



the newsletter

NSGP

Northeastern Society for Group Psychotherapy

Volume XXXVII, Number 1

Spring 2016

Letter from the President



I keep thinking about spring in a looking-forward kind of way. I feel delight and hope at the thought of the birds returning and the flowers blooming. New life, growth, abundance, the fruits of our labor evident.

Personally, this spring is particularly meaningful to me and as I reflect on the current state of NSGP a "state of spring" is surely evident.

There is a springtime sense of renewal for NSGP. It is the result of years of hard work by many devoted NSGP members in a number of important areas: membership, finances, the website, continuing education, outreach, and the office manager position. Because of the hard work done, NSGP is increasing its membership as well as the breadth and scope of its offerings and outreach.

It is clear that our efforts to encourage more clinicians to join and actively participate in our organization is working. One year ago, the Membership Committee launched the Share the Connection Campaign and we now have 183 members. This is the result of countless hours of responding to our members, initiating conversations with non-members at our many events, following up on long lost members, and continuing to be a rich and rewarding society such that we are an undeniable value added. Jennifer DeSouza and William Sharp along with Membership Committee members John Grillo and Shunda McGahee have worked diligently and with great determination and focus to make the committee fruitful.

Because Theresa Cohen, our Treasurer, is incredibly determined, talented and conscientious we now have a budget that is accurate line by line, comprehensive and therefore useful. This enables the committee co-chairs to make informed decisions about their annual budget and for us to keep track of our financial progress. We also have a reliable system for paying taxes which wasn't the case for a few years (believe it or not!). We have an active Audit

Committee in Madeleine Lourie who makes sure we are complying and reconciling. She informs us we are on track and meeting all of our financial responsibilities.

After some years of turbulence and change, we have an Office Manager, Lisa Portscher, who is a true professional and terrific to know. Lisa is an experienced virtual assistant with her own company. She lives in the Boston area and attends the monthly Board meetings. She has been instrumental in the Membership, website and financial efforts in particular. Of course she does so much more and does it very well.

We have been operating from our new website platform for a year and continue to be pleased with the functionality. Having said that, there are consistent, ongoing efforts to improve the website and expand what it can offer our members. Be sure to update your profile to include the groups you're running so you can get referrals. The Website Committee has been added under the umbrella of the Publicity and Marketing Committee. Joe DeAngelis and Michel Selva are the Co-Chairs of the Website committee along with member Guy Croteau.

We have also addressed the challenge of offering continuing education credits, and have made several changes in this area, most notably affecting physicians and nurses. There is an open letter to the membership in this newsletter that addresses these issues in greater detail. Despite these challenges, our commitment to maintaining a multidisciplinary society is real and it is strong.

A Scholarship Committee has been established, co-led by Joel Krieg and myself. Through the extremely generous contributions of the NSGP Foundation, eight students received scholarship awards to attend the 2015-2016 Training Program and we are able to award thirty or more scholarships so that clinicians interested in group psychotherapy can attend our annual Conference. It is clear that NSGP members, current and future ones, benefit greatly from the clarity of purpose forwarded by the Foundation.

And, our crown jewel of course is the annual NSGP conference. Be sure to attend

June 10-12 at Simmons College. The conference is entitled: "What Moves Us: Tuning In To the Body, Our Groups and Ourselves." The all-day Demonstration Group will be led by Peter J. Taylor, PhD, SEP, CGP, FAGPA, and Roger Saint-Laurent, PsyD, SEP, CGP. The Special Presentations will be led by Suzanne Cohen, EdD, CGP and Bessel van der Kolk, MD. I expect another successful conference in 2016. Get ready to be inspired!

Of course, the Practice Development and Breakfast Club Committees continue to hit it out of the park with every event. They consistently offer compelling and interesting topics that enrich the practice of clinicians devoted to group psychotherapy. The Publicity & Marketing Committee, Nominating, Newsletter, and the Training Committees are diligent, creative, and robust as well.

(continued on page 13)

1

INSIDE

Page 2. . . Letter from the Editor

Page 3. . . Breakfast Club

AGPA Conference 2016

Page 4. . . Craving For More

Page 5. . . Living the Questions at AGPA

Page 6. . . Group Psychotherapy—Still The Stepchild of Individual Treatment—But Why?

