer, if we showed that our group intervention was associated with significant, measurable symptom reduction? We know our

patients get better. I don't know that other clinicians will take our word for it.

To be sure, it takes more effort to complete a controlled study, let alone a randomized controlled trial. But each individual effort, which we could pool collectively, would yield prospective data that we could use to educate the public, our politicians, current health insurance administrators, and colleagues in the ACOs of the future.

Can NSGP serve as a platform and hub for private practice clinicians who like to pursue treatment research on a shoestring budget? This investment that we make now individually and collectively in our professional future will benefit us and our patients.



The NSGP Online Referral Service can now list members' email addresses and personal websites. This increased capability is made possible by the generosity of **Marsha Vannicelli**. To have your information listed, please contact David Goldfinger at dgoldfing@aol.com.

NEED HELP?
Confused?
Talk to an Expert!
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Benefit for NSGP Members
Call 617-484-4994 for details

May 2009 Retreat



David Griffiths, Helen Hwang,
& Kelley Bothe



Arnie Cohen



Retreatants 2009



Karin Hodges, Eleanor Counselman, &
Dan Schacht.



Karen Wischmeyer, Marianne Zasa,
Peter Gumpert, & Jim Leone

New Starts: Celebrating New Groups

Marsha Vannicelli, PhD, CGP, FAGPA

Challenging times call for creative solutions. The therapists we are celebrating in this issue of the newsletter have met the challenge with innovative solutions for bringing new groups to life and making changes to infuse older groups with new energy.

Over the summer we repeated the e-mail survey of NSGP members (reported in the Spring 2009 Newsletter) asking again for information about newly formed or recently invigorated groups, as well as specific steps leaders had taken that contributed to their success.

Thirteen leaders responded, 3 describing groups that are planned but not yet off the ground (hopefully to be included in a future issue), 3 describing increasing satisfaction with older groups that have matured over the years and are now working at deeper levels. These 6 groups add optimism about group life in our community, but are not included in the summary that follows.

The 7 new (n) groups (begun between fall, 2008 and mid-summer, 2009) and recently invigorated (i) groups are summarized here:

Leader (s) & Location	Population Served	Orientation	Duration	Venue*
Kelley Bothe (n) Wellesley	Divorcing men & women	Psychodynamic/ interpersonal	Long-term	PP
Ken Jaeger (n) Cambridge	Adult men & women	Psychodynamic/ Interpersonal	Long-term	PP
Ken Jaeger & Irit Feldman (n) Brookline	College-age Students	Psychodynamic/ Interpersonal	Long-term	Clinic
Betty Martin (n) Arlington	Adult men & women	Advanced DBT	Long-term	PP
Mark Sorensen(n) Newton	Clients with social anxiety	Mindfulness/ Interpersonal	Long-term	PP
David Ward & Carol Crosby (n) Portland, ME	Therapist-observed group for adult clients	Psychodynamic/ Interpersonal	Long-term	Clinic
Joe Doherty (i) **	Male Sex Offenders	Psychodynamic	Long-term	PP

* PP= Private practice ** 7 groups in different cities

These 7 groups began with an average of 4.4 members (range = 2-6) and by the time of reporting had an average of 6.6 members (range = 5-10). Group leaders had spent an average of 4.4 months (range = 2-14) preparing for their groups (planning, advertising, and recruiting clients to gather a sufficient number to begin).

Referrals for these 7 groups came predominantly from outside sources (82.6%) rather than from the leaders' own private practice (17.4%), with 3 groups recruited exclusively from outside sources. In the 4 groups that used both kinds of referrals 57 to 83% came from outside sources. (This is in contrast to the 7 groups reported last spring where 3 leaders had recruited exclusively from their own practices, with 39% of group members across all groups recruited in this way.)

At the time of reporting, 5 of the 7 groups had increased in size from the time of inception. In contrast with the cohort previously reported, starting size was not related to referral source. Ending size, on the other hand, did differ depending on the primary source of referrals, with average ending size of 7 for groups with exclusively outside referrals and 6 for those with a mixture of referral sources. These leaders provided much useful commentary on how they succeeded in getting their groups going.

Picking a population or group focus that would have a special draw was critical to Ken and Irit who felt that a group for college students would be in demand given their proximity to so many colleges. Mark wanted to add a group in his practice but realized that a 5:15 group—the only time slot he had available—would be a hard sell. He reasoned, "It needed to be a specialty group (social anxiety) that was in short supply in order for people to be willing to leave work early to get there."

(continued next page)

For Ken to get things going in his private practice group, "setting a date was the biggest step to making it happen." The importance of moving ahead with this kind of confidence was emphasized by leaders in our last edition as well.

