



the newsletter

NSGP

Northeastern Society for Group Psychotherapy

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Letter from the President



When I returned from a lushly green and deeply peaceful vacation on the Azores islands, I was asked by our brand new and very conscientious Office Manager, Susan Wade, to help her figure out

what in the office could be safely discarded. I realized that Susan and I are both new to our roles, and that she already knows more about some of the nuts and bolts of how the Society functions than I do—even though I've been on the Board and the Conference Committee for a few years. We rely heavily on our Office Manager, and I trust we'll all support her as she learns how to support us and how to keep the Society functioning smoothly. *So please join me in welcoming Susan to NSGP, and wishing her luck in her remarkably complex job!*

As I approach my new role as President, I do so with a good deal of humility and with gratitude that we have a strong, able Board to help take us into the future. Sara Emerson and I attended my second meeting of the AGPA Affiliate Societies this summer. I discovered that we have much in common with the other Affiliates and we can learn from each other—another source of support for us. Sara Emerson, who has been our very effective President for the past two years, is now the Chair-Elect of the Affiliates group. Thank you Sara, for your continuing contributions!

This past year has certainly been a very good one, culminating in yet another excellent Conference. The various Committees have functioned effectively and smoothly, and the Training Program and

the Breakfast Club have once again done a great job. We, as a large group of Board and Committee members, have kept the Society vital and interesting for members, as well as financially afloat. We have paid somewhat less attention, however, to enhancing our visibility to health care professionals who are not NSGP members, and to the public at large. Since these are part of the Society's mission, it makes sense to me to turn some of our attention to them in the coming year or two.

Fortunately, we have a Board that is experienced, diverse, inventive, and highly collaborative. During the next few weeks, the Board and I will settle on a set of goals for this year—targets for which we can hold ourselves accountable. While I want our goals for the year to be Board goals, I hope we will decide to work on making some additional services available to members, such as consultation groups led by senior group therapists, as well as doing more outreach to agencies who use groups in their work. I believe it will also be useful to make better use of social media to communicate the importance of what we know about group therapy to the broader public. Too few people are aware of the power and usefulness of groups. I sincerely hope that those of you who are interested in writing and speaking will help us get there: stay tuned!

I would also like to make the Board's workings more transparent to our members. So any member of the Society is welcome to attend/observe a Board meeting; they take place on the third Wednesday of every month (other than August), from 8:30 'til 10:00 pm. If you'd like to come to a Board meeting, please let me know in advance, so that we don't

overcrowd the meeting space. I will also attempt to keep members informed about what the Board is doing with an occasional email.

I hope we all have a very good year!

Peter Gumpert, PhD, CGP
President, NSGP
pgumpert@comcast.net

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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.

NSGP Executive Board

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Referral Service	TBA
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Office Administrator: Susan Wade
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 don't know about you, but I find the Olympics amazing and awe-inspiring. The feats performed by the athletes and the obstacles that they have to overcome are mind-boggling. Some years ago, one gymnast, an Irishman, apparently fell while doing a routine on the parallel bars and the doctors thought he'd broken his neck. He hadn't, but he'd had brain damage that affected his balance. They told him that he'd never walk again and that he'd certainly never be a gymnast again. Well, you guessed it; he's at the Olympics this year! One can only imagine the amount of effort and determination required to beat such long odds!

Albeit on a much smaller scale, NSGP puts on its own summer Olympics every year. It takes much hard work and determination to create what we do. A quick perusal of our newsletter will make clear how vibrant NSGP is and how many stimulating offerings we provide, particularly for such a small organization.

What makes us so vibrant? All of you, of course! You all perform monumental feats. Being a volunteer organization, NSGP thrives (or withers) as a result of your participation, your willingness to lead workshops, write articles for the newsletter, provide consultations, and mentor newer members to the field. It also means we get asked to work on a committee or two or perhaps to run for the Board. Sometimes these requests can feel very burdensome

and there may be some desire to run for the hills or say, "I can't/don't want to compete in this next 'Olympics.'" But I hope the next time someone asks you to join a committee or run for the Board, you'll consider saying yes. I hope you'll feel inspired, that you'll decide that you may get more out of participating, whether by being part of a group, or with the possibility of making new friends, or just by collaborating on making NSGP the wonderful community it is. NSGP needs all of us to stay involved so that we all may continue to enjoy the benefits, both professional and social, that NSGP has to offer.

At times, just as with the Olympics, we also need to pay tribute to certain individuals. Todd Morse, our talented office administrator, is one of those people who deserves our recognition. He performed in the NSGP version of the "all-around competition" to help the organization move towards its various goals, including the Newsletter. We appreciate his superlative work and efforts. He was a pleasure to work with and he will be missed! However, our next 'athlete,' aka, administrator, Susan Wade, has joined us and I hope you will give her a warm welcome as she learns the ropes. Our spring issue will include an interview with her so that you may all get to know her a little better. Additionally, I'd like to offer my hearty congratulations to my Co-Editor, Jenn McLain, as she is

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Something to Say??

Next time, see your words here.

Write an email sharing your thoughts or opinions with the Editors and your letter may be published in full or part in the Spring 2013 Newsletter. See the Editor's Letter for details. Please send submissions to:

newsletter@nsgp.com.

Note: letters not edited except for space.

Letter from the Editor
(continued from page 2)

getting married at the end of August! I wish her many happy years!

Unlike the Irishman, we may not have had to relearn to walk, but at times, we have struggled. To all of you who have helped NSGP continue to stay vital, sometimes despite difficult circumstances, thank you.

Please send us your comments, letters, ideas, on what you've read here or elsewhere or about what's happening in the world. We'd love to include these in a Letters To the Editor section!

Barbara Keezell, LICSW, CGP, FAGPA
Co-editor, Newsletter

Co-editors Barbara and Jenn
will alternate the Letter from the
Editor in this space.

The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our 2012-2013

Breakfast Club

Learn about group therapy and socialize with colleagues at a FREE colloquium series. Each POTLUCK event will take place on designated Sundays from 11 AM to 1:30 PM. Participants may bring guests. Please contribute a breakfast item (quiche, fruit, bagels, pastries, cheese, etc). The host will provide coffee and tea. To sign up for an event or for directions, participants should email groups@nsgp.com or call Susan Wade at the NSGP office: (617) 484-4994.

Calendar for 2012-2013

- 9/9/12 **Money Matters and Group Psychotherapy**
Presented by **Jerome Gans, MD, CGP, DLFAGPA, DLFAPA**
Hosted by Deb Filiurin (Cambridge, MA)
- 10/14/12 **Attachment Theory and Implications for Group Therapy**
Presented by **David Goldfinger, PhD**
Hosted by Marsha Vannicelli & Larry Kron (Cambridge, MA)
- 12/2/12 **An Exploration of Humor's Diverse Expressions in Therapy**
Presented by **Ken Jaeger, LICSW, CGP**
Hosted by Sara Emerson (Cambridge, MA)
- 1/13/13 **Leadership in Non-Therapy Groups: Supervision, Consultation, T-groups**
Presented by **Eleanor Counselman, EdD, CGP, LFAGPA**
Hosted by Peter Gumpert (Brookline, MA)
- 3/24/13 **A Crowded Room: Using Internal Family Systems (IFS) in Groups**
Presented by **Annie Weiss, LICSW** and **Ellen Ziskind, LICSW**
Hosted by Jim Leone (Belmont, MA)
- 4/14/13 **Sexual Addiction and Compulsion**
Presented by **Judith Silverstein, PhD**
Hosted by Joyce and Walker Shields (Belmont, MA)

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**NSGP is a National Board for Certified Counselors Approved Continuing Education Provider (ACEP) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. Each activity has been approved for a maximum of 1.5 Category 1 hours for relicensure for Licensed Mental Health Counselors.*

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For all disciplines, continuing credit awarded is dependent on participation and participants should only claim credit commensurate with the extent of their participation in the activity.