Page 8. . . Analyze This

Page 10. . . Tax and Retirement

Page 11. . . Money Matters

Page 12. . . NSGP Board of Directors' CME Decision

Page 13. . . NSGP Foundation Poker Party

Page 14. . . Progress Notes

Page 15. . . Cartoon Caption Contest

Back Cover: Upcoming Events Calendar

NSGP Newsletter Committee

Chairs	Jennifer McLain, MD, CGP Kurt L. White, LICSW, LADC, CGP
Members	David Goldfinger, PhD, CGP Renee Hoekstra, PsyD Joel Krieg, LICSW, CGP Amy Matias, PhD, LICSW Oona Metz, LICSW, CGP Alan Witkower, EdD, CGP Ellen Ziskind, LICSW, CGP
Photography	Joseph Shay, PhD, CGP, FAGPA Kurt L. White, LICSW, LADC, CGP
Design	White Design designer_solution@comcast.net

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

President	Debora Carmichael, PhD, CGP
President-Elect	Steffen Fuller, PhD, CGP
Secretary	Jennifer DeSouza, LICSW, CGP
Treasurer	Theresa Bullock Cohen, LICSW, CGP, BCC
Directors	Joseph DeAngelis, LICSW, CGP Melissa Kelly, LICSW Ann Koplow, LICSW Joel Krieg, LICSW, CGP Madeleine Lourie, LICSW Michelle McGrath, LICSW Geri Reinhardt, LICSW

NSGP Committee Chairpersons

Audit	Madeleine Lourie, LICSW
Breakfast Club	Corrina Maslanka, BA Howard Schnairsohn, LICSW, CGP
By-Laws	Lawrence Kron, JD, PhD
Conference	Lucille Jordan, LCSW Virginia Reiber, PhD, CGP
Continuing Education	Julie Anderson, PhD, CGP Debora Carmichael, PhD, CGP
Disaster Response	Kathleen Hubbs Ulman, PhD, CGP, FAGPA
Membership	Jennifer DeSouza, LICSW, CGP William Sharp, PsyD
Newsletter	Jennifer McLain, MD, CGP Kurt L. White, LICSW, LADC, CGP
Nominating	Joyce Shields, APRN, MS, BC, CGP
Practice Development	Annie Ide, LICSW Oona Metz, LICSW, CGP
Publicity & Marketing	Marc G. Bolduc, LICSW, CADC II, CGP Melissa Kelly, LICSW
Research Committee	Maya Reddy, LICSW Kurt L. White, LICSW, LADC, CGP
Training Program	Joel Krieg, LICSW, CGP Jennifer McLain, MD, CGP

NSGP Office (617) 431-6747

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

**Northeastern Society
for Group Psychotherapy, Inc.**

**PO Box 356
Belmont, MA 02478-3201**

(617) 431-6747

www.nsgp.com

Letter from the Editor

Book one of Plato's *Republic* begins with a scene in which Socrates is coming back to Athens from the port of Piraeus, and a group of men ride up to him and demand that he stop. He begins to debate with them, and one of his would-be detainers points out the futility of struggling when one is outnumbered and overpowered: "And are you stronger than all these? For if not, you will have to remain where you are." Socrates responds in way that suggests a more democratic and rational ideal: "May there not be the alternative...that we may *persuade you* to let us go?" But they reply "Can you persuade us, *if we refuse to listen to you?*" This interaction demonstrates a powerful and disturbing truth about group dynamics—the larger group can choose not to listen but instead simply exert its will in ways that suit it best.

Both Plato and the NSGP community have been with me in spirit these past several months as I struggled with policymakers in Vermont, my home, who have recently devalued group therapy practitioners. For the last year or so, State administrators have introduced cuts to Vermont Medicaid group therapy reimbursement and have refused to have an honest dialogue about these changes. Unlike many states, Vermont, until recently, has had a relatively favorable rate of reimbursement for group psychotherapy; however, in 2015 and 2016, the Medicaid office introduced two stages of cuts that reduce group rates by 50-67%. For group practitioners here, this has felt deeply unfair and targeted, as it was a cut to a single reimbursement code and not a part of a larger picture of fiscal "belt tightening." For me, it has been a season of mobilizing myself into action and advocacy, as I worked to persuade those in charge that this is a misguided effort, both in human and fiscal terms.

