



the newsletter

NSGP

Northeastern Society for Group Psychotherapy

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## Letter from the President



As the summer draws to a close, I find myself reflecting on the unusual challenges we've faced as a Society since the spring edition of this Newsletter—one of which we are still

facing. We lost our Office Manager, Susan Wade, and discovered in the process of finding a new person, that some of our records were in chaotic shape. With the help of our new but highly experienced and competent Office Manager, Susan Rosenblatt, and our new President-elect, Deb Carmichael, we've straightened everything out and engaged a new accountant. We have also selected a new Audit chair (Madeleine Lourie), changed our fiscal year to the calendar year, and have, as I write, brought everything up-to-date.

We've also made membership votes easier to hold (by email or letter, for example), created two new standing committees (Publicity and Practice Development), and decided that the Past President would also serve as the Continuing Education (CE) Committee chair. The Publicity Committee has been working diligently on our new modernized website. This development has in part been funded by the Foundation and in part out of the Society's reserve fund, but the extraordinary work of the Publicity Committee is priceless. We hope to have the site "up and running" before the AGPA conference in March. Our new Practice Development Committee has sponsored a presentation to help members with the new procedure codes, and will also (on September 29) be hosting an event on leaving the insurance system, and a later event to help us understand how our work may be affected by the Affordable Care Act.

*The ongoing challenge:* We have also been faced with two CE renewal applications this year: the American Psychological Association and the Massachusetts Medical Society. Our re-application for CE certification for psychologists has been submitted and approved, but we are still working on the MMS re-application—which is a daunting task to say the least. The task is so major, in fact, that the CE Committee (now chaired by Sara Emerson) decided to ask the Board to make sure we wanted to continue offering CMEs. The Board voted unanimously to do so, and we are hard at work on the re-certification documents. Wish us luck!

*How are we doing on our goals for the year?* Our most important goal, to expand the Society's membership, is slowly but steadily being met; we are growing! We ran a successful conference in June. We're very pleased with how the new website is progressing, and we will use it (when it is done) to help enhance the awareness of the public and the health care community in the Northeast about group therapy and its effectiveness and value. It would be very useful if people began to self-refer to groups, and our groups could grow without depending primarily on the referrals of members of our community. As I said in my letter last spring, we will ask for your help with this interesting task.

*AGPA Annual Meeting.* In case you've missed the various announcements, AGPA is having its Annual Meeting in Boston on March 3-8, at the Westin in Copley Plaza. The theme of the meeting is "Group: Creating Connection in a Turbulent Time." As host, NSGP has a committee that's actively planning hosting functions. We will, as always, have an NSGP dinner at a first-rate Boston restaurant on Thursday of the meeting week. More details will be sent out as soon as planning is complete.

*The Board.* We have a new President-elect (Dr. Debora Carmichael), a new Treasurer (Theresa Bullock-Cohen) and a new Secretary (Howie Schnairsohn). Joe DeAngelis, Joel Krieg, and Madeleine Lourie are the additional new Board members. It's a really fine, active Board. We continue to strive to be transparent to our members, and everyone is invited to attend a Board meeting at my home on the third Wednesday of every month at 8:30 pm, beginning in September. Just email to let me know that you're coming.

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

1

## INSIDE

Page 2 . . . Letter from the Editor

Page 3 . . . Breakfast Club

### NSGP Conference 2013

Page 4 . . . This Year's Conference and the Widening Gyre of Groups in All Aspects of Our Lives and Practices

Page 5 . . . NSGP: A Newcomer's Experience

Page 6 . . . Tribute to Donald Wexler

Page 7 . . . Disaster Response: Interviews with Kathleen Ulman, PhD and Cecil Rice, PhD

Page 8 . . . Analyze This

Page 10 . . . When the Therapist Traumatizes the Group

Page 13 . . . The NSGP Foundation: Preparing for the Future

Page 13 . . . NSGP Foundation Gala

Page 14 . . . Progress Notes

Page 15 . . . Cartoon Caption Contest

Back Cover: 2013–2014 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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<b>Breakfast Club</b>	Joel Krieg, LICSW, CGP
<b>By-Laws</b>	Lawrence Kron, JD, PhD
<b>Conference</b>	Julie Anderson, PhD, CGP Marc Bolduc, LICSW Scott Reinhardt, PhD, CGP
<b>Continuing Education</b>	Sara Emerson, LICSW, CGP, FAGPA
<b>Disaster Response</b>	Kathleen Hubbs Ulman, PhD, CGP, FAGPA
<b>Newsletter</b>	Barbara Keezell, LICSW, CGP, FAGPA Jenn McLain, MD, CGP
<b>Nominating</b>	Eleanor Counselman, EdD, CGP, FAGPA
<b>Practice Development</b>	Oona Metz, LICSW, CGP
<b>Publicity &amp; Marketing</b>	Pamela Enders, PhD Joseph DiAngelis, LICSW, CGP
<b>Training Program</b>	Joseph Doherty, EdD Marsha Vannicelli, PhD, CGP

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Monday-Friday 9 am to 5 pm

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**Letter from  
the Editor**

This summer, while looking out at a magnificent view of Menemsha pond, complete with meandering sailboats and the Elizabeth Islands in the distance, I put on two of my favorite classical pieces: Vivaldi's Four Seasons and Beethoven's 9th Symphony. Each on its own fills me simultaneously with joy and calm and energy. Together, they had a synergistic effect, each imbuing the other with more power, meaning, and beauty. To me, that's what it feels like to have AGPA, NSGP's parent organization, come to Boston in 2014 for the annual conference (March 3-8): a wonderful melding of two fabulous entities, Boston and AGPA. The theme for this conference will be "Group: Creating Connection in Turbulent Times." For those of you who have attended previously, I expect you don't need persuading to attend what will surely be a terrific conference. For those of you who've never been, you are in for a real treat! AGPA has become my "home" away from my NSGP home, so I, and you, will have the best of both worlds when AGPA comes to Boston.

AGPA's conference is like a smorgasbord of stimulating offerings. Even after many years of attending, I continue to feel inspired, held, and challenged. In addition to the professional opportunities for networking, mentoring, and intellectual growth, I have also experienced the yearly opportunity to reexamine myself, and to notice how I have changed (or not).

I recall my first AGPA conference, in Boston in 1990, when I was 8 months pregnant, and waddling down the hallways to attend various workshops. I felt overwhelmed and daunted by all the expertise around me, but I also felt tremendously welcomed and stimulated. Since then, I have developed many close friendships with folks from AGPA and felt mentored by many as well. I have also attended the fabulous dance on Friday night which offers the chance to interact with people on a very different level.

Although all the details for the conference are not yet available, I can tell you some of the upcoming highlights. The presenters at the day-long Special Institutes, will be Susan Gantt, whose expertise is in systems centered work, and Boston's own Bessel van der Kolk who has presented extensively on trauma. NSGP's own Cecil Rice will kick off the two-day Institutes with a plenary address. Speakers for the public education event and the other plenaries include Albert Rizzo, the Associate Director of the

Institute for Creative Technologies in Southern California, Stephen Porges, Director at the Brain-Body Center in Chicago, Les Greene, incoming AGPA President, and Marcario Giraldo, a beloved NSGP guest presenter, so stay tuned in the coming months for more information or go to the AGPA website @ www.agpa.org.

Additionally, AGPA offers a vast array of two-day Institutes which we've come to call experience groups at NSGP. These provide a powerful context in which to learn about group dynamics and about oneself. Many consider these Institutes the highlight of AGPA. Whether the Institutes or the workshops are your preference, be sure to put AGPA on your calendars!