Jennifer Mank, Allison Celimli, & Veronica Akins



Judy Silverstein & Larry Kron



Beverly Barney & Joyce Shields



Jerry Gans, Jim Leone, Walker Shields, Scott Rutan, & Mary Alicia Barnes



Cindy Berman-Richter & Leah Slivko

Mindfulness, Proprioceptive Writing, and Process –Compatible Cousins?

NSGP Conference 2012

Rick Lynch, LCPC

I'm delighted to write a description of the day-long Experience Group that I attended at the Annual Conference, masterfully facilitated by Karsten Kueppenbender, MD, CGP and Siobhan O'Neill, MD, CGP. Their stated assumption was that if we, as facilitators, stay curious about our own internal experience, we'll be able to foster an environment of curiosity and authenticity in our groups. While I doubt that any of us would disagree with this assumption, their method of experimenting with this development was unusual. It might be phrased as a multi-phased process designed to invite our innermost experience into the group.

The process began with a brief, facilitated mindfulness exercise, followed by a period of Proprioceptive Writing. After this, we entered into a "process group" phase. This cycle was repeated three times.

After introducing the outline, and doing the mindfulness meditation, we had to process a conflict that arose as one

participant decided to leave. Both facilitators, in their own individual way, offered the participant guidance with apparent authenticity and spontaneity. For me, their genuine responses quickly helped to create a feeling of trust. Both the participant's leaving and the leaders' responses provided the group with fodder for discussion when we got to the initial process part of the morning.

I'll now elaborate a bit on the separate phases, including some of my engendered experiences. Mindfulness, in its most basic form, is the Buddhist practice of allowing the mind to focus on one point (initially the breath), returning to that point whenever we find that our attention has wandered off somewhere else (usually within a few milliseconds, right?). The general goal (although some practitioners might cringe at the use of that word) is gradually to become more aware of what is present, without a need to change it. The mindfulness periods were brief, but, for me, helpful in settling me.

From this quieter position, we were guided in the process of Proprioceptive Writing. The gist of this method, developed by Linda Trichter Metcalf, is to listen to your thoughts with empathy and curiosity and then reflect on them in writing. (It seemed definitely different from journaling, as least as I know it.) This "Inner Hearing," practiced regularly, is



Jamelle Greene & Kathy Becher



David Griffiths & Oona Metz



David Ward, a winner of the NSGPF raffle, with Barbara Keezell



Theresa Bullock Cohen, a winner of the NSGP raffle, with Barbara Keezell

Courage on the Yellow Brick Road

NSGP Conference 2012

Helen Hwang, PhD, MPH

purported to help develop more ease and trust with our feelings, as we are more able to reflect without guilt or shame. The practice is described as fostering a clearer experience of ourselves as part of the broader human picture, and thus supporting the development of more connectedness, compassion, and empathy. This was definitely my experience in two of the three cycles. The writing was accompanied by the playing of recorded baroque music. This seemed to provide an enlivening and uplifting influence as I attended to "inner hearing." (Perhaps music, the "language of the soul," as it is sometimes called, helped to articulate that inner hearing.)

The third part of the cycle, the "process" of the process group, followed the Proprioceptive Writing. We're all familiar, of course, in our personal variations, with this part of the work. However, I'd never entered the process from such an inner, contemplative place. Based on the work that preceded this phase, there was no lack of material. And, although initial forays into testing trust and experimenting with conflict unfolded easily, I was left with a bit of a disquieting feeling. For me, the movement from the very compelling inner work that was stirred needed more gentle holding, quietly unfolding. I wonder now if a more supportive or psycho-educational orientation might have been more helpful. We were able to fulfill the three-part practice in three cycles. I found that the third time around, the transition became more fluid and less jarring.

I found this to be a highly rewarding day-long experiment. The gentle, clear, and authentic presence of Drs. Kueppenbender and O'Neill created a trusting and interesting environment in which to allow intimate experiences to develop. The brief Mindfulness period created just the right centering. The Proprioceptive Writing opened me up to the curiosity and authenticity that the presenters were inviting. The process group phase developed well, although, for me, it required an awkward and perhaps unnecessary transition. The initial inner focused practice was very valuable in itself, as the process group was, but perhaps the two are not such compatible cousins.

Aside from Dorothy wanting to go home, the three other main characters in the Wizard of Oz are all desirous of something elemental, even fundamental: the scarecrow wants a brain, the tin man a heart, and the lion, courage. The bombastic lion's fervent search for courage is evocative because he is supposed to be "king of the jungle" and yet with his tail tucked between his legs, he cowers, whimpers, and cries when Dorothy initially chastises him for wanting to bite Toto. The lion withdraws with what appears to be profound shame. Ironically, all three possessed what they felt they didn't have. The scarecrow had good ideas for the road, the tin man demonstrated compassion and care, and the lion was willing to face impending danger courageously on an unknown journey. They just didn't believe in themselves. As an old America song goes, "Oz didn't give nothing to the tin man, that he didn't, didn't already have." All were willing to acknowledge their shortcomings and vulnerabilities and then, rather courageously, to embark on a painful, unfamiliar journey towards self-discovery, and eventual revelation. They relied on their little anthropomorphic selves and others for support, feedback, and tactful confrontation. This sounds familiar, doesn't it?

I was a group member in Dr. Jerome Gans' day-long Experience group entitled: "The Courage of the Group Member." Dr. Gans defined courage as a "mental act that involves a decision to face pain, fear, or difficulty without any guarantee of a positive outcome." With one of the premises being that *shame* lies in dialectic tension with courage, the group was encouraged to share courageous moments as well as retreats from them. This was a rich invitation to do some work, albeit scary and challenging. I think we all enter institutes with our own fantasies, fears, wishes, desires, hopes, dreams, passions, and anxieties. All of these come from our own individual strivings and fears, which then get tied to everyone else's in the group. We then find ourselves nestled in the complicated matrix of a group therapy happening in the moment. It's similar to those string

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Todd Morse & Sara Emerson



Deb Carmichael, Sasha Watkins, Betty Martin, & Theresa Bullock Cohen



Jenn McLain, Theresa Bullock Cohen, & Jonathan Shedler



Alan Witkower & Richard Kaufman



Ken Jaeger & Paul Sullivan



NSGP Conference 2012

(continued from page 5)

designs you made as a child by stretching the string on your fingers between both hands. With increasingly more moves, the design became much more complicated, dense, and intricate. With Dr. Gans' gentle, insightful leadership, the group was able to move towards greater complexity as a result of members' risking being increasingly authentic. There, of course, were many starts and stops, along with frustrating bumps and tense landings which are needed for real work to be done.

Interestingly, Dr. Gans also shared some more personal insights as teaching moments, particularly as they pertained to shame. At one point, he spoke of a past group member inquiring about Dr. Gans' bandaged finger, asking if he had hurt himself, with Dr. Gans confirming yes. In fact, he shared that he has a nervous habit of picking skin around his fingers. Having processed this experience,

he stated that we can only expect group members to bring shameful secrets to a group leader who is comfortable with his/her own shame. Assessing our own shame is crucial in our efforts to be therapeutic.