This sort of change will disproportionately affect disenfranchised and vulnerable individuals, as therapists are likely to think twice before running groups for clients with public insurance. This, in turn, will impede

access to care in a rural state that is already struggling. Existing treatment access problems have been exacerbated by the devastating consequences of an ongoing opioid epidemic. I often thought of you, the collective "you" of NSGP, when I was giving testimony, writing letters, and rallying other agencies and organizations to protest this change; the knowledge of not being alone in this work helped me to find the strength to continue to advocate against a much larger bureaucratic machine. Some clients also gave written testimony to the legislature about this issue, speaking to the power of group in their lives. One person wrote: "Each hospitalization simply reinforced my belief that I was this "other," this separate entity not found in nature, this thing with no connection, no hope of connection, to the people around me. Every time my sense of being disconnected began to creep in, however, Thursday came right on time, and with it, group therapy. Though the faces came and went, the facts remained: I was not, nor would I ever be, alone."

Although, so far, we have no tangible result for our efforts—the rate reductions remain in effect—I feel mildly better for having a voice in the process. Differences and disagreements are all typical enough for a group therapist, and can be managed and worked through...but I am left with the painful dilemma of how to live in the world when those who have the power won't dialogue in good faith. Although it was unconscious on my part, I think some of these themes may have worked their way into the selection of pieces for this newsletter—perhaps all the more so as I have been the solo co-editor for this cycle. I hope you find the work and contributions of your fellow colleagues as inspiring and energizing as I do; if you're anything like me, you may need it right about now!

Kurt L. White, LICSW, CGP

Co-Editor Newsletter

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



Breakfast Club

2016–2017 Calendar

September 25, 2016	ANN KEREN NEEMAN-KANTOR, MA PRESENTS When Living with Trauma is the Essence: Promoting the State of Secure Presence	at LARS ANDERSON PARK in Brookline
October 23, 2016	SARAH EMERSON, MSW, LICSW, CGP, FAGPA PRESENTS New Member Welcome Breakfast: Case Supervision & Discussion	at JENN & JOE DESOUZA'S HOME in Cambridge
December 4, 2016	SASHA WATKINS, LMHC, CPRP PRESENTS Leading Groups: Does Culture Matter?	at THE GREEN ROOM in Somerville
January 15, 2017	STEVEN KRUGMAN, PHD PRESENTS Mentalization in Group Therapy: Making Sense of Other People & Ourselves	at STEFFEN FULLER'S HOME in Newton
March 19, 2017	ADAM SILK, MD PRESENTS Group Therapy Goes to School Or, What Teachers Can Learn from Group Process	at ARI SHESTO'S HOME in Newton Center
April 23, 2017	MARIA MELLANO, LICSW Psychodrama: Bringing Group Work to Life	at SUZANNE BRENNAN ~ NATHAN' S HOME in Roslindale

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 Fall 2016 Newsletter. Please send submissions to:

newsletter@nsgp.com.

Note: letters not edited except for space.

Craving For More

Shunda McGahee, MD

I was introduced to the richness of group therapy during my second year of residency in our weekly resident training group. It was difficult to process what was happening or not happening in the group as we weathered the perils of residency training. This year completes my ninth attendance at the yearly AGPA conference. And as a practicing psychiatrist, I often get a quizzical look when I talk with my colleagues about my experiences.

This year I focused on substance abuse, particularly harm reduction, by attending Jeannie Little's Two-Day Institute entitled "From Dichotomy to Diversity: Addiction Treatment in the 21st Century." Coming from a city that is bloated with services, we struggle mightily with the tide of substance use and mental illness. From the opioid epidemic to the popularity of dangerous synthetic drugs, I can often feel at a loss for how to be most helpful. I am convinced that "the group" will be the key to revitalizing the medical field's

ability to move these complex clients toward recovery and move treatment from the office into the community.

Harm reduction in group psychotherapy is a growing modality of care. Harm reduction is an approach to working with drug users that aims to reduce drug-related harm to individuals, their families, and communities *without necessarily reducing the consumption of drugs and alcohol* (Denning & Little, 2012). The first objective fruits of harm reduction can be seen in the needle exchange movement. Rooted in a public health stance, needle exchange saw dramatic drops in the transmission of infectious diseases and complications related to injection drug use.