**Barbara Keezell, LICSW, CGP, FAGPA**  
Co-Editor, Newsletter

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

**To the Editor:**

*I am very pleased to write this letter in support of two distinguished NSGP colleagues who are running for office at AGPA. Our own Eleanor Counselman, a Past President of NSGP, is running for President. Lise Motherwell, another Past President of NSGP, and currently the President of the NSGP Foundation, is running for Treasurer. I can't think of two people who are more qualified for these positions. I believe that they will keep AGPA on a positive course and will help it further develop and grow. Eleanor and Lise are bright, energetic, motivated, and creative, as well as excellent listeners and team players. Each has given to NSGP and AGPA in innumerable ways over the years, via their work on committees, the respective Boards, and, of course, with many varied and stimulating presentations. They are highly respected clinicians in the field and many have been the recipients of their supervision and mentorship over the years. When AGPA sends out its ballots this Fall, I encourage you to vote for them. Not only will AGPA be the beneficiary, but NSGP will be as well. They know us, our community, and our needs. Please be sure to cast your votes for Eleanor and Lise. Thank you!*

**Jerry Gans, MD, CGP, DLFAGPA,**  
DLFAPA

To the Editor:

Friends, I'm writing to encourage you to vote for Dr. Eleanor Counselman who is running for President of AGPA.

I have known Eleanor since we were relatively young things at Boston University Graduate School. Aside from having a wry sense of humor, Eleanor has shown a wide range of competencies and leadership qualities. As a founder of the Boston Institute for Psychotherapy, I had the pleasure of working with Eleanor when she was President of the Institute which she led through some "tight" times — i.e. money was short — very successfully. It is now a rapidly growing organization.

More recently Eleanor has been President of NSGP another organization that has thrived under her guidance. She is co-chair of the AGPA Institute Committee, a task for which she has considerable enthusiasm that strengthens the committee's morale.

For many years she was also on the AGPA Editorial Board and has papers published in the Journal. Organizing and maintaining peer supervision groups was one of the most widely read papers within and outside AGPA. She edited the Group Circle for six years.

Eleanor brings a combination of dignity, organizational ability and good humor to everything she touches, which makes it easy to work with her. Those qualities also combine to get things done for any organization she leads.

I think she would make a very fine President for AGPA and I hope you will vote for her.

Cecil Rice, PhD, CGP, DFAIPA

## 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 2014 Newsletter. Please send submissions to:

[newsletter@nsgp.com](mailto:newsletter@nsgp.com).

Note: letters not edited except for space.

## The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our 2013-2014

# 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](mailto:groups@nsgp.com) or call Susan Rosenblatt at the NSGP office: (617) 484-4994.

### Calendar for 2013-2014

- 9/22/13 **Marketing Your Private Practice Groups**  
Presented by **Theresa Bullock Cohen, LICSW**  
Hosted by Eleanor Counselman (Belmont, MA)
- 10/20/13 **Field Notes from a Psychodynamic Therapist Leading Divorce Support Groups. Is It "Support" or Is It "Therapy" and What Is The Difference Anyway?**  
Presented by **Oona Metz, LICSW, CGP**  
Hosted by Scott Rutan (Chestnut Hill, MA)
- 12/8/13 **Attachment Style and Living Solo: Group Psychotherapy with Single Adults**  
Presented by **Nancy Goldner, PhD, LICSW, CGP**  
Hosted by Barbara Keezell (Newton, MA)
- 1/12/14 **Spirituality in Groups**  
Presented by **Bob Weber, PhD, CGP**  
Hosted by Geri & Scott Reinhardt (Newton, MA)
- 3/23/14 **What's Grief Got to Do with It: Traveling through Loss with Clients**  
Presented by **Maxine Sushelsky, LMHC**  
Hosted by Julie Anderson (Brookline, MA)
- 4/13/14 **Transitions in Group Leadership**  
Presented by **Joel Krieg, LICSW**  
Hosted by Joyce & Walker Shields (Belmont, MA)

\*The Northeastern Society for Group Psychotherapy, Inc. (NSGP) is approved by the American Psychological Association to sponsor continuing education for psychologists. NSGP maintains responsibility for this program and its content. Each program provides a maximum of 1.5 credits.

\*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.

\*NSGP, Inc. is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians. NSGP designates these educational activities for a maximum of 1.5 AMA PRA Category 1 Credit(s)™ each.

\*For information regarding the status of Continuing Education Credits for social workers and Registered Nurses please call the NSGP office at (617) 484-4994.

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.





Amy Matias, David Dybdal, & Ben Herbstman



Larry Kron & Deb Carmichael



Cecil Rice & Jenn McLain



Dan Raviv, Deb Carmichael, Oona Metz, & Ronnie Levine

## This Year's Conference and the Widening Gyre of Groups in All Aspects of Our Lives and Practices

Tyler Carpenter, PhD, FAACP

Starting an article with the sentence, "I wasn't going to come to our annual conference this year..." is a helluva way to begin a narrative for the newsletter of one of my most intimate and integral sources of professional growth and knowledge, but there it is. Although I consider NSGP an indispensable staple in my diet, sometimes my plate's too full. This particular year my calendar was already complete with prior obligations and commitments to attend, write, travel, and present. And then it happened. The brochure for this year's conference, "Face Time in the Age of Facebook," arrived and I was inexorably drawn in.

The first thing that caught my eye, which I subsequently attended, was the joint offering from the Conference Committee and the Rice Memorial Fund, "Social Networking and the Group Self," presented by Lise Motherwell and a number of very interesting AGPA members whose institutions and expertise I was aware of, but whom I had neither

read, nor heard speak. Many years of interdisciplinary listserve participation, applied group awareness and practice, and specialized knowledge have prodded me to act, write, attend, and present in other venues on use of translators, cross-cultural human rights and consultation, and systems interventions; these were recursively activated by an opportunity to listen and interact with very experienced colleagues reflecting on the ways in which our transformative technologies were shaping our practice and changing individual and shared group consciousness.

I have been an active and committed participant in interactive technologies, both social and professional, for some time. Like a rising tide that lifts all boats, they often simultaneously raise the standard of practice across multiple disciplines, as well as provide the opportunity for increased familiarity and intimacy with many wonderful and very experienced colleagues we may ultimately come to meet "in person" years later. These can be venues whereby we extend parameters of assistance and support in our professional activities as well. Over two days, Lise, Andrew Eig, Richard Billow, Jeffrey Kleinberg, and Richard Fletcher reflected upon the various ways that virtual technology can extend and change our "on the ground" and psychoanalytically-informed interpersonal relationships. That technology also offers



Suzanne Cohen, Siobhan O'Neill, & Walker Shields



Vanessa Gamble & Deb Cole



Jenn McLain, Helen Hwang, & Herb Baker



Karen Wischmeyer, Peter Gumpert, & Jenn Ragan



Eleanor Counselman & Debbie Cross

the potential ways in which these same innovative virtual tools concretely transform the breadth, depth, and expediency of concrete care in cost-effective and individually calibrated ways—from organismic and medically calibrated self-monitoring to relational communities with extended and live facilitating boundaries. The information and cites were invaluable. Their inclusion in a two-part symposium was like winning a small lottery.