Although I initially found the premise to share "courageous moments" inviting, and even exciting, I was surprised by the actual challenge in doing so. Everyone has his or her own personal ideal of what courage is. One cultural ideal we have of courage is the sacrifice of a life for someone else's in combat situations. A Purple Heart is awarded for this. Some group members shared their courage in facing grave life-threatening illnesses, while others shared the courage in addressing their shame in being late. Others chose not to participate in the classic sense, demonstrating courage in being who they wanted to be as a group member. No matter what the situation, courage is a personal matter, with the

more important point being that its underbelly, shame, can rob us of an authentic experience.

The lion learned he didn't necessarily need Oz to give him a medal in courage in order to access it. Courage is latent, and until it is "activated," remains in a more rudimentary form. Mustering up the courage to look continually and consistently at ourselves *honestly* is painful, but the outcome can be exhilarating. As the exuberant lion states: "What makes a king out of a slave? Courage! "What makes the dawn come up like thunder? Courage!" Participating in this NSGP Experience group, both required and inspired courage, to face our fears, to address our shame, and to be authentic, all necessary, as well as beneficial, in our roles as therapists and human beings.



Bob Weber, Don Wexler, & Scott Reinhardt



Scott & Geri Reinhardt, & Kelley Bothe



Yair, Scott Rutan, & Terry Levin



Jenn McLain, Vanessa Gamble, Theresa Bullock Cohen, & Joel Krieg



Arnie Cohen & Alan Albert



Walker Shields, Shoshana Ben-Noam, Rick Lynch, Mark Fanger, & Alan Witkower



Betty Martin & Deb Carmichael



Scott Rutan, Sara Emerson, Julie Mandel Gardner, & Jim Leone



Susie Shayegani, Joel Krieg, & Terry Levin

NSGP Panel Presentation June 2012

Nancy Lundy, EdD

The focus of our panel was to discuss our views of the active ingredients in the group psychotherapy we do. I focused on some features of the groups I lead that are not typically thought of as characterizing psychodynamic group therapy: structure and psychoeducation. These elements have been brought into psychodynamic group therapy through Mentalization Based Treatment.

Mentalization Based Treatment (MBT) is a psychodynamic treatment package that was developed by Drs. Peter Fonagy and Anthony Bateman for patients with Borderline Personality Disorder. The therapy is based on the theory that the process of mentalizing, broadly defined as the capacity to think about feeling and feel about thinking, is a fundamental component of effective functioning and emotion regulation. Helping patients develop an awareness of their ongoing successes or breakdowns in mentalizing is central to the work. Fonagy and Bateman see the process of helping patients

mentalize as a part of all good therapy. MBT is, however, a structured form of treatment in which the therapist is very active, sometimes in a directive and psychoeducational manner. While psychodynamic psychotherapy is sometimes wrongly characterized as lacking in empirical validation, MBT is an evidence-based treatment that has been validated with randomized controlled trials. In some ways, MBT is a psychodynamic alternative to Dialectical Behavior Therapy in that it is an empirically-validated treatment package with both an individual therapy and group therapy component.

Mentalization Based Treatment provides a psychodynamic model for giving patients both structure and psychoeducation that is quite different from the unstructured invitation to say whatever comes to mind that is a feature of most psychodynamic treatment. Fonagy and Bateman believe that many Borderline patients have failed to profit from traditional psychodynamic therapy because their capacities for mentalization break down in the presence of strong emotional stimulation. In both

individual and group MBT treatment, the therapist maintains an active stance of intervening when the patient's mentalization has broken down, either by becoming so consumed by emotion that thinking has become unclear, or so removed from emotion that there is a false, detached, or dissociated quality. Patients with Borderline Personality Disorder derive much benefit from learning to observe their own processes of mentalizing and from developing an awareness that the meaning we attach to events is an individually-constructed phenomenon which consequently can be monitored and changed.

An MBT group begins with a psychoeducational component in which patients are taught about the concept of mentalizing. Patients might be provided with short articles that explain mentalizing. Groups then would move on to structured experiential interventions, beginning with relatively non-threatening exercises which are designed to illustrate how differently each of our minds make meaning. As groups progress, more emotionally-stimulating exercises, such as

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Save the DATE!
NSGP Annual Conference
**Personal Contact in Technological Times:
Is Group Therapy Changing Its Nature?**
June 14-16, 2013



**For conference updates,
check the NSGP website
www.nsgp.com**

Discussion of Jonathan Shedler's Presentation on Psychodynamic Psychotherapy: Sensory Experiences as a Realm of Therapeutic Effectiveness

Suzanne L. Cohen, EdD, CGP, FAGPA

Peter Gumpert, our Moderator for this event, framed the task. He asked that I address the underlying mechanisms of successful group therapy and what is happening at a deep level, that is, what makes psychodynamic groups most effective.

Dr. Jonathan Shedler, in his special presentation, enumerated distinctive features of psychodynamic technique. I would like to discuss the ways in which **attention to body experiences facilitates these distinctive features**. I believe that **focused attention on somatic experience** is an essential ingredient of psychodynamic technique because **psychology and physiology** go hand in hand. Our earliest attachment experiences are embodied, imbedded in our bones, muscles, and viscera. The integration of sensory experience with insight and emotional awareness helps group members to develop a coherent self and promotes successful adaptation.

Group members come to the group with varying capacities for effective non-verbal communication, symbolic thought, and self-awareness. The unspoken dialogue is a central and essential part of interpersonal life. Attention to non-verbal communication enlarges and expands the group members' self-reflective capacities and empathy for others.

Healthy adaptation depends on mastery of somatic resources (e.g., tracking and naming sensory experiences: grounding, centering, breath awareness, and control). Somatic resources help to unify the sense of self and develop compassionate curiosity. As group

members develop these resources, they feel a greater sense of mastery and self-care. Interpersonal learning comes with new somatic experiences in the group, providing direct contact with core needs that have previously been unmet.

I orient the group members with the following statement: "This therapy group integrates thoughts, feelings, sensations, verbal, and non-verbal communication, to give you opportunities to learn about yourself and others, and about your relationships. We know ourselves by being aware of what we are thinking and feeling, and by what we are sensing in our bodies. The group process will help you to be able to describe your thoughts, feelings, and sensations in words. Being able to label these inner states will help you to understand yourself, to be empathic with others, and to have more satisfying relationships. In the group, we look at other group members, as well as listen, so that we are attentive to and attuned to both verbal and non-verbal expression of thoughts and feelings." I also review the group agreements in standard fashion.

For about a year, I have been starting my groups with what I call "coming into sensation." This is a guided meditation that lasts for about five minutes. I have found that this way of working with my groups has facilitated psychodynamic principles and technique. For example, as we focus the group's attention on affect and expression of emotion, we find that emotions are experienced somatically, even though we may not be aware that this is the case. Emotions are sensory-motor states. We can become more aware of our emotions when we learn to be attuned to our body experiences. I know I am afraid when my heart starts racing and my hands get cold. I feel happy when my heart feels full. I feel sad when my throat feels choked up and my eyes start to tear. Developing attunement to body experiences in the group helps group members to express their deepest feelings in the present moment. Emotional insight is accompanied by somatic experiences, a "felt sense."

When we teach group members to be attuned to their bodies, they can more comfortably identify emotional states and put words to them.

A second psychodynamic principle is that we explore avoidance of distressing thoughts, feelings, and sensations. The practice of coming into sensation at the beginning of each group teaches group members to become attuned to their bodies and to notice when they are NOT attuned. Groups are laboratories for exploring themes and patterns, as group members invariably enact these patterns in the group process. When a pattern emerges in a group member, that person feels in their body how they felt in their early life when this pattern was established. This body experience can help to identify when the pattern began and under what circumstances, usually in the family of origin. It is experienced as a "felt sense." A developmental focus follows from identification of recurring themes and patterns, as in this clinical interaction: Mary said to Joan, "I need you to like me. I get focused on you and whether you are pleased with me. This was how I felt with my father. The only way I could keep myself safe was if I pleased him." Nonverbal expression of this anxious attachment is that Mary keeps her eye on Joan whenever she speaks, hypervigilant, to see if Joan is upset or irritated with her.