Additionally, a portion of clients took advantage of further substance treatment after numerous contacts with health care providers. Beyond needle exchange, in Vancouver there are safe heroin injection centers that are run by medical staff. I wondered "Really??? Is that going too far?" Maybe.....but maybe not. Radical concepts. Yet where there is life, opportunity for change can grow; death closes all doors. But what we have been doing is not making a real impact in the growing substance epidemic and lives are being lost.

At present, the primary mode of addiction treatment uses abstinence as its gold standard of treatment. Abstinence, for providers, is seen as the outcome with the least harm and risk. Detox, dual diagnosis inpatient units, sober houses, methadone/buprenorphine programs, and Alcoholics Anonymous (AA) are all examples that require abstinence to

maintain ongoing care. Yes, AA too: "The only requirement for membership is a desire to STOP drinking." However, there are many scenarios that fall short of abstinence yet improve the lives of patients. Yet much of what we have to offer, in terms of treatment, starts with the assumption of abstinence. I felt like a light had been shined on a part of my therapeutic stance—could I be creating more harm than good? The greatest portion of my patients don't want to stop using, but rather want to have less of the problems associated with using substances.

In my mind, I worry that removing the consequences of substance use will enable and support continued use. But is this true? Consequences, including the loss of family, unemployment, mass incarceration, infectious diseases, accidents, and overdoses have not resulted in less substance use and injury. Over the two days of my institute, I felt a crack in the armor of my treatment stance. I felt my fear and anxiety bubble up, as I contemplated a dramatic shift in my thinking. Ideals of treatment that I have held for years began to loosen and stretch. Shall I make room for a new paradigm or continue as I have been?

I'm a former smoker and occasionally relapse during periods of extreme stress. During my institute, I began having cravings to smoke. Strong cravings. I mentioned this in the group. Our group leader asked, "Would you like the group to support you to smoke or to support you to not smoke?" I immediately replied, "You are giving me the choice of how I want you to help me." The leader responded, "Of course." I asked for support to go smoke. Several members commented and others were silent. I felt waves of relief with each remark from the other participants. We broke for lunch. When we returned, no one asked what I had done during the break. No one asked the next day. I did not smoke. Will I in the future? Maybe...or maybe not. Clearly, I am not a perfect representation of the patients that I treat. However, for me, the



Barbara Schmitz, Oona Metz,
& Martina Windler



Suzanne Brennan-Nathan,
Ann-Keren Kantor, & Annie Weiss



Scott Rutan, Shunda McGahee
& Eleanor Counselman



Larry Kron & Marsha Vanicelli



Joe Shay, Suzanne Cohen,
& Belinda Friedrich



Mary Dluhy & Kurt White

value of experiential groups at AGPA is the acquisition of knowledge, created through the transformative process of my own personal experiences. My transformation has generated a craving for more.



Living the Questions at AGPA

Sarah H. Moon, PsyD

As a first time attendee of the AGPA conference, my immediate emotions were wonderment, excitement, and joy. New York itself, in a way, represents the dynamic of the conference and the organization—with its hustle and bustle, strong connection to tradition, openness to new faces/people, and the wonderful food allowing for comforts of home even when home is somewhere around the world. But there was another side of the conference that I got to experience; once the conference was over, I felt a strong sense of loss, different than I had experienced in any other conference.

There is a vibrancy and vigorousness that runs through the veins of this conference, a personality and life of its own. AGPA's culture, as I experienced it, exudes passion and love not only for group therapy work, but a commitment to connection, exploration, and growth for AGPA members. It reminded me of one of my most treasured books by Rainer Maria Rilke, where he wrote:

"...have patience with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don't search for the answers, which could not be given to you now, because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without

even noticing it, live your way into the answer."

At this conference, I was surrounded by people who lived the questions—who *allowed* themselves to live *in* the questions. It was a space where people came together and acknowledged the fullness of what it means to live and it showed during the AGPA conference—the joy of seeing old friends, the anxiety of meeting new ones, the fear of isolation, the satisfaction of being seen and heard, the loss and grief of endings, the hope and expectation to meet in a year, and the grief of lost time. Rilke writes that feelings don't only come into existence when they are named, but that they exist as we live them, and that is what I saw each person doing. It's risky, it's courageous, and it's daunting and exciting at the same time. Each individual seemed ready and willing to invest in this manner. It demonstrated humility—from students who were attending the conference to the leaders and administrators of AGPA.