I'm a glutton for experience. I always love and benefit from the real time intimacy and the transformative moment inherent in combined lecture and demonstration groups. The opportunity to observe, and possibly participate in, Jeff Kleinberg's virtual group cemented my resolve to attend this year's conference. That I ultimately became a participant in it, to quote Jack Nicholson's immortal words from the movie of the same phrase, was "As Good As It Gets." This year I had finally gotten the Red Cross Disaster Relief Training and had an opportunity to assist after the Boston Marathon bombing. I have worked with, written, and spoken about many aspects of severe trauma and its assessment and treatment, but I had spent little time talking personally with fellow professionals about the personal impact. Participating with fellow NSGP members in Jeffrey Kleinberg's virtual group was an astounding experience as I was not only on the receiving end of a virtual technology I had frequently used, but I unexpectedly found much closure on my experience of aloneness in being a caregiver and an expert to others. All this for the price of one admission.

So to close, why would I use the word "gyre" and possibly drive the unsuspecting reader to a dictionary? Because just as etymology, historical usage, translation, and multiple meanings co-mingle Edmund Spenser, William Butler Yeats, and Lewis Carroll's poetics with the non-linear dynamics and chaos of modern complexity theory, the ever-widening and synergetic conceptual meaning that gyre connotes helps both literally and imaginatively unite our understanding of the interaction of constituent elements of our brain-mind to the behavior of complex organisms in ever-increasing collections of members.

For me, this year's NSGP offerings of ever-widening and circling connections between groups of persons described an important aspect of our personal and professional life trajectories. It also

described how we come to learn more about ourselves and others, how we are what we are, and do what we are doing in our onrushing and collective future. The experience greatly informed what I am doing as I move forward with my professional obligations, and I eagerly await next year's conference.



## NSGP: A Newcomer's Experience

Amy Matias, PhD, LICSW

I began attending the NSGP Breakfast Club in January upon the recommendation of a colleague. I was at a point in my career where I had started my own practice and although I was connected to a number of colleagues and other professionals, I was feeling the isolation that can come with working independently. I was missing being part of something larger. Although I had an office, I wanted to be part of an office community. So, on one cold January morning I put on my "Sunday best" and trudged out into the snow to attend my first Breakfast Club.

When I arrived, I was surprised by the number of attendees and the hustle and bustle around the delicious selection of contributed brunch items. I was warmly welcomed and quickly invited into conversations with several attendees. The presentation by Eleanor Counselman was informative and engaging. Being a group practitioner, I was hooked. I left feeling like I had found a new professional "home." I decided to attend as many NSGP events as I could.

It was through a course with Pamela Enders on utilizing social media that I began to hear a lot about the upcoming NSGP conference. I had been able to attend only one workshop the previous year, and was planning to attend the full conference this year. I was curious about the Friday Institute in particular. Colleagues doing group together? How did this work? I was intrigued and signed up for the two-year Institute led by Dr. Joseph Shay.

As the conference grew closer, I took the opportunity to ask my newfound colleagues about what the Institute



Dan Raviv & Sara Emerson



Theresa Bullock Cohen & Ken Jaeger



Kurt White, Tyler Carpenter, & Karin Hodges



Marc Bolduc, Jenn McLain, & Leah Slivko



Pamela Enders, Marsha Vannicelli, Geri Reinhardt, & Theresa Bullock Cohen.

(continued on page 11)

# Tribute to Donald Wexler

Debora Carmichael, PhD, CGP

**O**n April 27, 2013 Donald Wexler turned 90 years old. He is the oldest member of NSGP and you can pretty much count on seeing Don at most NSGP events. He joined NSGP in the late '60's and served as President from 1972-1974.

He was born in Brooklyn in 1923. His father was a physician and his mother a Columbia graduate. She became a dentist by the age of 25, having arrived in the United States in 1905 at age 12 from Russia. Don is obviously proud of his parents and their "radical, liberal" ways. He recalls reading The Nation, the first issue of Time magazine and a magazine promoting the New Communist Party as they were always around the house. As an adolescent, Don was drawn to reading analytic case studies, finding them fascinating and sparking his interest in psychiatry. His extended neighborhood was full of doctors. Noticing this, Don decided at a relatively young age that once he became a doctor he would move away and build his practice.

Don graduated from Wesleyan University in 1941. After his third year, he tried to get drafted but he was not eligible because he had hammer toes. As a

consequence, his father had to pay for his college education. After graduation, he was commissioned into the Air Force. He was a medical student at Bellevue Hospital in New York and then moved to Ann Arbor where he met his wife. He recalls that the training in Ann Arbor was superb. He was transferred to Newfoundland where he was the Chief Resident of NEAC.

Eventually, in 1955, having gotten out of the Air Force, Don arrived in Boston and began to work as a psychiatrist with a Harvard appointment at Boston City Hospital. He trained with Phillip Solomon, a psychoanalyst for whom Don has a great deal of admiration, gratitude, and respect. Don received a NIMH grant in 1960 to study the effect of group psychotherapy as a treatment of choice compared to individual treatment. Around the same time, Max Day introduced Don to NSGP. Then, in 1965, Don became the Physician in Charge of the Psychiatry Outpatient Department at Mt. Auburn Hospital. And, of course, he encouraged group psychotherapy.

Don's passion for groups, and for NSGP in particular, is strong and unrelenting. "What I love about NSGP is that it [participation and membership] doesn't



Donald Wexler & Jerry Gans

depend on your discipline; it depends on your love of group therapy." Don strongly believes that in order to keep the Society vibrant, all members, regardless of discipline or credential, should be allowed to vote. He famously made a stand at the NSGP annual business meeting in the mid '90's for a change in the by-laws that would give every NSGP member a vote.

Don encouraged the launching of a number of group psychotherapy societies: Maine, Puget Sound, Western MA, Rochester NY, New Haven, Westchester County and Boise Idaho. He is proud of his advocacy and devoted years of time, effort, and energy to the Ambassador Program at NSGP. This program, launched by Don, was designed to promote group psychotherapy and NSGP to agencies in the greater Boston area and beyond by inviting individuals from these agencies to our annual conference as our guests. This program was a pillar in our efforts to promote group psychotherapy to the community.

Away from NSGP, Don has been a champion of Veterans suffering from PTSD. He has researched and written widely on this subject. Don was also instrumental in getting parity for the diagnosis of PTSD for long term care. He has tirelessly devoted decades to treating their underlying shame and suffering and continues this noble work at the Bedford VA hospital.

So, when you see Don at the next NSGP event (and you most probably will), get him to tell you about the time he heard Edith Piaf sing in person or the latest opera he attended at the Glimmerglass Festival in Cooperstown, NY. He'll sing for you too if you'd like or just as easily discuss the importance of appreciating the role of shame in PTSD or the profoundly healing effects of group psychotherapy. Don is a true NSGP treasure.



## Who Ya Gonna Call?

You are picking up your office after your group at the end of the day. You're a little troubled. Something feels amiss and has felt that way for a few weeks. Your attempts to address the dynamic have fallen flat, and you worry because some members are beginning to talk about what else they could do on Wednesday night. Yikes! Even your consultation group is stymied, or maybe you don't have that resource.

### Who Ya Gonna Call?

Worry not. You're a member of NSGP, right? And NSGP is here to help with the

### Consultation Benefit.

Here's how you set up a consult. Call or e-mail Carolyn Stone ([info@drcarolynstone.com](mailto:info@drcarolynstone.com) or **617-630-1523**). Carolyn or someone on the committee finds out what your concern is and contacts two or three senior people in NSGP who have agreed to offer one free hour of consultation per year. She gets back to you with the names and you set up a time (in person or on the phone) with one of the consultants.

That's right. All members of NSGP are entitled to one free hour of consultation about group psychotherapy per calendar year. What a deal!