Sophisticated marketing was critical to several of the new starts, including Mark and Betty who used targeted mailings. Betty was also able to market to patients who had taken her time-limited phase 1 DBT group and wanted to go on to a long-term group. Kelly marketed on the internet noting, "A topic focused group is something that 'Google savvy' people can tap into and find the resources they need without going through a therapist."

For David and Carol's dual purpose group program, it was necessary to use a multifaceted approach to recruit both therapist/observers and clients. Flyers were designed by the hosting agency under its letterhead and mailed widely by their PR office, as well as by David and Carol. David adds, "I put all the information on my website, began informing supervisors and colleagues, took out 2 full-page ads in the Maine NASW newsletter, and presented two workshops advertising the availability of CEUs and a Certificate of Completion." In addition, he and Carol e-mailed all social work and psychology professors and program field placement coordinators at local universities in Maine and the rest of New England (ending up with 11 observers for the first wave of this experience). To recruit clients, he and Carol held meetings with the clinical staff of the hosting agency, and discussed with the two local university counseling centers the possibility of offering the proposed group as a resource for students who preferred to have their therapy off-campus.

In terms of motivation to make all this happen, David, Betty, and Joe all noted the considerable impact of the NSGP training program. Betty wrote "I have found the education I received from the one year NSGP Training Program and the NSGP conferences to be an incredible asset." Joe, who had been leading 7 private groups for sexual offenders at several different locations, changed his way of leading groups, influenced strongly by his training at NSGP. He states, "For approximately 27 years, I facilitated groups using a psycho-educational/cognitive behavioral model—the model that mental health professionals who work with sex offenders generally adhere to. However, I was becoming increasingly disenchanted with this model, as there was little group cohesion and no emotional involvement on the part of group members. Aided by the skills I learned in the NSGP Training Program (2007–2008), I gradually began to drift from the standard CBT model. The group members are now emotionally involved, participation has increased, and the groups are more cohesive." He reports that some members whose probation has just ended have voluntarily stayed on and others whose probation is due to terminate are considering doing the same—"virtually unheard of in sex offender treatment work and due mostly to the skills I learned in the NSGP training program."

It is encouraging to see continued new energy around groups in the NSGP community, and also that the community itself is a source of support and inspiration. In addition to the 14 groups on which we have reported in this issue and the prior one, in subsequent surveys we look forward to hearing about more new starts, as well as other group developments that are keeping the work lively.

Seeking Committee Members

The **Breakfast Club Committee** meets once or twice a year. Duties of committee members include 1) organizing the program, 2) marketing the events, 3) communicating with presenters, and 4) attending Breakfast Club meetings. Contact person: Karin Hodges at khodges.antioch.edu

The **Conference Committee** is well on the way to the June conference (June 11th, 12th, and 13th, 2010.) There are a variety of committees that have openings still available to be filled. If you have an interest: 1) in developing the Friday Experience Groups, 2) planning the Workshops, 3) designing the Brochure, 4) marketing and Publicity (see below), 5) managing Registration, 6) organizing the Site, 7) facilitating Hospitality, or 8) working as an Ambassador, then we would love to hear from you. Contact persons: Karen Wischmeyer at karen.w@verizon.net or Peter Gumpert at petergumpert@comcast.net

The **Publicity Committee** has openings for members, ideally for a 3 year commitment but welcomes briefer commitments as well. The committee meets 3 or 4 times between November and April and can include members who are only able to tune in via skype, phone, or email. This is an ideal committee for those who would like to network and help develop creative ways of marketing. Contact persons: Zsuzsi Gero and Sasha Juravleva at nsgppubcom@gmail.com.

The **Referral Committee** organizes networking events such as the networking dinner and responds to requests received at the NSGP office for group referrals. Contact person: David Goldfinger at dgoldfing@aol.com or 617-864-7473.

Scattergories Auction Event



Kelley Bothe & Diane Witkower




Larry Kron, Barbara Keezell, & Alan Witkower




Barbara Keezell, Alan Witkower, & Siobhan O'Neill


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.


 **Shoshana Ben-Noam** and **Bonnie Buchele** conducted a workshop entitled "Conflict and the Identity Formation of a Group Therapist" at IAGP in Rome, Italy. Shoshana will also present "The Value of Combining Individual and Group Therapy" at the Training Institute for Mental Health in New York City, and "Support Groups for the Financially Troubled in the Changing World" at the EGPS Annual Conference in November.

 **Tyler Carpenter** took on a part-time job as an in-house medical consultant for Disability Determination Services.


Mark Fanger has become an AASECT Certified Sex Therapist. He will be facilitating and presenting at the Eastern Annual Conference of AASECT in October with a presentation on the professional will.