Finally, I would like to mention my own embodied attunement: the more body aware I am, the more I can use my own "felt sense" as I am listening to and watching the group. I can sense the emotional tone of the group and what is needed without going into my "head" which can often be what I think I SHOULD say. In emotionally charged moments, I can trust my body in a way that I cannot trust my thinking. (For a list of the references or for more information, please contact Suzanne at suzannecohen88@gmail.com)



role plays around real life problematic interpersonal situations, would take place. In the later stages of group MBT, patients take part in a process group which is similar to a traditional psychodynamic group in some ways, but the therapist takes a very active, directive stance and intervenes anytime there is a breakdown in mentalizing.

I see the MBT model as providing a means of making a group treatment experience accessible to patients for whom traditional psychodynamic group therapies have often not worked. The active ingredient of structure has opened a new set of possibilities for a population that has much to gain from a group experience. Patients with Borderline Personality Disorder are often quite lonely, isolated, and confused about other people. They have a tremendous amount to learn from the interpersonal exposure provided by a group experience. MBT has provided a model that can give such patients a group experience within a structure that provides the safety and containment they need as they build emotional regulations skills.

There is another active ingredient which I believe is necessary for all the therapy I do. That ingredient is love. No matter how good a fit or well-validated the treatment model, I don't think therapy can work without some kind of love. One obvious reason for being cautious about talking about love on the part of the therapist is that tragically, many therapies have been wrecked and great damage has been done by therapists who have crossed the boundary into inappropriate physical and emotional contact with patients, driven by a version of love. Maybe there is a better word than "love" for the ingredient I am attempting to talk about. When I talk about loving patients, I am certainly not talking about the identical constellation of feelings I have for the family and friends I love. I am talking about something that is the same,

but different. But for now, the word "love" is the closest I can get to the ingredient I am trying to describe.

To work effectively with patients, I have to find at least a part of them to love. I don't mean to imply that it is necessary or even desirable to like everything about a patient. What I am saying is that I need to find some piece of the patient that inspires some combination of an affectionate and engaged interest, admiration, empathy, sympathy, or respect; but the combination of these ingredients adds up to more than the sum of the parts and is not really fully captured by any one of these terms.

Different therapists may have different ways of talking about this idea of loving the patient. For some therapists, even using this word to describe feelings towards a patient is deeply disturbing. I can only conclude that the word love must mean something different to them than it does to me. From my perspective, it is hard for me to imagine that a therapeutic relationship could work without having some variant of love present. This ingredient creates the foundation of the attachment between patient and therapist that is essential for the patient to feel that it will be safe to venture into the potentially dangerous and frightening self-exploration that is psychotherapy. It is beyond the scope here to consider in depth the many complex questions that emerge around issues of the therapist's feelings towards the patient, so I will leave further discussion for another time. I think it is important, however, no matter what words we use to describe our feelings about patients, that we all strive to understand the personal and emotional context that we as therapists bring as active ingredients to our work.



Growth from the NSGP Conference: "You're Very Brave"

Denise Katz, LCSW

At my first NSGP conference, the most common compliment I got was surprisingly not about my earrings. It was "You are very brave." I heard others saying that comment to one another and leaders saying it to participants who took a risk. I wore that bravery comment like a blanket of comfort; at other times, it felt more like a royal robe of achievement. Perhaps it was my transference, but a couple of times, I couldn't help hearing "You're Brave" as in "Honey, you're a pathetic mess and you have a long way to go, but so glad you have started your journey with us." I'm glad to know about equivalence thinking, and as maddening as it is to realize that those "challenging" clients, who truly believe feelings are facts, are not so different from me!

I liked what Dr. Shedler said about patients in psychodynamic psychotherapy and that their outcomes are even better 6 months after termination. I can see that a seed has been planted in my heart, and when the AGPA conference comes around in February, I will be the one to tell others "You're very Brave." I do believe that the "Heart of the Matter" for me was to "feel the fear and do it anyway," because you know life is going to keep getting better if you are just willing to sit with your (my) emotions and breathe.

I am very grateful to NSGP for the scholarship that enabled me to attend the Heart of the Matter conference. I appreciated the academic as well as the emotional learning the conference provided and I now know what it feels like to participate in well-run groups and to be a part of a wonderful and welcoming community!



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 Theresa Bullock Cohen, LICSW 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

I'm having difficulty figuring out how to integrate and attend to the dynamic process that takes place in a skills-based therapy group.

I work primarily with adolescents and young adults who experience varying symptoms and degrees of depression and anxiety. I am particularly interested in the marriage of CBT and mind/body interventions, specifically mindfulness, meditation, and yoga. My own meditation practice informs my work as a therapist and I often incorporate mindfulness into my sessions, whether through direct or indirect teaching.

Last year, I co-led two short-term groups for teens with an MBSR (Mindfulness-Based Stress Reduction) instructor in my private practice. I initially sought out the instructor to co-lead and focus on the skills training, while it was my goal to attend to the dynamic therapeutic process. We developed a curriculum incorporating components of the MBSR program with CBT to target depression and anxiety symptoms, mainly negative thinking and thought distortions. I noticed how actively the teens responded to the rich teachings and how much affect was brought into the room with the discussions. It was a great group, but there was something important missing. Regardless of how well we planned out the group, there never seemed to be enough time after the skills training to process the affect or to comment on the here-and-now experiences.

This year, I've decided to start a new group for teens that I envision as a process group that simultaneously

teaches mindfulness and meditation skills directly. Since I plan on running this group alone, my clinical dilemma is how to integrate the dynamic therapeutic process into a skills-based training group? How do I weave in the skills with the therapy? How do I balance being the group psychotherapist and the "skills teacher?" In my experience, I have found that it is quite challenging to have a skills agenda for a group and also attend to the relational, affective, and process aspect. Is this possible? Also, what do you foresee as other possible conflicts to integrating CBT, mindfulness, meditation, and yoga interventions in a therapeutic process group?

Caught in the Middle

Dear Caught in the Middle

I understand the challenges you face in integrating the skills of mindfulness meditation and group process. I think your plan for your group is a good one. When co-leading, you may have been competing for time, especially if your co-leader was CBT trained and had a clear agenda to teach specific skills. Now that you will be running the group yourself, you will be able to integrate the components more successfully.

Your group contract should state that the group will teach specific skills and you will be using those skills as you process the group experiences. I demonstrate in the preparation sessions how we will work in the group, so that prospective group members have the chance to experience what we will be doing together in the group.

I begin each group meeting with a sensory-based mindfulness meditation, lasting about five minutes. The group members report on what they have noticed in their bodies. Often the group continues from that starting point. Other times, the group members move immediately into group process. During the process of the group, a member may be in distress and I will guide her to focus

on her breath, to sense her body in the chair, her feet on the earth. Any time I suggest this to one person, I invite the whole group to participate and then ask for whatever comes up from everyone, not only the person in distress.

In your group, you may be wise to introduce one or two skills and have the group members practice them together each week. The practice becomes part of the group's life together. Focusing on fewer skills will give coherence to your group, without its feeling too choppy or that the skills are interrupting the process. Less is more.

In my groups, I start the same way each week, although the guided sensory-based meditation varies, depending on the focus: breath, sensation, groundedness, tension/relaxation, the face, the spine, etc. Group members are learning to be aware of their bodies and develop the ability to put words to their sensory experiences. They also develop affect regulation and begin to feel in control of their nervous systems. The result is that group members are more able to reflect on their experiences during the process of the group.