*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.*



# Disaster Response: Interviews with Kathleen Ulman, PhD and Cecil Rice, PhD

Siohban O'Neill, MD, CGP

**W**e are still early in the aftermath of the trauma of the Boston Marathon bombings. The effects on the community will be long lasting and the healing process slow. Naturally we as group therapists wonder: What is the role of groups in that healing process?

Drs. Kathleen Ulman, current AGPA president, and Cecil Rice are two members of our professional community who have been thinking about this question and shaping its answers for more than a decade. I asked them to talk about their experiences.

**Dr. O'Neill: How did your involvement in disaster response begin and how did it evolve?**

**Dr. Ulman:** It began with the 9/11 terrorist attacks. AGPA received a large grant from the New York Times Foundation to provide psychological services to those affected in New York, Washington D.C., and Boston. Through this grant, AGPA funded group treatment, support and supervision for clinicians, and group therapy training at overburdened clinics with limited resources and significant needs. We realized that clinicians would need a lot of support. In disasters like these, therapists are victims as well as caregivers. Support is crucial. Experienced supervisors from all over the country supported the clinicians running these groups in New York, D.C., Boston, and other places. All of this was funded by the grant.

Many AGPA members were involved in this effort, and much teaching, training, and writing came out of the experiences. APGA published "Group Interventions for Treatment of Psychological Trauma" and hosted multiple distance learning events. AGPA annual conference events focusing on care for the caregivers were initiated and continue. NSGP formed a committee on disaster response in the years after 9/11, has provided training for many clinicians, and maintains a list of those ready and willing to serve.

**Dr. Rice:** Dr. Ulman made crucial contacts with folks at the Red Cross who were leading the Boston response to the 9/11 attacks. A few of us who had worked together in Northern Ireland (Kathy, Pat Doherty, Alan Alpert, and Ellen Ziskind) volunteered to offer groups to the people in the Boston area who had lost loved ones. That was a real learning experience!

It felt chaotic, emotionally overwhelming. The Red Cross sent people to us- it felt like a random sample of men and women of all ages, whoever showed up. I never knew who would show up. Sometimes people brought along other members of their families. This contributed to the sense of chaos.

**Dr. O'Neill: Perhaps reflective of the general sense of chaos in the country at that time.**

**Dr. Rice:** Yes. Sometimes I asked myself if it would have felt less chaotic if I had directed the group more. You, see, I think I was less surprised than most Americans were by the events. Having grown up during WWII and lived through the blitz in Belfast, Northern Ireland which was part of the UK, and having lived in Northern Ireland during many years of on and off violent conflict, I was nevertheless shocked as were the group members. That shock contributed to the felt chaos. But I did wonder if I could have protected the group more effectively by being more directive.

**Dr. O'Neill: It's the question we were all asking at the time, what could have protected us from this?**

**Dr. Rice:** Yes, my question to myself was coming from the collective experience. I asked myself what I would do with all the affect I was bearing. A mass of affect. We (Kathy, Pat, Alan, and I) had each other; we were in some sense already a working team, and this helped a lot. And I wrote poetry.

**Dr. O'Neill: You have both been able to draw on this wealth of experience again in responding to the Boston Marathon bombings. What has the role of groups been in the healing process?**

**Dr. Ulman:** We have been focusing on supporting clinicians. AGPA and NSGP jointly sponsored a distance learning event open to all therapists in the Boston area. Dr. Suzanne Philips discussed disaster mental health groups based on her extensive work in NY after 9/11. We discussed how trauma affects caretakers and the importance of taking care of themselves as well as their patients. People were able to discuss their own reactions as well as their clinical work. This event was well attended and we have planned four more educational events emphasizing support for clinicians which will be scheduled in the fall, winter, and around the anniversary time. The dates will be announced on the AGPA website ([www.agpa.org](http://www.agpa.org)). All of these efforts build upon the work of AGPA's Community Outreach Task Force

(established after 9/11, now chaired by Cecil Rice and Suzanne Phillips) and their extensive experience in traumatized regions in the U.S. and overseas.

**Dr. Rice:** After the bombing, we created a joint support group with NSGP and the BIP (Boston Institute for Psychotherapy), with the BIP providing the space as well as participants. As a follow-up, we joined with AGPA and held two distance learning groups. We provided education, training, and support. Suzanne Philips did the teaching and Kathy and I led the discussion that followed. People mainly talked about what happened to them and what it was like to sit with their patients. In response to the Marathon Bombings, many people were re-living what happened in 9/11. All traumas are connected. The next question is how do we provide longer-term services for people, because the effects of something like this do hang on. However, people are resilient. I have faith most folks will recover. If we held a group in two or three years, we'd see a lot of resilience, accompanied by some of the pain of mourning, which generates recovery.

**Dr. O'Neill: What have been the most vivid lessons?**

**Dr. Ulman:** Ongoing support and training for clinicians is crucial. Also, making connections to people in other agencies (the Red Cross and DMH in 2001, and more recently connecting to people at the Boston Athletic Agency) is fundamental. Collaboration is vital.

**Dr. Rice:** I learned a lot from the post 9/11 group; they have really stayed with me. You have to stay with it. Be there when you say you'll be there, bear the awful stuff, and stay with it. The next association I have is this: I remember a time during WWII when we were being bombed. I was sitting in my father's arms. We were looking out the bay window. I could hear bombs falling. I could see the flames. I could hear sirens. And yet I felt safe. I actually felt safe.

**Dr. O'Neill: So, a lot depends on who is holding you.**

**Dr. Rice:** Yes. It's about attachment and belonging. If you're attached and you have a sense of belonging, you're more resilient. Groups give us a place to be held and to belong.

**Dr. O'Neill: So the role of groups in healing trauma may be that simple.**

**Dr. Rice:** It might be!



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](mailto:newsletter@nsgp.com). (Please remember to preserve the confidentiality of any group members described.)

*I work for an outpatient substance abuse treatment program, where a large portion of our services are delivered in the form of group treatment. Part of what I do is run the outpatient groups for patients who are newly sober in the intensive outpatient group program (called an IOP). In this program, we do some psychodynamic work and also teach clients the skills they need to help them in early recovery. One such skill is learning how to utilize 12-Step programs, such as Alcoholics Anonymous or Narcotics Anonymous. Our clients are encouraged to find 12-step meetings that are a good fit, attend these 12-step meetings, and develop a sober network. However, during orientation to the program, clients are discouraged from having relationships with one another outside of the program.*

*My dilemma is the conflict I feel when on one hand, I encourage group members in my program to create a sober support network that includes others in recovery, and, on the other hand, my group orientation and clinic policy discourage members from developing outside relationships with one another. It seems like a confusing message, and I'm never sure how to explain it to my clients. For example, if clients want to go to meetings with one another, that could potentially be a source of support, but, per my training and clinic policy, that would be considered a violation of the contract. How do I support my clients in their recovery through 12-step meetings, and at the same time also be a diligent group therapist who creates safe boundaries by having a group agreement that discourages out-of-group contact? Please help!*

**Double Bind**

## Dear Double Bind

The question you have is about maintaining psychodynamic group boundaries in an addictions treatment setting. You sense that the no-outside-of-group contact policy presents a contradiction to your clients and it is confusing to you as a psychodynamically-trained clinician. I would like to offer some macro-cosmic perspective on the assumptions that may underlie your work.

You support involvement in 12-step programs as an ongoing process, during and after the IOP. I would like to suggest that you, in an Eastern meditative kind of way, simply "notice" this assumption. I will come back to this shortly.