 **Bette J. Freedson** has been submitting articles to NASW responding to reporter's queries for pieces on stress and parenting. One of these articles, "The Five Most Common Parenting Mistakes," led to an interview for an article in *Women's Day* and she will be quoted in that article in an upcoming issue. In addition, her articles have been submitted by NASW to another website that features NASW writers and all of them were accepted for publication.


 **Jerry Gans** was recently made a Distinguished Fellow of AGPA.


 **Karin Hodges** published her dissertation in *Digital Dissertations* and she obtained her PsyD from Antioch University, New England. At AGPA, 2010, Karin will chair "Nurturing Curious Minds in Child and Adolescent Group Therapists: Integrating Clinical and Research Agendas." Karin will also co-present a poster entitled, "Processes and Outcomes in Prevention-focused Preadolescent All-female Interpersonal Groups" at the regional conference of the New England Society for

Psychotherapy Research. Co-presenters for this NESPR event are James Fauth, Les Greene, and Lorraine Mangione. Additionally, at the NSGP Breakfast Club this spring, Karin will present "Nurturing the Curious Mind of the Group Therapist: Integrating Clinical and Research Agendas, Truly!"


 **Ken Jaeger** and **Steve Cadwell** published the first part of a two-part article, "Any Clinician Can Refer to Group," in the Massachusetts NASW monthly newspaper, *Social Work Focus*. The article, presented in the monthly column "Clinical Practice Today," challenges individual and couples' therapists to reflect on why they have not referred a client to group therapy in the past year, and reviews the questions and resistances frequently cited by therapists for avoiding or overlooking group as an important treatment resource. Part II of the article, to be published in the October issue, looks at the common resistances and obstacles on the client's side, when therapists do bring up the topic of group therapy. The monthly column is edited by NASW and NSGP Member **Bet MacArthur** who heard **Eleanor Counselman's** call to "spread group glue" earlier this year, and recruited the authors from among NSGP members who also are members of NASW.


 **Rowell Levy** and his wife Sue Harvey had their first child, a baby girl named McKenna. She was born on March 16th, 2009 and is "healthy, sweet, and just starting to laugh."


 **Barbara McQueen** had an article published in the journal *Reflections: Narratives of Professional Helping* entitled "Learning Race" about her experiences as a white woman learning and teaching about the complex meaning of race in our society.


 **Oona Metz** has moved to a new office in Arlington where she plans to expand her Arlington practice. She continues to practice in Coolidge Corner two days a week. Oona is also pleased to


report that she will be presenting her first workshop at AGPA next February in San Diego.


 **Alicia Powell** recently joined the staff of the Boston Institute for Psychotherapy as a psychopharmacologist. As part of her work with the BIP, she will also work with students at the School of the Museum of Fine Arts.

 **Daniel Schacht** and his wife, BethAnn, joyfully welcomed the arrival of their daughter, Avery, born June 13th and adopted into their family on June 18th.

 **Joe Shay** presented "The Top 10 Complications in Couples Therapy" to Tufts Medical School psychiatry residents and "Betrayal and Affairs" to the PCFINE training program. He was also the guest speaker at the EGPS Spring Event, presenting "The Group as Movie Screen: Projective Identification in Film and Television." In November, he will be chairing a BIP-sponsored presentation entitled, "The Best of Shrinks, The Worst of Shrinks," examining the HBO series, *In Treatment*.

 **Judy Silverstein** is launching her new e-commerce company this month, called State of Mind Products. She is offering methods and materials to help people improve their state of mind, such as relaxation beads, gratitude notepads, and beautiful wood boxes for "craving delay" and for resentment/worry containment.

 **Carol Kramer Slepian** will be assisting Dr. Harville Hendrix at Omega Institute, in Rhinebeck, NY, for Imago Professional Training as part of the certification process to become an Imago Therapist.

 **Maxine Sushelsky** started a private practice in East Arlington. Her focus is on working with people experiencing grief and loss, as well as with people in transition around relationships, career, education, or life stage, such as early adulthood or midlife.



Marsha Vannicelli presented "Working with Couples where Alcohol is Part of the Problem" to the PCFINE training program. In addition, this fall she will be presenting at the Southern Jamaica Plain Health Center on "Group Treatment for Clients with Drinking Problems."



David Ward has accepted the position of president-elect of the Maine Association for Specialists in Group Work.



Bob Weber will be teaching an e-learning course this fall for the Tufts University Osher Life Long Learning Institute entitled "Baby Boomers, Spirituality, and Contemplative Aging." He will also be part of a faculty team at MSPP, teaching a new course for the school, "Spiritually Oriented Psychotherapy: Theory and Practice." Bob is also working on an initiative for the American Society on Aging to develop a program of Webinars for multi-disciplinary professionals and gerontologists on topics related to aging and spirituality.