"...state that the group will teach specific skills and you will be using those skills as you process the group experiences."

Your group may also guide you as to the best way to integrate the skills. The group members themselves will respond and give you information as you move forward. The group is a co-creation between and among all of the members and the leader. Teens can be tremendously insightful and straightforward about what they need and what works for them.

I wish you well in your new group. I hope you will run a workshop and write a paper based on your work. We need more voices of therapists who are working with mindfulness, meditation, and body-oriented therapies in groups to be heard.

Suzanne Cohen, EdD, CGP, FAGPA



Dear Caught in the Middle

Integrating elements from different treatments is a great idea, but can be hard to do in practice. I've been trying, so I can give you some guidelines that have been helpful to me and hope they're useful. My attempts at this have been in three groups: a "Coping Skills Group for People with Chronic Medical Conditions," a high-functioning DBT skills group that matured together and asked for the chance to share and process more, and a social skills group.

There are three basic approaches to psychotherapy integration. The common factors approach looks at the effectiveness of various interventions shared by different therapies (like listening, warmth, and curiosity) and focuses on doing whatever works. The weakness of common factors in my opinion is that seeks a safe average that might not serve non-average patients. Technical eclecticism tries to look for the best mode of treatment for the specific person and problem at any given point in therapy. An example might be introducing assertiveness training ideas to a very passive patient as a complement to a psychodynamic search for insight. The third path to integration, theoretical integration, is the most comprehensive, where some limited number of approaches is thoroughly combined in a single theory. My favorite example of that is Paul Wachtel's 'Cyclical Psychodynamics' that integrates psychodynamic, behavioral, and family systems theory.

In your earlier short-term group, it looks as though you approached integration by combining two leaders with different orientations and maybe that contributed to the process part getting shortchanged.

Process is likely to compete poorly with another modality that is more agenda-driven since process needs space and sometimes quiet or anxiety to percolate. Your new group idea sounds as though it comes out of a technical eclecticism approach, trying to introduce what is needed and helpful for the circumstances at hand. To accomplish this in a group requires that both you and the group be on board with your overall plan from the start.

"...be clear what the baseline or default mode of the group is and then announce very directly when I propose to switch modes."

Integrating a process component with other, more didactic group modalities poses some very specific challenges for the leader because the stance of the leader in emotional processing is so unique. The image of process group leadership we most often see modeled at NSGP events is warm but mildly abstinent, closely attending but not offering a great deal of guidance, and intervening mostly with process observations. An activist leader might offer some coaching to participants to encourage a culture of sharing and honesty. If you've been in the active didactic role of skills teacher, your group will need to understand your changed role, or I imagine the process might become preoccupied with "what happened to our leader?"

Did I mention that I don't think integrating approaches in a group is easy? One way I've tried to keep things oriented for my groups and for myself is to be clear what the baseline or default mode of the group is and then announce very directly when I propose to switch modes. Your new group seems to be based in process with other material pulled in as needed, a structure that I've found much more manageable than the reverse. The Medical Coping group 'lived' primarily in

processing mode so the announcement of a shift would be something like, "As I listen to what people are sharing about X, there seems to be a big theme of self-criticism. It brings to mind a self-compassion exercise that I'd like us to try." We would try it and they would then talk about their feelings back in our normal processing mode. To shift a group based in skills to process is also possible, but in my experience, it takes a lot of active coaching about how to process at each transition and generally seemed unsettling to these groups.

One final integrative wrinkle occurs to me: a subtle and potentially rich conflict between the here-and-now awareness in dynamic process vs. mindfulness as I see it in DBT and the John Kabat-Zinn tradition. In mindfulness, we coach awareness of the present experience (including thoughts and feelings) without judgment, without the need to take action, and without hanging on to any of it (e.g. "Notice your thoughts and feelings and let them pass by like packages on a conveyor belt"). When processing interpersonally, the goal is to notice what others stir up in you and share what you are feeling. If processing psychodynamically, we would suggest noticing what the experience evokes in you in the moment and wondering how early relationships might have shaped that experience. In either case, rather than letting the package pass by, we pick it up and open it. I think all three are useful and wish you the best in your efforts to integrate them.

Ken Jaeger, LICSW, CGP



Remarks on “Freud’s Last Session,” A Play by Mark St. Germain

Gregory Chilenski, PhD, CGP

As a Jamesian psychologist, I notice the fictional Freud/Lewis encounter of this play occurs 30 years, to the month, after an actual encounter between Freud and William James in 1909.

James wrote a book called, *The Varieties of Religious Experience* (based on lectures given in 1901-2) in which the concept and the phenomena of *conversion* are carefully examined, from a naturalistic point of view. This play is about religious conversion vs. holding a consistent philosophical view. Lewis’ conversion is the reason they are meeting, the reason Freud and Lewis might want to meet.

Freud wants to understand how someone like Lewis, “a man of...intellect, one who shared my convictions” could suddenly change what he believes. And Lewis is still trying to work out the profound implications of that conversion for his life and his thinking. The scene takes place on the day Britain declares war on Germany in 1939. The age difference is that of a father to a son. Lewis notes his WW I combat experience. Freud had at least two sons Lewis’ age who were both in the First World War.

Perhaps Freud wants to know if it’s possible for him, at the last minute, to come to believe, but more likely, as the Positivist he is, he wants to confirm that a late conversion is not possible for him and also to confirm *why* it is not possible.

But back to the Freud/James encounter. Freud spoke in Worcester, MA, Clark University, in 1909 at the invitation of American psychologist G. Stanley Hall; and William James, although very ill, traveled from Cambridge to attend Freud’s lectures there.

Quoting Robert Richardson, a James biographer, “After two days in Worcester, James was ready to go home. Freud accompanied him on the mile-and-a-half walk to the railroad station.” And quoting a letter by Freud, “James stopped suddenly, ... handed me a bag he was carrying and asked me to walk on, saying that he would catch up as soon as he had got through an attack of angina pectoris which was just coming on...I have always

wished that I could be as fearless as he was in the face of approaching death.”

Thirty years later, in this play, Freud says to Lewis, “I have no fear of death...” What might have happened to Freud’s fear of death between 1909 and 1939?

The Positivist Freud won out over Freud the Romantic through the process of writing the three books known as his cultural critique: *The Future of an Illusion*, 1927; *Civilization and Its Discontents*, 1930; and parts 1 & 2 of *Moses and Monotheism*, 1937.

In these works, Freud, the Darwinian naturalist of personal and cultural history, develops his reductionist view of religious belief. He does this most systematically in *The Future of an Illusion*. The argument in that book is summarized in the play: “You have just abandoned facts for fairy tales,” a neat reductionist theory.

The philosophy of science of Freud’s time as a medical student and young researcher was Positivism. Positive philosophy held that “The human mind—by its very nature—makes use successively...of three methods of philosophizing whose characters are essentially different and even radically opposed to each other...first the theological method, then the metaphysical method, and finally the positive method...The first is the necessary starting point of human intelligence; the third represents its fixed and definitive state; the second is destined to serve only as a transitional method.”

With the positive method, it is recognized that absolute truth and knowledge of the final causes of phenomena are impossible to obtain. “[The positive method] endeavors only to discover...the actual laws of phenomena—that is to say, their invariable relations of succession and likeness.”

Freud’s positivism comes full circle in his late years.

But Freud, by his heritage as a Jew, and by his cultural membership as a highly educated central European of the 19th century, also had a high affinity for the poetic, the tragic, the Classical, and the aesthetically Romantic and sublime. If we read his case studies as literature, all

these influences and more like them can be clearly discerned: they read as dramatic, tragic, cathartic, transformative, and perhaps even soulful at times. Among his brilliances, was the insight that everyone has a story in which they play their own tragic hero. Freud had the wisdom to listen to the stories.