I was overwhelmed with gratefulness and awe of the people I met and the meaningfulness of all that I learned in the workshops, but what was most valuable was the way everyone provided each other safety. This was done through the willingness of individuals to come together in a room and allowing themselves to be seen and heard while simultaneously seeing and hearing others; this honest and genuine mutuality provided a safety to explore and wonder and feel. This does not mean that I witnessed relational perfection, but rather

that everyone was open to all experiences: mistakes, failures, compassion, grace, and support. Safety is not void of risk taking, hurt, or rupture; rather, safety leaves space for hope, repair, and connection.

Goodbyes are a part of relationships, groups, and loss; I knew the ending of the conference was inevitable. As the end of the conference neared, I could tell the mood and energy changed. Termination started early. People saying their goodbyes, letting each other know where they would be and if they would come back next year. I wondered if the

(continued on page 13)



Barbara Schmitz & Amy Matias



Robin Good, Oona Metz, & Chera Finnis



Joel Krieg & Oona Metz



Debora Carmichael & Howie Schnairsohn



Emmanuel Stefanakis, Sara Emerson, & Joel Krieg



Dorothy Altman & Ramon Alonso

Group Psychotherapy—Still The Stepchild of Individual Treatment—But Why?

Robert S. Pepper, PhD, LICSW, CGP

I had mixed emotions while reading a recent article by Oliver Burkeman in *The Guardian* entitled, “Therapy Wars: The Revenge of Freud” (January, 2016). The author cites current research supporting the effectiveness of long-term psychotherapy, over the darling of quick-fix gurus and insurance companies, Cognitive Behavioral Therapy (CBT). According to Burkeman, recent research seems to indicate what I suspected all along. Over the long haul, psychoanalysis trumps “Train Your Brain”-type therapy. Whatever temporary benefits accrue from (CBT) tend to evaporate over time. That’s because quick-fix solution may relieve symptoms but they have no effect on character change. However, while he extolled psychoanalysis, Burkeman had nary a word about group psychotherapy. I wondered why and felt frustrated by this omission

As a group psychotherapist with more than 30 years of experience, it seems to me that group therapy is uniquely designed to help with a myriad of emotional problems, particularly character change. According to Jerry Gans (2016), healing in group occurs through the analysis and interpretation of transference, self-confrontation through another; vicarious empowerment; re-owning projections; having one’s suffering witnessed and validated; the provision of a holding environment; and the basic kindness of others. What’s more, group members can say things to each other that the leader can’t, without causing narcissistic injury.

We all have two sets of needs: healthy ones and neurotic needs. The healthy needs are the obvious ones, as Freud noted, to love and to work. In recent years, a third one has been added, the need to play. The neurotic ones, on the other hand, aren’t so readily apparent. These are the needs that tie us to the past, to our need to re-create, in our adult lives, unresolved childhood conflicts. Our choices in life are determined by which of these two different sets of needs are in ascendance at any given time. All emotions have value; they define who we are. But, acting on the unhealthy ones can be destructive to one’s self and one’s relationships. From my point of view, one of the most legitimate functions of group psychotherapy is provide members with feedback on how they are coming across in relationships. Group feedback helps members to understand which emotions underlie their decisions, giving them the

opportunity to consciously choose which ones to act on.

In another paper, I have compared the Laws of physical world with the world of emotions (Pepper, 2015). Einstein’s law of the conservation of energy states that energy can neither be created nor destroyed, only transformed. In this way, emotions are like energy; feelings can neither be created nor destroyed, only transformed. This conservation of emotions can take three possible forms: 1. They can be put into words, 2. They can be acted out, or 3. They can be put into the body and be transformed into symptoms. Group members often lament: “What’s the use of having feelings if they can’t change things?” I always disagree with statements of this sort because they miss the point. The point is that putting feelings into words has a stabilizing effect: emotions have value whether or not they change things in a person’s life. I have witnessed these phenomena in both my professional and personal lives. In my work as a group therapist, the stabilizing effect of putting feelings into words has occurred countless times. I tell the group that there are many things in life that we can’t control, but we’re always entitled to have our feelings about them