Early recovery is a tenuous time. In this phase, there is often great physical and psychological discomfort. Addictions specialists call it "post-acute withdrawal syndrome," which can last an indeterminate amount of time. (We might call it "feelings.") The addictive object is mourned. Your clients are terrified of boredom and emptiness, of being "triggered." The specter of relapse looms menacingly, along with the worry of disappointing and angering loved ones. Recidivism statistics are discouraging.

The "sober support system" provides community (essential to all of us), and is a bulwark against the social stigma of addiction. This social network may include other members of the group, for prior to enrolling in IOP some have known each other in other settings. They interact in AA and NA. So how do you manage this fluid boundary and still do group therapy?

Back to the macrocosm. You may remember Kuhn's definition of scientific "paradigms" (1962) as a belief system so established in the culture that it is seen as absolute reality. 12-Step Recovery is the dominant paradigm in addictions treatment and in the culture at large. Its traditions and language are embedded in the general discourse to the extent that most people cannot think about relinquishing addictive behaviors without 12-step involvement.

The word "recovery" itself is significant. When your clients ask you if you are "in recovery," they want to know if you can personally relate to their struggle, not if you are in treatment for general psychological concerns. How, or even if, you respond to that question will be very telling to them. Full discussion of the 12-

step paradigm is beyond the scope of this response. But I want to stress that it is a *paradigm*. The psychodynamic approach, even with its many variations, is also a cultural paradigm. As a social constructionist, I do not use the word "culture" lightly, and I suggest that your dilemma arises from trying to work within two contrasting cultures.

Your clients are likely to be familiar with the norms of recovery groups, but not with the expectations of psychodynamic groups. In the IOP, the clients signed up for intensive work on early recovery but did not sign up for psychodynamic group therapy. In addiction treatment, groups start with a round-robin check-in, and introduction of the self as an addict. Cross-talk, or responding to anyone in the group when it is not one's "turn" is not acceptable. Members talk about conflicts and concerns *outside* of group. It

*“Psychodynamic group therapists and addictions specialists share the belief that groups are inherently healing.”*

is not understood or expected that one may talk about feelings-in-the-room. In fact, the group will actively fight against working in the "here and now" because it provokes too much anxiety.

The prevalence of these norms in addictions treatment is partly due to the training of the group leaders. Many have come to their work as people "in recovery" themselves. Most clinical training programs, however, do not include either addiction theory or clinical addictions practice in their curricula. Whatever the reasons for this exclusion, clinicians view addictions work as out of their purview, and cede the territory to addictions workers. This reinforces the culture clash that puts you in the double bind you are experiencing. But you may find common ground.

Psychodynamic group therapists and addictions specialists share the belief that groups are inherently healing. The heart of what you learned in your group therapy training is true here as well. Hold on to the frame by starting and ending on time. Gently, but firmly, introduce the group to the notion that talking directly to one another is permissible, and that things are happening in the room, right here, right now. Help members attend to behaviors in themselves and each other. Be intersubjectively engaged, that is, talk about your experience in the room as a way to model that kind of focus. Teach them to accept silence without filling it up with junk, (which is how their use of substances functioned), but remember that the apparent lack of structure of psychodynamic group work may be



intolerable in early recovery. Use humor.

I congratulate you for bringing your clinical expertise to such a challenging and important program, and wish that more clinicians felt comfortable in this world.

Postscript: I reread your question to see if I missed anything, and found an elephant in the metaphoric room. If "out of group contact" means sexual relationships with other program members, my answer is simple. Such relationships can wreak havoc in any kind of group.

**Rivkah Lapidus, PhD, LMHC, CGP**



**Dear Double Bind**

The dilemma you describe is common in substance-abuse treatment programs and can be effectively addressed by establishing ground rules relevant to the treatment context.

IOP day and evening programs, by their very nature, engage participants with one another several hours a day, several times a week, over a relatively time-limited period (sometimes with opportunity for more extended participation in weekly groups after the initial intensive phase). The groups, especially the time-limited ones, generally have a substantial psycho-educational or skills-based focus.

Confusion occurs when the ground rules appropriate for long-term interactional therapy groups are applied to IOP groups without considering important differences between them. In IOP programs, group members take breaks together, may eat together between groups, are sometimes taken to self-help meetings collectively, and certainly are

encouraged to go to meetings on their own. Given that considerable outside-of-group contact is already built in, proscriptions against driving to meetings together makes relatively little sense (especially since attendance at meetings may be difficult for some members who don't have cars, don't drive or have DUI restrictions on driving).

It is nonetheless important to have ground rules that protect and promote the unique kind of work possible in an effectively bounded group. The latter requires keeping the energy for the group work contained, as much as possible, within the group sessions. This is handled in many groups by encouraging members to keep outside contacts to a minimum along with an 'outside/in' ground rule in which clients are expected to bring into the group any relevant outside contacts that do occur so that important interactions remain accessible to the group. This would include relevant things that happen among members in breaks between IOP groups, at 12-step meetings, or elsewhere. What is important here is the way in which relevant is explained (for example, two IOP members planning a trip together, or discussing other members—either of which can have impact on the functioning of the group).

*"...work in an effective therapy group helps members learn how to form nourishing relationships that meet needs for support and intimacy."*

Clearly in groups where members are engaged in self-help support networks that may overlap, extra attention to these ground rules is needed. However, the issue is relevant for most groups where interpersonal learning is important to the work. And regardless of the population, it is more useful to spell out expectations regarding ideal behaviors that increase the likelihood of therapeutic success than to tell patients what they cannot do (which of course they can and sometimes will). Proscriptions tend not only to be ineffective, but to push underground any

behaviors that deviate, rendering them inaccessible for therapeutic exploration.

In my years at the Appleton Outpatient Clinic, group leaders conveyed the following expectations: *"We feel that to maximize the energy for effective group work it is important that interactions among group members occur, as much as possible, within the group sessions. Thus, your opportunity for therapeutic work will be enhanced by keeping outside connections to a minimum and bringing them back into the group when they do occur. We know that members may see one another at 12-step meetings. But if the encounter exceeds casual contact typical of these meetings, it would be important that it be brought back to the next group (e.g., should you find yourself and another group member talking about the group, going to dinner or developing another kind of social relationship)".*

Additionally, it may be useful for both leaders and members to consider the wise Chinese saying, "Give a man a fish and feed him for a day, teach him how to fish and feed him for a lifetime." While there can be little doubt that enhancing one's social support network is an important aspect of recovery, work in an effective therapy group helps members learn how to form nourishing relationships that meet needs for support and intimacy. And stretching the metaphor, eating fish inside the group (i.e. forming one's social relationships from within) is likely to interfere with learning how to fish more effectively outside the group. It is the leader's job to help members deal with the conflicting wishes, on the one hand to socialize with fellow group members, and on the other to use the group as effectively as possible for the therapeutic work.

**Marsha Vannicelli, PhD, FAGPA, CGP**



**Groups in Downtown Boston's Financial District**

1. Social Anxiety/ Social Phobia Groups
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For More Information email: [drrowelllevy@gmail.com](mailto:drrowelllevy@gmail.com)

**The NSGP Conference Committee is recruiting**

for Chairs for the Brochure and Workshop Committees. In addition, some wonderful volunteering opportunities are available in development, implementation, and execution of our cherished event. We welcome all those interested in these positions or who would like to contribute to some aspect of the conference to contact either Julie Anderson at [46ander@gmail.com](mailto:46ander@gmail.com) or Marc Bolduc at [heightspcc@comcast.net](mailto:heightspcc@comcast.net)

# When the Therapist Traumatizes the Group

Karen Wischmeyer, LICSW, CAS, CGP

As soon as I rose from my chair to walk my client out of the office, I knew something was wrong. By the time my group members tapped tentatively on my door, I was lying in a pool of blood on the office floor, having just called 911. So began my summer vacation of 2012.