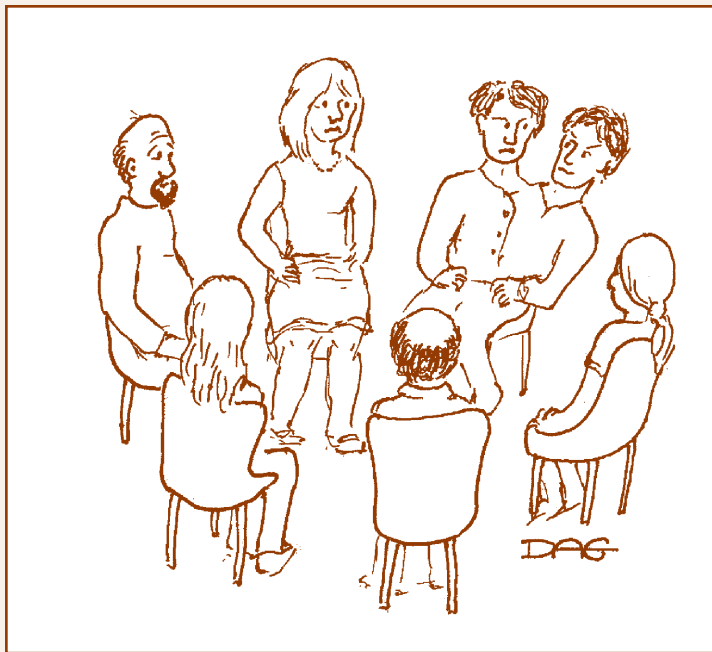
Congratulations

to **Joe Doherty, Ruth Folchman, Siobhan O'Neill,** and **David Ward** for earning the prestigious Certified Group Psychotherapist (CGP) credential from the National Registry of Certified Group Psychotherapists. Joe, Ruth, Siobhan, and David are all graduates of our NSGP Training Program.

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 David Goldfinger

15

Winners for the Spring, 2009 cartoon

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



Fourth runner up:

"Doc, that Rx you wrote for Mr. Peacock geosed a whole lot more than his self-esteem." —Melinda Salomon

Third runner up:

"There's always one in every group." —Marvin Brams

Second runner up:

"What do you mean I tend to dominate the group???" —Mary Alicia Barnes

First runner up:

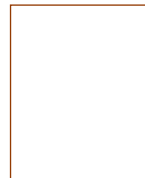
"Ronald, we only use words. No feet and no feathers!" —Tom Schweitzer

The winning caption:

"Charlie, your erotic transference doesn't leave much space for anyone else in the group." —George Stavros



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the newsletter fall 2009

Group Therapy Today

Explore, Experiment, Experience

NSGP's 29th annual conference!

June 11, 12, & 13, 2010

2009–2010 NSGP Events Calendar

Sept. 13, 2009	Breakfast Club 11am–1:30pm —with David Ward, LCSW, LADC, CGP The Need to be Liked: Managing Our Countertransference, & Becoming the “Good Enough” Group Therapist Hosted by: Scott Rutan—Chestnut Hill, MA
Oct. 18, 2009	Breakfast Club Goes to Dinner & a Movie 5pm–8pm—with Alicia Powell, MD Stigma and Leadership in “Lars and the Real Girl” Hosted by: Arnold Cohen—Newton Highlands, MA
Nov. 7, 2009	NSGP Foundation 10th Anniversary Celebration 7pm–11pm at the First Unitarian Society of Newton, West Newton, MA
Dec. 6, 2009	Breakfast Club 11am–1:30pm—with Tyler Carpenter, PhD, FAACP “Soul on Ice”: Penitence, Redemption, and The Heart of a Therapist: Reflections From 13 Years of Prison Psychology Hosted by: Norm Neiberg—Newton Centre, MA
Jan. 10, 2010	Breakfast Club 11am–1:30pm—with Pamela Enders, PhD, CGP Googling, Tweeting, and More: An Introduction to the New Social Networking World Hosted by: Kelley Bothe—Concord, MA
March 21, 2010	Breakfast Club 11am–1:30pm—with David Dybdal, MD, & Frederick Winsmann, PhD Shall We Dance? The Role of Presence, Empathy, and Connection in the Healing Relationship Hosted by Eleanor Counselman – Belmont, Ma
April 11, 2010	Breakfast Club 11am–1:30pm—with Karin Hodges, PsyD Nurturing the Curious Mind of the Group Therapist: Integrating Clinical and Research Agendas, Truly! Hosted by Walker Shields – Belmont, MA
June 11–13, 2010	Group Therapy Today: Explore, Experiment, Experience 29th Annual Northeastern Society for Group Psychotherapy Conference

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