Lewis wrote in his book *Mere Christianity* (1943) that psychoanalysis, as medical theory and technique, could be a useful tool for reestablishing morality in the world. But, Lewis continued, “The philosophy of Freud is in direct contradiction to Christianity...[and when Freud] goes on to talk general philosophy he is speaking as an amateur.”

The personal antagonism that surfaces at times in this play is an antagonism between two contradictory views of truth and the methods for knowing truth. Freud’s view is ultimately a positivist scientific view. However, throughout his professional writing, he seems always to have recognized that his own theories were transitional, Comte’s middle stage of human knowledge. He believed and moreover hoped that all truth concerning the human mind finally would be scientifically understood and explained as brain function. He held out for advances in the direction identified as Positive philosophy. He refused—and in this play we can see with how much emotional fervor he did so—to see the desired transition as being backward to religious belief.

Finally I return to and end these remarks with James. In his essay, “Pragmatism’s Conception of Truth,” James “reminds...that the possession of true thoughts means everywhere the possession of invaluable instruments of action...”

Perhaps we can see now Freud’s truth is a possession of invaluable use for his dying without fear—everyone’s final action.

A longer version of this talk was given following a dramatic reading of “Freud’s Last Session” on 2/28/12, sponsored by the Camden (Maine) Philosophical Society.



Things I Have Learned

J. Scott Rutan, PhD, CGP, DFAGPA

At the recent NSGP Annual Meeting, I led the demonstration group. In preliminary remarks, I spoke of how the field and I have changed in the 40+ years that I have been leading groups. The following is a list of how my practice has changed over those years.

1. I focus *much* more on **horizontal** transference, not vertical transference. It has been my experience that our patients come primarily because of difficulties building and sustaining relationships. True, some of those difficulties stem from vertical transferences (e.g., gleaned from parents), and thus we do work to clarify those feelings as well. But the true focus, especially in the interpersonal world of group therapy, is on peer relationships. I am interested in helping my patients gain the ability to tolerate more honesty and more intimacy.
2. I am convinced that patients come to us with **solutions**, not problems. Depression, anxiety, eating disorders, substance abuse, and even psychotic episodes, understood from a purely dynamic perspective, are **not** the problems; they are the solutions. And our job is to join with our patients in the detective work of discovering what problems are so grave that they required such costly solutions.
3. I focus on **intimacy**, not conflict and/or aggression. For Freud, sex and aggression were keys to personality growth, development and pathology, but he and his followers focused much more on aggression and *dysfunctional* sexuality. And nowhere was the primal drive for *intimacy* given full credit or

attention. Modern patients have *much* more trouble with intimacy than with aggression. Anger and aggression are often attempts to gain or avoid intimacy. For example, anger often covers hurt feelings, which if felt and expressed, could lead to vulnerability and potential intimacy.

4. It's all about the **relationship**. Lester Luborsky documented in 1985 that the ability to form a relationship with a patient is the major criterion for predicting a successful outcome.
5. Your **"self"** is your most important diagnostic tool and therapeutic divining rod. Don't rob your patients of your raging or sexual or bored feelings—they worked hard to invite them. (How you use those feelings in the service of the therapy is delicate, but don't deny the feelings.)
6. Patients are always **doing their best to be in relationship**, not out of it. This is the key to building empathic relationships with even the most hateful patients. (I often consider such patients as using the "skunk defense." The skunk is not an inherently stinky animal; it stinks up the joint when it is frightened and feels endangered.)
7. The notion of **"resistance"** has been largely misunderstood, in my opinion. No patient resists therapy, or growth, or success. They resist expected pain. And, again using your "self" as a diagnostic tool, one of the clearest signs of resistance is boredom or frustration in the session. Don't chase that feeling away. Listen to it and learn from it. (Devise your shopping list or compose a new article while you're sitting there.) Remember, this is like a Geiger counter telling us that we are on important (and to the patient

potentially dangerous) ground—the patient or group is feeling fearful and thus is putting on the brakes.

8. I have also learned that it is **dangerous to practice in isolation**, otherwise our patients become too important to us; they become our social network. Therapists *need* community. Those who are in solitary private practice have to work that much harder to find a community—peer supervision, a vibrant local association (like the Northeastern Society for Group Psychotherapy), etc.
9. **We do not know more than our patients** about what is good for them (except in very few, very rare instances). Advice-giving is rarely helpful. Guiding people to be aware of underlying motivations for behaviors and/or perceptions is far more helpful.
10. Do not concern yourself with **"secrets."** They are boring. What is really interesting is *why* some things are kept secret.

And as a striking note of reality, those new students in this audience today will be presenting, in 40 years, what you have learned in the past 40 years. And you will START with where I am ending. This should lead all of us to have a deep humility about what we think we know today.

Finally, for life in general I've learned it is not *what* you have in life, but **who** you have.



When You Don't Know What You're Missing: The NSGP Consultation Benefit

Renee Hoekstra, PsyD

Did you know that you can get a free hour of someone's time to help you with your groups? I've used the Consultation Benefit a few times, but recently a little birdie told me that very few members are using it! The useful aspect of the consultation is that you can find someone you respect and admire—and then pick their brain.

I've always found it fascinating to hear what others have done to make their practices successful. If you are feeling particularly alone or struggling in some fashion, making contact with another colleague can, at the very least, give you a sense of not being alone. Professional development, the direction of your practice, entrepreneurial endeavors, dealing with health insurance and groups, focusing on niche populations, designing long-term practice goals, or dealing with difficult group or client situations can all be part of a consultation.

You don't necessarily have to be seeking

a clinical intervention to benefit from a consultation. If you are shy, new, just starting out, or have never done groups, you could use a consultation hour to generate ideas. You could also think of using a consultation like a clinical interview. For instance, if you could ask all NSGP members the following questions, you would probably get some useful information that could affect how you do groups: How do you orient new people to your groups? What issues do you think are most critical in your screening interviews? What do you do to make clinical progress notes the least tedious? What would you do if you only had one member show up to group? How would you recommend starting a group? What has led to your decision about group members having, or not having, contact between groups? Have you ever had members contact each other through social media, and how has that impacted your groups? Has your decision to do group therapy influenced your decision about accepting insurance? If so, how? How do you help people identify what is relevant for group work? What do you do to prevent group-destroying behaviors in your group? How do you tell people they

can't join your group? What has led to your decision about working with specific populations, demographics, or genders?

For those of us in private practice, it can be refreshing to have someone interested in how we think, how we practice, and how we implement the logistical pieces. For instance, it could be really interesting to have a Breakfast Club where a panel of experienced group therapists was interviewed on how they do progress notes. It is probably a task that everyone has had to struggle with at some point, and it could offer a plethora of information which might make peoples' lives less complicated.

I received some very helpful suggestions during one of my free NSGP consultations. At the time, I was considering starting an adolescent girls' group and I was worried about risk and liability. I thought it might be useful to solicit ideas about screening questions and parental issues related to confidentiality. One of the most valuable suggestions that was offered was to take girls selectively from different high schools and discourage contact between groups. By doing this, the girls could feel protected from gossip and would not have to worry about limiting their sharing. They also would not have to deal with peers contacting them with problematic behaviors. I hadn't considered any of this but decided to make use of these parameters when I started my adolescent girls' group. I believe that this makes my groups unique, and is a powerful tool for enhancing privacy and building cohesion.