I wish I could say that all my thoughts in those first few weeks in the hospital were focused on my clients. Although I had left the office clutching my appointment book, whatever thoughts I did have at that time—and they were few and far between—alternated between sheer terror and a vague blariness. I do recall saying to them, as I was transported to the ambulance, that they should stay to talk about what had just happened. I later learned that they were joined by a colleague who sat with them for the last half hour. She took their contact information so she could let them know how I was doing.

I have always appreciated being a private practitioner in an office with other independent therapists. I have enjoyed the collegiality that we share, as we meet weekly for peer supervision. But only later, in the hospital, did I learn of the many ways they had stepped in to take care of my clients and therefore of me. They took on the work of notifying clients, and, when it became necessary during my three months absence, met with those who expressed the need.

It was my colleagues too who drafted a first letter to my patients explaining that I had had surgery and was doing well and would soon be in touch. Four weeks later, I composed a second letter that explained that my recovery, although progressing well, would take more time and that I expected to return in early November. The third letter I sent them was to announce that I was returning and to confirm their appointment times. Most of the clients appreciated these letters. Many sent cards and left voice messages, all of which would later become grist for the mill.

I returned to work fully aware that the group who had found me on the office floor would have different needs from my other groups. I came to think of them as my “trauma group.” In the first few weeks of my hospitalization, they had met twice with a colleague who had reported the themes of these sessions to me. The group, upon my return, misdirected their anger at me to her. They

“liked her but...” They “didn’t really need another therapist.” All they wanted was to meet by themselves as a group. They were frustrated by the group boundary which kept them, as they saw it, from helping each other. They had not only lost me, but one another, which for some was an experience strangely similar to the dynamics in their families of origin.

In the first few weeks after my return, I was relegated to the role of observer in the group. I listened as they recounted what they had felt that night as they watched the E.M.T.s take me to the ambulance. I heard their bewilderment as they gathered as a group without me, as well as their mixed reactions to the two sessions with my colleague. I finally realized that they had had all these experiences without me and that this was their way of filling me in. I had left them and, in some ways, I was now outside the circle. Clearly this was their way of protecting themselves from the possibility that this might happen again. I had not expected this. What I had expected was that we would ultimately have to sort out the boundary confusion created by this episode. Who was taking care of whom? Some in the group did not like knowing so much about me. This has taken some time to work through.

For at least four or five months after my return, my sessions with the “trauma group” were spent on their associations to their own losses and traumas. For example, one client had never told us that his spouse had died in her sleep after having suffered a fall earlier in the day. A woman in the group was first on the scene of a car accident and she vividly recalled a large amount of blood. These are two of the more dramatic examples but clearly the “Event,” as it came to be known in the group, triggered a traumatic memory for each member. Working through these memories, as they have arisen, has been a slow process.

At the time of the Event, there were seven members in the group. They all returned when I did in November. The newest member, who had a trauma history, left in January for financial reasons. Another left the group in April in an appropriate and planned way, as did a third in June. Although I would have liked to have the group intact for the first year anniversary of the Event, I could see by early spring that they were ready to move on. The conversation in the room has begun to shift to the future, to new plans and projects, with a cautious eye to the anniversary of the Event. They know that once we have passed that milestone, I

will begin to add new members to the group.

The experience with my other groups has been somewhat different. In the first few sessions after my return, they caught up with each other, ignoring me, even while watching me closely. They noticed that I was now wearing a medical alert bracelet and that helped them finally to articulate their anger, fear, and sadness. They wanted to know what would have happened to their group had I not returned. My group of senior members, ages 60+, many of whom have had their own health issues moved more easily into discussions of loss and even death. Understandably, there has been a qualitative difference in their engagement from that of my “younger” groups.

My harrowing experience of the past year has taught me four things: (1) the necessity of surrounding oneself with responsible, reliable colleagues who can step into the breach at a moment’s notice; (2) the importance, within the bounds of discretion, of keeping the clients in the loop; (3) an appreciation for the resilience of group members and their readiness to work through the trauma and (4) the importance of living “one day at a time” as AA teaches, with gratitude and great hope.



## AGPA ELECTIONS

Although we are not permitted to offer official support to any candidate, we are delighted to announce that two of our distinguished NSGP family have been nominated to run for executive positions in AGPA. Eleanor Counselman is running for President and Lise Motherwell is running for Treasurer. We encourage all eligible voters to keep an eye out for the ballots and to make sure to vote for the candidate of your choice. Past elections have been won by as few as three votes!

## NSGP Conference 2013

(continued from page 5)

entailed. I already knew that it was a daylong group. It was then that words such as "intense" and "exhausting" began to come up. I was even told, "It sent me running to four years of psychoanalysis." I began to wonder what I had gotten myself into. Would I have feelings come up in the group?

The night before the institute, I found myself feeling nervous as my thoughts cycled back to wondering what the experience would be like. The next morning I left the house early, not wanting to be late and risk receiving the brunt of any "storming" that was going to occur. I arrived in good time and sat waiting for the group to begin, comforted by a few familiar faces.

Initially, after Dr. Shay reviewed the agreement, which officially began the group, we sat. We looked at one another. We sat some more. What is going to happen here between us today, I wondered. I was reminded that this is how my clients feel on their first day of group. I made a mental note to remember this and admire the courage it takes for them to show up to their first group.

Slowly, a few brave members began to speak, then a few more, and a few more. I spoke! Early on, a misunderstanding arose. The group took time to work it through with different members jumping in to share their own experiences and perspectives. Later in the group, members shared feelings they were having in the moment and about events occurring in their lives. Dr. Shay skillfully framed what was happening for us and made detailed observations that helped us relate what had been said earlier to the here and now. The group wove in and out of topics shifting focus among members. The intimacy between us began to grow.

Then it happened! I had some feelings come up. I didn't plan it. It was so unexpected! Something a member said touched me, another member noticed and there I was, sharing a sadness that I had kept buried deep inside. I felt vulnerable, but as members responded, I felt cared for. I felt connected to others. I was challenged to explore what was coming up for me in that moment and received support.

At the end of the day, Dr. Shay provided us with an analysis of what had happened in the group from a theoretical

perspective. It was incredibly helpful to step out of the experience of the group as a participant and see it from a professional standpoint. Group work concepts that I recalled from my time in school were integrated. Personal and interpersonal dynamics were framed in the larger context of the group as a whole. I walked away with a fresh perspective on what actually happened in the group that day.

In the end, it was intense and I was exhausted. However, I had a valuable experience. I got to know people in an intimate way that would not have happened at a conventional conference. But, most importantly, I learned something important about myself. I mentioned this to another conference participant on the way to my car and her response was; "Now the question is: What are you going to do about it?" Psychoanalysis anyone?



**Save the DATE!**  
**NSGP Annual Conference**  
**June 6-8, 2014**

**For conference updates,  
check the Conference Blog**  
<http://nsgpconference.blogspot.com>



New to NSGP, I am pleased to introduce my private practice in Cambridge. My practice provides individual, couples, and group psychotherapy for adults. Referrals are welcome.

## Childhood Trauma Group Now Forming

I am now accepting referrals for an ongoing childhood trauma group to help men and women understand and work through the impact of early trauma on their current lives and relationships. The group meets on Monday evenings in Porter Square, Cambridge. The fee is \$50 per session. A second group will be starting later this fall.