When group members get lost ‘futurizing’ about how much better their lives will be at some distant time and place, I first will ask them: “And what are you going to do in the meantime?” The point is that we all are of two minds about almost everything: we want to change but we resist it at the same time. When the group members’ response to my question is vague and clearly ambivalent, I asked the more pointed question: “What are you getting out of your unsatisfying life situation, just as it is?” Invariably, the answer is: “Nothing.” I don’t quite believe it. Although I realize that the member is truly unhappy, there is always some emotional investment in the status quo, even if it is a neurotic one

For instance, Marta, a female group member, complained bitterly about feeling used by her boyfriend. He had lied to her about needing to borrow her car for work. She was furious when she found out that he was using the car to date other women! John said: “I’m furious with you for accepting crumbs from him.” Hermione was incredulous. She said: “I’ve lost respect for you. If you’re so unhappy, don’t lend him the car anymore.” Marta’s reply was like the old Groucho Marx line. She actually said: “No, but I have to. He needs it!” I stepped in and reminded the group that we are often most critical of the qualities in others that we dislike in ourselves. I said: “At one time or another, everyone

here has acted self-destructively.” Marta’s need to be needed overrode her good judgment: she was compelled to act self-destructively and she suffered for it. I know it seems hard to believe, but if it weren’t so neurotic, it would almost be funny. As much as she complained, she was not about to make any changes in the relationship. In her twisted thinking, this was her way of holding on to him. Clearly, if she had felt better about herself, she would have kicked him to the curb, but her self-esteem was very low. Marta felt desperate. In her mind, a bad relationship was better than none at all; but at the same time, there was an emotionally healthy side to her personality. She wasn’t a lost cause. To her credit, Marta was able to laugh with the rest of us at the absurdity of the situation.

In another case, a group member, Martin, often complained of stomach aches. His medical doctor could find no physical reason for them. He told him that they were “all in your head...Go see a shrink.” This was a rather insensitive and inaccurate formulation. To say: “it’s all in your head,” makes it seem like Martin’s symptoms weren’t real. Of course, they were real in the sense that he experienced physical pain. During one group meeting, he complained of particularly severe stomach pain. I asked him: “If your stomach could speak, what would it say?” He said: “I don’t know.” I said: “I don’t know means ‘I don’t want to know.’ This is not a factual question. Give your stomach pains words.” Martin thought for a moment then said: “I miss my mother but it’s been so many years that she’s been gone. I shouldn’t still be having these feelings.” Lois was reassuring and said something very wise: “Death ends a life; it doesn’t end a relationship. My mother died 30 years ago. I think of her often and will always miss her.” Martin suddenly remembered that this was the anniversary of his mother’s death. He had put it out of his mind and forgot about it, but the pain of missing his mother didn’t just go away. It went into his body. ‘Why his stomach?’ you ask...and I don’t really know. Perhaps his stomach was most sensitive to emotional pain. Group members asked Martin to tell us about his mother. He told sad stories and funny stories about her. We all laughed and cried along with him. He was so relieved by the group’s interest in him and support. After Martin had finished talking about his mother, the pain went away. At the risk of being accused of preaching to the choir, I trust that these two examples are clear illustrations of group therapy’s healing power that are indeed only

(continued on page 11)



35th Annual

Conference of the



N S G P

Northeastern Society for Group Psychotherapy

JUNE 10 | 11 | 12 2016

Simmons College | Boston, MA | Listen, Learn and Lead

WHAT MOVES US:

Tuning in to the Body, Our Groups and Ourselves

FEATURED PRESENTERS INCLUDE Bessel van der Kolk, MD, Suzanne L. Cohen, Ed.D., CGP, Peter J. Taylor, Ph.D., SEP, CGP, FAGPA, and Roger Saint-Laurent, Psy.D, SEP, CGP

DAY ONE Friday | June 10th, 2016

Full Day Experience Groups // Social Hour // Evening Special Presentation - *Synchrony and Finding a Voice: Music, Theater and Collective Movement in Recovery from Traumatic Stress*

DAY TWO Saturday | June 11th, 2016

A Full Day of Workshop Offerings // Afternoon Special Presentation - *Music, Movement, and Moments of Meeting: A Group Experience* // Social Hour // NSGP Dinner Party

DAY THREE Sunday | June 12th, 2016

Full Day Guest Lecture and Demonstration Group - *SE-Informed Group Psychotherapy: Moving Beyond Trauma to Embodied Relationship* // Social Hour

Visit WWW.NSGP.COM to register and for more information.