Licensing boards generally encourage consultation and, ethically, it is a good idea to have contact with other people in the field. What would others recommend, and how would they handle situations just like yours? The NSGP Consultation resource offers a plethora of clinical information that is specifically for groups, which makes it even more valuable for people who need good information about running groups.



Puzzled and Alone?

Fear not! You're part of a group: NSGP
When you need some consultation about a
group, you can use your
Consultation Benefit.

The Consultation Benefit gives members:

- 1. One free hour of consultation (in person or on the phone) per calendar year.**
- 2. The consultants include many of the most experienced and august members of NSGP.**

For more information contact Carolyn Stone at 617-630-1523 or info@drcarolynstone.com

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

Consultation & Supervision

Individual, Couples and Group Therapy

Would you like to be more confident in your ability to help your patients increase their self-reflectiveness?

Would you like help in moving with your patients moment-by-moment in session?

Would you like to use your own shifting thoughts and feelings about your patients more productively?

I offer consultation and supervision from a contemporary psychoanalytic perspective, which fosters curiosity in both therapist and patient and guides and enlivens the process of healing.

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Women's Group Now Forming

I am now accepting referrals for an ongoing group for high functioning women interested in deepening their understanding of themselves and others so that they can enhance their lives. Group members will learn to advocate more effectively for themselves in relationships and at work and encouraged to take more interpersonal risks beginning with the relationships in the group.

This is a group for women ages 30 to 55 who are looking for help in order to grow, expand and achieve. The fee is \$45 per session and will meet on Tuesday evenings in Cambridge near Harvard Square.

For more information contact
Debora Carmichael, Ph.D., CGP at 617-661-5310.
deboracarmichael@verizon.net.

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NSGP Special Event

Psychiatric Medications 101

NSGP will be offering a Special Event, date and time yet to be determined. The event will be led by **David Dybdal, MD, PhD**, Medical Director of NSGP, a Boston psychiatrist in private practice, and a Clinical Instructor in Psychiatry for Harvard Medical School.

The event will be a brief overview of and discussion about psychiatric medications for non-MDs, including general classes of medications, indications for use, side effects, and resources for further exploration.

NSGP Referral Service

Looking for a Group?

www.nsgp.com
(617) 484-4994

Group Psychotherapy offers a rich alternative or adjunct to individual psychotherapy providing clients with an interpersonal experience for healing and growth.

NSGPF Spring Gala



Peter Gumpert & Bob Steinberg



Theresa Bullock Cohen, Kathy Ulman, & Helen Hwang



Joel Krieg & Jenn McLain



Kathy Ulman, Lise Motherwell, & Sara Emerson



Guests enjoying the Gala



Leslie Cohen, Scott Rutan, & Arnie Cohen



Pat Doherty & Alice Asby



Walker & Joyce Shields



Marsha Vannicelli & Pamela Enders

NSGPF Luncheon



Kelley Bothe, Ellen Ziskind, Marsha Vannicelli, Terry Levin, Suzanne Cohen, Marianne Zasa, & Geri Reinhardt

NSGP Member Practice Announcements

Welcome to the newly added, paid advertisement classifieds section of the NSGP newsletter! This space provides a forum for members to keep each other briefly informed about their practices, in addition to the larger ads you will find throughout this Newsletter.

A note about future ad submissions: Everyone is encouraged to submit paid announcements, but it is crucial that all ads other than classifieds come in the format specified on this page.

Please use your digital layout tools to ensure correct size (see box on this page). Any ads not submitted in the correct format will be returned to sender with options to reformat or pay additional charges to have a professional layout done. Refer to the following link for assistance:

<http://www.adobepress.com/articles/article.asp?p=1271252>

This benefit is available only to NSGP members, and NSGP and the Newsletter do not take responsibility for the actions of any individual advertising in this space. Ad content will not be edited and may not be published at the discretion of the Newsletter Editors.

CLASSIFIEDS

Cambridge office sublet in Central Sq. By the day or hour. Quiet, on Red Line. Joe Doherty 781-534-8808

Openings in psychodynamic women's group, ages 30 to 65, Tuesdays 6:00 to 7:15 pm in Newton. Insurance accepted. Call Marianne Zasa at 617-965-2170.

Mixed Adult Interpersonal Group. Tuesdays 6-7:20pm. Career issues, relationships and emotional processing. Central Square, Cambridge. Ken Jaeger, LICSW, CGP. 617-620-8279.

2 DBT Skills Groups for men and women with anxiety and depression. Thursdays 12-1:15pm and 5:30-6:45pm. Central Square, Cambridge. Ken Jaeger, LICSW, CGP. 617-620-8279.

BOOKS: Lot of Used Hardcover Classic psychology/Psychoanalysis. Many out-of-print. 20+ volumes.\$200—great deal! Incl: Rank, Menninger, Stolorow, Langs, Hartman, Scheidlinger. Inquiries: rivkahlapidus@yahoo.com

Young Adults Living with Loss. Group for young adults, age 19-29, who have lost someone important in their lives. Tuesdays evenings, Arlington. Maxine Sushelsky, 617-458-9072.

Office sublet Mon., Tues. Thurs. until 1 pm; Wed. 7 pm on. Massachusetts Ave., Arlington. Individuals, couples, groups. Parking, bus lines. Maxine Sushelsky, 617-458-9072.

NEW OFFERING

ADVERTISE YOUR PRACTICE, GROUPS or OFFICE SPACE in the next NSGP NEWSLETTER!

NSGP members can now purchase advertisement space.

All ads (except classifieds which can be text) **MUST** meet these requirements or will be returned for revision:

- 1) Submitted as a high resolution PDF* with fonts embedded in the file.
- 2) Must be 300dpi at 100% size, black & white only.

**The PDFs should be ready to print directly from the file without need for further processing.*


- \$20 - Small Classified ad (25 words max)
- \$50 - Business Card: 3.5"w x 2"h
- \$100 - 1/4 pg vert: 3.5"w x 5"h
- \$200 - 1/2 pg horizontal 7.125"w x 5"h or 1/2 pg vertical 3.5"w x 10"h


Questions? See details above or call the NSGP office at (617) 484-4994.

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


Progress Notes

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

 **Tyler Carpenter** writes that he is currently doing pro bono consulting via Skype to a Chinese student doing her doctoral thesis on music therapy in a Chinese prison.

 **Eleanor Counselman** presented an all day workshop on group therapy called "Therapy in the Round" at the Psychotherapy Networker Symposium in March 2012 in Washington DC. In April, she gave a Grand Rounds at BIP called "Longing to Belong: Attachment and Group Therapy" and presented "All You Need Is Love: The Couple Relationship over Time" to the PCFINE first year students. In non-presentation news, she has also become co-editor of the PCFINE Connection (PCFINE newsletter), along with **Dan Schacht**, and is enjoying her advanced training in EFT (an attachment-based model of couple therapy).


 **Sara Emerson** led a two-day institute at the AGPA Annual Meeting in NYC entitled "The There and Then in the Here and Now." In June, she presented a workshop titled "Entering the Sandbox: Groups as a Potential Play Space" at the Northern California Group Psychotherapy Conference and also attended the AGPA Affiliate Societies meeting with **Peter Gumpert** in Chicago, where she and Neal Spivak (president of EGPS) led a workshop on Leadership Dilemmas for the Affiliates. Additionally, during the spring and summer semesters, Sara taught group therapy at the Boston College GSSW.


 **Bette J. Freedson** will be presenting a short course entitled, "Brief Therapy with Single Mothers" at the Milton Erickson Foundation Brief Therapy Conference in December in San Francisco.

 **Bet MacArthur** presented a workshop on using relationships to help establish and maintain effective self-care entitled "Effective Self-Management: Interpersonal Skills for Self-Care," at the April annual Global Managers' Meeting at Eliot Community Human Services in Waltham, MA.