For more information about my practice, please call or send me an email. Please also visit my web site.

### Amy Matias PhD, LICSW

5 Upland Road, Suite 2, Cambridge MA 02140  
(617) 650-9829 amy@matiascounseling.com  
www.matiascounseling.com

## Support and Self Care Group for Mothers of Adult Children with Major Mental Illnesses

This is a support group for women who have grown children with a major mental illness. Having a positive relationship with an adult child with a major mental illness requires great skill and the ability to tolerate distress. These mothers are filled with love and fear, concern and helplessness, an overwhelming desire to help, the wish for a road map and the desire for a crystal ball. With this in mind, this support group will encourage good self care and promote resilience. It will meet on the second and fourth Wednesday of each month from 6:00-7:30 p.m. near Harvard Square. The fee is \$45.

To make a referral, please feel free to contact me at (617) 661-5310 or [deboracarmichael@verizon.net](mailto:deboracarmichael@verizon.net).

I look forward to working with you,  
*Debora Carmichael, PhD, CGP*

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

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purchase advertisement space.

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Questions? See details above or  
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# The NSGP Foundation: Preparing for the Future

**Lise Motherwell, President  
NSGP Foundation, Inc.**

According to the Oxford English Dictionary, a foundation is an institution or organization established on a permanent basis with an endowment. More than a decade ago, a group of NSGP members who had been active in teaching and in NSGP's governance decided they wanted to give something back to the organization which many had made their professional home. Most had been chairs of committees, on the board, or president of NSGP at some point in their careers. Now, as senior clinicians they wanted to ensure that NSGP remained a vibrant organization that could continue to provide quality training so that others would have the opportunity to call NSGP their professional home as well. To that end, they created the NSGP Foundation, a 501(c)3 non-profit organization to ensure the future of group therapy training and NSGP itself.

Each year at our annual NSGP Foundation gala, I am asked what the foundation does and how it relates to NSGP. Both are free-standing, not-for-profit organizations that are independent of one other, but are closely related. As stated in our mission statement, the purpose of the Foundation is to support teaching, public education, research, and scholarships in group therapy training. Another fund within the Foundation, The Cecil and Shirley Rice Fund, has a separate but congruent mission: The Rice Fund is dedicated to promoting the study of violence and trauma in groups, families, and individuals, and to helping reduce their occurrence. We fulfill both missions by providing funding for scholarships to the group therapy training programs, attendance at group conferences, and attendance at the AGPA annual meeting, and by offering financial support for special presentations and research related to group therapy and group dynamics. We pay for these projects from funds raised through our gala, our silent auction, our raffle, and the special events we hold, but much of our money comes from generous donors like you.

*We couldn't do what we do without your generosity.*

Last year, on the 5th anniversary year of the death of Anne Alonso, we held an event to honor Anne for her significant contributions to group therapy training. We asked participants to donate monies in her honor to a newly endowed Scholarship Fund and have thus far raised over \$13,000 toward our goal of \$20,000 by the end of the year. If we reach our goal, we will rename the scholarship fund after Anne Alonso. These monies will be used in perpetuity solely to provide scholarships for training in group therapy and group dynamics.

So, how does the Foundation connect to NSGP? Because supporting the activities of NSGP is our priority, last year we gave out scholarship monies to those attending the NSGP Training Program and the NSGP Annual Conference. We provided NSGP with a small grant to subsidize the free lunches for those involved in the Ambassador Program, which helps NSGP bring in new members. We gave a \$2000 grant to the NSGP Conference Committee to bring in outside speakers to its Annual Conference. We also gave NSGP a \$3000 grant to help defray its website redesign costs. And we gave AGPA a \$1000 grant to support its scholarship program for its annual meeting in New Orleans, which went to scholarship recipients from New England. These funds allow early career and part-time therapists to afford to get the best group training offered in the Boston area and also help NSGP to continue to educate the public about group therapy and offer robust training.

When we send a letter to you at the end of the year outlining our accomplishments, please consider making a donation to the Foundation so we can continue to support NSGP. You can do so by going directly to our website at [www.nsgpf.org](http://www.nsgpf.org). Click on "Giving" on the left to make a donation. Thank you, in advance, for your support. We need it and we count on it. To support the Foundation is, ultimately, to support the work that you value.



## NSGP Foundation Gala



Gala guests



Marsha Vannicelli & Siobhan O'Neill



Pat Doherty & Eleanor Counselman



People bidding on auction items



Scott & Jane Rutan, & Deb Filiurin



Larry Kron, Amy Matias,  
& Marsha Vannicelli

# Progress Notes

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

📌 **Alan Albert** will be attending a week's residency at the Banff Centre for Creative Arts in Canada in October. This is a competitive residency granted to applicants after submitting writing samples. The mission of the Centre is to inspire creativity through multidisciplinary programming, providing attendees "with the support they need to create, to develop solutions, and to make the impossible possible."

📌 **Herb Baker** was recently successful in passing the State's Teacher Examinations, four difficult exams required to be licensed in Massachusetts to teach. He has also been accepted to do his teacher-in-training this year at the Codman Academy Charter High School in Dorchester. Upon completion, he will receive his Master's in Education degree from Cambridge College Graduate School of Education in May 2014. Herb writes, "Of course, my group therapy skills will be an essential aspect of my teaching."

📌 **Deb Carmichael** came in Third Place at the Long Creek, Prince Edward Island card party in August. She notes that "cards (specifically the game of 45's) are a provincial past-time on the island, second only to hockey."

📌 **J. Tyler Carpenter** presented his papers, "I Hear Freud and Einstein Corresponding in the Ether" and "Issues of Interpretation in Global Mental Health Care," in July as part of separate panel discussions at the XXXIIIrd International Congress on Law and Mental Health in Amsterdam. He is also preparing for participation in a pre-conference workshop "Psychological and Social Approaches to Treating Psychoses in Different Settings: The Effects of Setting" at the ISPS-US 14th Annual Meeting in October.

📌 **Greg Chilenski** wishes to announce the temporary closure of his practice of individual and group psychotherapy in Camden, Maine, due to a serious family illness. Well-wishers may contact him at [gchilenski@gmail.com](mailto:gchilenski@gmail.com).

📌 **Eleanor Counselman** was the invited small group leader for the Mid-Atlantic Group Psychotherapy Society Spring Conference in April 2013. In June, she led a day-long experience group

based on attachment theory for NSGP. She had an article on peer supervision groups published in the *Psychotherapy Networker* in May and an article on group therapy accepted in *Introduction to Psychiatry: Preclinical Foundations and Clinical Essentials* (2014, in press). Excitingly, Eleanor is also a candidate for President of the American Group Psychotherapy Association!

📌 **Joe DeAngelis** is pleased to announce that he graduated from the Massachusetts Institute for Psychoanalysis' four-year psychoanalytic training program. His final project paper explored the benefits and challenges of introducing a patient to group treatment as an adjunct to individual psychoanalysis.

📌 **Barbara Keezell** completed the second year of the PCFINE training program. She has also signed up for an acting class in anticipation of her upcoming role in the Redwell Theatre group's dramatic reading presentation at the AGPA conference in March. She is looking forward to her acting debut!

📌 **Jenn McLain** has shifted from player to coach of her football team this year, which is providing her ample opportunities to explore transitions in leadership and group dynamics.

📌 **Oona Metz** is looking forward to her upcoming presentations this fall and winter at the NSGP Breakfast Club, the NSGP Practice Development Series, the Eastern Group Psychotherapy Society Annual Conference in NYC, the Brookline Center, and AGPA in Boston. While she has ended her tenure on the Board and misses being a part of it, she is excited about her new role as chair of the Practice Development Committee.