Connect with us | Facebook, Twitter, LinkedIn, YouTube, Cluster // Scholarships Available
Support the NSGP Foundation // CE Hours - 23.75
NSGP Conference & Group Leadership Experience
Come explore and boost your senses

ANalyze This

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

Dear Analyze This

I have a question about adding new members to an ongoing group and how to both understand what is happening in the group and help the group transition through this phase. I'm hoping you can provide some guidance in terms of how to think about the issues involved.

I have an interpersonal group that has been ongoing for two years. The membership has been quite consistent. One member, who had been in the group for two years and was the only male member, left the group several weeks prior to three new members joining. This departure and the addition of new members was expected and discussed for about six months. The new members included two men and one woman.

Since the membership has changed, things have been rocky to say the least. I will outline a few of the dynamics occurring in the group since the turnover has taken place.

One of the dynamics I have noticed is that there is frequent conflict in the group, which was not the norm before the new members joined. The conflicts have centered on differences of opinion on how the group will do business together. These conflicts have involved primarily the original members who have dominated the group focus. New members have been quieter.

Another dynamic I have noticed is that the members have been looking to me for guidance on how the group is going to operate. They have, at times, openly challenged my leadership and wondered aloud what they "even get out of group." A few original members

whom I see individually have expressed anger at my decision to add the new members when the group was so productive prior to the new members joining.

A third dynamic in the group is that members tend to react negatively to one of the new, male members in the group, who frequently makes jokes or random comments. Verbal and non-verbal reactions are also apparent when this member shares. A few members whom I also see individually have stated that they want to leave the group because they do not like this new member.

Can you help me understand what is happening in the group right now? What is my role in the group and how do I help them transition to more stability? Will this family ever get along? I appreciate any advice you can offer!

The Blended Family

Dear Blended Family,

Thanks for your dilemma. I've recently had the pleasure of reviewing some of the classic literature pertaining to aspects of group dynamics, and I was delighted to think I might apply some of this wisdom to your very poignant case presented here. I have also been exploring some other kinds of groups such as in communities that form in day programs for homeless people, and I've begun thinking about group dynamics in some new ways.

I think the first thing to say about your group is that it has experienced a depth of familiarity and cohesion in its recent past that it is fighting to preserve. New members represent change that can threaten the group's sense of safety and trust, and the group is struggling with this fear of change in a non-verbal way. Members are putting feelings into actions instead of words, and you are seeing the classic signs of acting out unexpressed feelings. The aggression and

scapegoating are behaviors that come from a primitive place, as if to say "this is mine, and you can't come in." The retreat and threats to leave the group are similarly very early coping strategies, efforts to cope with a situation that feels unmanageable—"I'll go find another place since this one has become unfamiliar and scary, and I'm powerless to make it better."

"Our job as leaders is to provide the optimal frustration, or good-enough parenting, that we know helps people grow."

This is a time when the leader's sensitivity to these unexpressed feelings is worth its weight in gold. The leader is properly responsible for these challenges to the group's stability, at least in terms of the introduction of new members, and the leader needs to take responsibility for the discomfort of the group. This is not the same as

feeling apologetic or hesitant in making these changes, for clearly a group is not healthy if it is static. The members' longing for stability is a powerful unconscious drive, and may be closely connected to some members' problems adapting to growth and change in their lives—the very problems that bring them into group therapy. Our job as leaders is to provide the optimal frustration, or good-enough parenting, that we know helps people grow. It hurts to upset a group member, just as it does to disappoint a child, when we impose changes that they don't want. We have the opportunity in uncomfortable moments like this to share the discomfort as we help to identify, verbalize and metabolize the member's feelings and experiences around these changes to the stability of their world.

It is important for the leader to pull the aggression away from vulnerable (new) members, and towards the perpetrator of the change—the leader. In demonstrating understanding, empathy and tolerance of the members' aggression, the leader may offer the group the very new experience of having a full array of feelings expressed, understood, and shared. When big feelings can be expressed without frightening consequences (over-reactions and threats of abandonment), then there is generated the possibility of

hope and trust, the amino acids of cohesion, within the group.