 **Jenn McLain** is looking forward to her upcoming wedding Labor Day weekend in Vermont, and is excited to have *Joel Krieg* among her friends in the wedding party!


 **Lise Motherwell** co-curated with Daniel Ranalli a show of her father's paintings entitled *Robert Motherwell: Beside the Sea* at the Provincetown Art Association and Museum. More than 1,900 people attended opening night. She published *A Moment Captured: Robert Motherwell Beside the Sea* in the exhibition catalog. The exhibit will be on display through September 30, 2012.

 **David Poles** is looking forward to attending the Cape Cod Symposium on Addictive Disorders and vacationing in September in Hyannis, MA.

 **Vicki Putz** has merged her group psychotherapy practice with two colleagues, Pamela Brighton and Freddie Diamond, to provide a more comprehensive resource for groups on Cape Cod, and is starting a new Men & Women's Interpersonal Group.

 **Joe Shay** made two presentations to the staff and trainees of the Boston University Danielson Institute: "Formulation and Interpretation in Psychotherapy" and "Couples Gone Wild: The Top 10 Complications in Couples Therapy." He also gave two presentations to the students of PCFINE on couples therapy. In the fall, he will be the featured speaker at the Brattleboro Retreat where he will present an extended version of the "Couples Gone Wild" offering. In November, he will be the featured speaker at the annual conference of the Northern California Group Psychotherapy Society where he will present "Projective Identification Goes to the Movies."

 **Maxine Sushelsky's** article, "Secondary Trauma And Burnout In Lawyers And What To Do About It", was published in the December 2011 edition of the *Massachusetts Lawyers Journal*.

 **David Ward** presented the workshop, "The Need To Be Liked" at Smith College School of Social Work's Summer Series, as well as the workshop "The Wisdom To Know The Difference: Caregiving vs. Caretaking with Challenging Clients" at Bowdoin College in Brunswick, ME, in June as part of the New England Institute of Addiction Studies.

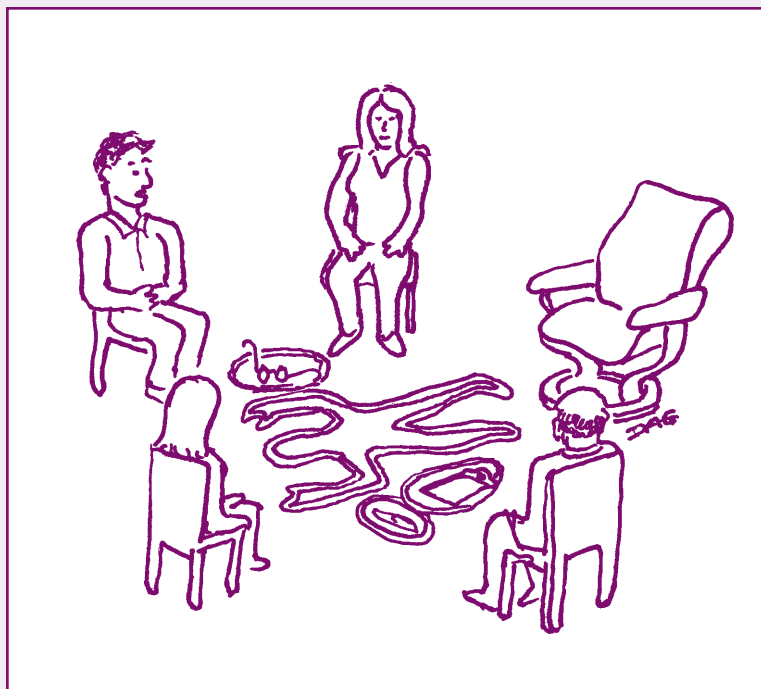
Bob Weber delivered two web seminars: "The Second Half of Life – A Time for ContemplAgeing" for Mather Lifeways in Evanston, IL, and "Developing Resilience through Spiritual Exercise in the Second Half of Life" for the Institute for Maturing Spirituality in Columbus, Ohio. At the American Society on Aging's Annual Conference in Washington, DC, he presented "Spirituality for Grownups: A Frank and Honest Discussion about Aging and Spiritual Life." He also organized the Third Annual MSPP Conference on Spirituality, Aging, and Mental Health, "A Developmental Vision of the Spiritual and Mental Health Issues in Later Life: Implications for the Clinician." At the NSGP Annual Conference, he led a workshop entitled "Is There a Place for Spirituality in Group Therapy?"

Ellen Ziskind has co-edited a book on Internal Family Systems therapy, which will be published by Routledge in Fall 2013.

Caption This!

Please submit a caption for this cartoon to newsletter@nsgp.com.

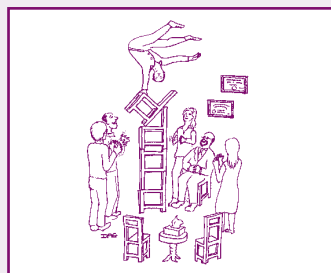
The winning entries will be announced in the next issue.



Drawn by David Goldfinger

Winners for the Spring, 2012 cartoon

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



Fourth runner up:

"We hate to see you go, Karl, but there is no denying you are ready to return to the circus." —Marc Bolduc

Third runner up:

"It took more for some kids than others to get a 'gleam in the mother's eye,'" said Dr. Winnecott." —Dannie Kennedy

Second runner up:

"Group Du Soleil!!" —George Dominiak

First runner up:

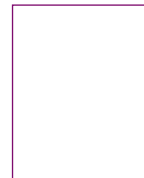
"What do I have to do to get my group therapist to clap?" —Scott Rutan

The winning caption:

"Okay. We all owe you an apology for calling you 'unbalanced.'" —Joe Shay



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Personal Contact in Technological Times: Is Group Therapy Changing Its Nature?

NSGP's 32nd Annual Conference!
June 14, 15 & 16, 2013

2012-2013 NSGP Events Calendar

Sept. 9, 2012	Breakfast Club 11-1:30 — with Jerome Gans, MD, CGP, DLFAGPA, DLFAPA <i>Money Matters and Group Therapy</i> Hosted by Deb Filiurin — Cambridge
Oct. 14, 2012	Breakfast Club 11-1:30 — with David Goldfinger, PhD <i>Attachment Theory and Implications for Group Psychotherapy</i> Hosted by Marsha Vannicelli & Larry Kron — Cambridge
(Date TBA)	SPECIAL EVENT: Psychiatric Medications 101 David Dybdal, MD, PhD
Dec. 2, 2012	Breakfast Club 11-1:30 — with Ken Jaeger, LICSW, CGP <i>An Exploration of Humor's Diverse Expressions in Therapy</i> Hosted by Sara Emerson — Cambridge
Jan. 13, 2013	Breakfast Club 11-1:30 — with Eleanor Counselman, EdD, CGP, LFAGPA <i>Leadership in Non-therapy Groups: Supervision, Consultation, T-groups</i> Hosted by Peter Gumpert — Brookline
Mar. 24, 2013	Breakfast Club 11-1:30 — with Annie Weiss, LICSW, & Ellen Ziskind, LICSW <i>A Crowded Room: Using Internal Family Systems (IFS) in Groups</i> Hosted by Jim Leone — Belmont
Apr. 14, 2013	Breakfast Club 11-1:30 — with Judith Silverstein, PhD <i>Sexual Addiction and Compulsion</i> Hosted by Joyce & Walker Shields — Belmont
June 14-16, 2013	Save the Date! Personal Contact in Technological Times: Is Group Therapy Changing Its Nature? 32nd Annual Northeastern Society for Group Psychotherapy Conference