📌 **Lise Motherwell** has shifted her focus to organizational consulting and board work. She was voted Vice President of the Board of Directors of the Provincetown Art Association and Museum in August and will run for a second term as Treasurer of AGPA in the November election. She and **Suzanne Cohen** are co-chairing the Scholarship Fundraising Committee for AGPA's Annual Conference to be held in Boston in March, 2014. She and **Joseph Shay** are currently working on a 2nd Edition of *Complex Dilemmas in Group Therapy: Pathways to Resolution* to be published in 2014.

📌 **David Poles** is now offering Executive Coaching to CEOs and business owners. Prior to this, he received coaching training and is taking the Board Certified Coach exam in September.

📌 **Sharan L. Schwartzberg** co-directed a new summer course "Interprofessional Team Management of Pain" on Pain Research, Education, and Policy, in the Department of Public Health and Community Medicine, Tufts University School of Medicine. The course focused on the nature of the groups and IP teams and effective strategies to optimize their function. Sharan is now developing two measures of IP Pain Team Functioning.

📌 **Joe Shay** recently presented "Defensive Processes in Couples Therapy" and "Everything You Always Wanted to Know about Couples Therapy but Were Afraid to Ask" to the PCFINE class. Joe also led the first year of a two-year Experience Group at NSGP's conference in June and chaired a workshop (with **Scott Rutan** and **Annie Weiss**) entitled "What Was I Thinking?: Therapist Errors and How We Can Learn From Them." In July, Joe presented "Formulation & Interpretation in Action" to the incoming psychiatry residents of the McLean/MGH Training Program. In October, he will lead a three-day experience group for a group of therapists in Maine who have been meeting for more than 25 years. Finally, in November, he will present "Formulation & Interpretation in Action" to the Boston Health Care for the Homeless Program.

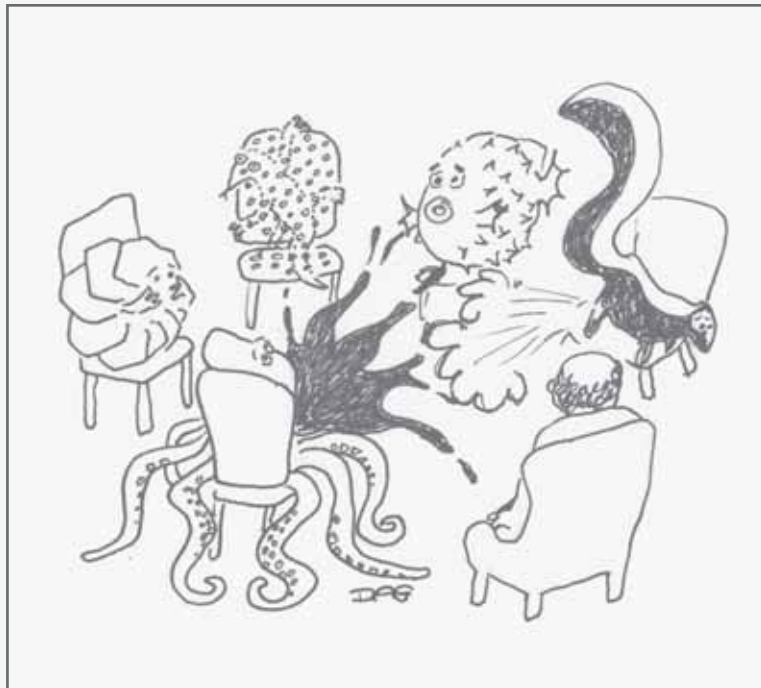


**Bob Weber** continues his work integrating mental health, aging, and spirituality. In March, he co-presented a workshop entitled "Why Did I Live So Long? Longevity and Wisdom: Wanted and/or Unwanted?" at the American Society on Aging's conference in Chicago. This was followed by a co-led day of reflection in April, "The Fulfillment of Life: Henri Nouwen's Spiritual Vision of Aging," at the Jesuit Renewal Center in Weston, MA. At MSPP's Annual Conference on Mental Health and Aging in May, Bob presented "Existential and Humanistic Issues informing Clinical Treatment" and led a group exercise on "Psycho-Spiritual Integration." He co-authored "The Question(s) of Age: Calling for a New Vision of Spiritual Aging" for *Aging Today*, a publication of the American Society on Aging, and he and co-author Carol Orsborn are nearing completion of their book, *The Seeker's Guide to Aging: 25 Questions that Turn Getting Older into a Spiritual Path*.

**Annie Weiss** is beginning her 3rd year as co-leader of the Boston Institute for Psychotherapy Observation Group with **Scott Rutan**. She writes "This has been an incomparably fun and rewarding experience." She also completed Level 3 of the IFS (Internal Family Systems) training this summer, and will be presenting at APGA with Tracy MacNab on IFS and Group Therapy. And, she got a puppy!

## Caption This!

Please submit a caption for this cartoon to [newsletter@nsgp.com](mailto:newsletter@nsgp.com).  
The winning entries will be announced in the next issue.



Drawn by David Goldfinger

## Winners for the Spring, 2013 cartoon

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



**Fourth runner up:**

"Look at us. How is it we're all sitting in chairs?" —George Dominiak

**Third runner up:**

"So where's the scapegoat?" —Bob Weber

**Second runner up:**

"The complexities of projective identification here are endless." —Tom Schweitzer

**First runner up:**

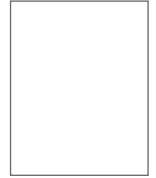
"Exactly WHAT do we have in common???" —Scott Rutan

**The winning caption:**

"Welcome to the first meeting of the Species Disorder Group." —Steve Haut



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## Mark Your Calendar!

NSGP's 33rd Annual Conference!

June 6, 7, & 8, 2014

### 2013-2014 NSGP Events Calendar

Sept. 22, 2013	<b>Breakfast Club</b> 11-1:30 — with Theresa Bullock Cohen, LICSW <i>Marketing Your Private Practice</i> Hosted by Eleanor Counselman—Belmont
Oct. 20, 2013	<b>Breakfast Club</b> 11-1:30 — with Oona Metz, LICSW, CGP <i>Field Notes from a Psychodynamic Therapist Leading Divorce Support Groups. Is it "Support" or Is It "Therapy" and What Is the Difference Anyway?</i> Hosted by Scott Rutan—Chestnut Hill
Dec. 8, 2013	<b>Breakfast Club</b> 11-1:30 — with Nancy Goldner, PhD, LICSW, CGP <i>Attachment Style and Living Solo: Group Psychotherapy with Single Adults</i> Hosted by Barbara Keezell—Newton
Jan. 12, 2014	<b>Breakfast Club</b> 11-1:30 — with Bob Weber, PhD, CGP <i>Spirituality in Groups</i> Hosted by Geri & Scott Reinhardt—Newton
Mar. 3-8, 2014	<b>AGPA in BOSTON!</b> <i>Stay Tuned for further information!</i>
Mar. 23, 2014	<b>Breakfast Club</b> 11-1:30 — with Maxine Sushelsky, LMHC <i>What's Grief Got to Do with It: Traveling through Loss with Clients</i> Hosted by Julie Anderson—Brookline
Apr. 13, 2014	<b>Breakfast Club</b> 11-1:30 — with Joel Krieg, LICSW <i>Transitions in Group Leadership</i> Hosted by Joyce & Walker Shields—Belmont
June 6-8, 2014	<b>Save the Date!</b> 33rd 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.