I'm intrigued at the possibility that gender might be playing a part in this turbulence. From several things you've said, I've deduced that when your charter-member male left, there were a few weeks where it was a women's group. Then you (and your gender is of course meaningful and unknown to me as I write this) brought in more members, more men. It's one of these men who is taking the brunt of (female?) aggression, as the group struggles with its new identity and composition. This might be a fruitful area to discuss with the group: what was it like for the initially mixed group to evolve into a group with only one man, and then have some time when it was all women? Again you may have no idea what will open up when you invite the group to examine this—and that is the beauty of it. The exploration of this un-named (even perhaps unimagined) undercurrent will likely deepen the group as it grows into a new sense of itself.

Good luck and have fun with this dynamic "moment" in your group's history. You can be sure it will be memorable to the members, and quite possibly be the beginning of deep and rich cohesion as established members feel a part of renewing the group.

Julie Anderson, PhD, CGP



Dear Blended Family,

Thank you for presenting this difficult dilemma. When our groups ebb to low numbers, there is always the question of what to do next. Do we terminate the group? Do we search for new members, and if so when and how do we introduce them? Do we accept marginally appropriate members because we need the chairs filled?

You note that the group changed dramatically when the new members

arrived. Another view might be, "The group changed dramatically when it endured its first termination in quite some time."

Though I have little information on which to base my assessment, I suggest that the problems may have begun before the new members arrived.

The group had an unusual composition for quite some time: several women and one man. This likely led to that single male having a particularly important role in the group and in the unconscious processes of all the members. Not only was he the only male, but he had also been in the group the longest. His leaving, therefore, was quite an important event. Perhaps there was insufficient attention paid to the feelings evoked by the

departure of the lone man in the group. Do the women feel they drove away the man? Did the remaining members fear/desire an all-women's group in the future? Did the remaining members fear the group would dissolve without that long-standing member?

The next problem that I see is the introduction of *three* new members. To my mind, that is too many members for a group to profitably accept all at once. The result is a growing rebellion among the older members, which I view as a good sign. In other words, it is a sign of health in the group that they can raise hell over the introduction of so many strangers into the "family."

Finally, one of the new male members is a potential scapegoat. The group seems to have determined that this particular man is the devil incarnate and that it might be better to leave the group altogether than to sit with him. I would suggest that this poor fellow (who doubtless has a history of adopting a scapegoat role) is fulfilling an important group role. It is not who he *is*, it is who he *is not*—the lone and beloved male who terminated and opened the door to all these unwashed heathens.

I think in your situation (and I've contributed to worse problems in my day) I would say something like, "I believe we have all paid insufficient attention to the loss of a prized member." I would try to help them speak more openly about their feelings about the departed member.

I would also own that in my attempt to secure the future of the group, I brought in too many new people at once. (Triplets are much more complicated than a single infant.)

And finally, I would suggest that comparing the problematic new man to the dearly beloved departed man is likely unfair, and indeed is probably an indirect expression of anger at me for causing such upheaval. I might even *thank* that new man for taking heat that probably should have been aimed at me, and I would wonder whether he'd done that for others in his life.

I hope this is of some use to you and your group.

J. Scott Rutan, PhD, CGP, DFIGPA



Got a Question About Your Group?

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

We all face these dilemmas.

All members of NSGP are entitled to the:

Consultation Benefit

The Consultation Benefit gives members

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

For more information contact Annie Weiss at 617-244-9009 or annieweiss@aya.yale.edu.

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.

Tax and Retirement

John Carr, LICSW

This past November 14th, the Practice Development Committee put together a very informative talk entitled "Saving Now, Saving Later: Tax and Retirement Tips for your Private Practice." Approximately 25 NSGP members and nonmembers gathered to hear John Schachter, Enrolled Agent and Tax, Accounting, and Bookkeeping Expert and Johanna Schulman, Certified Financial Planner from Ameriprise Financial talk about the scintillating topic of tax and retirement. I did not notice any snoring or yawning, so I would call it a successful morning of financial education. In fact, it was quite engaging, informative, and full of solid advice.

Johanna, who works for Ameriprise Financial Services, seemed to have one foot in the world of finance and one in the therapy world. She was very compassionate and warm in her style yet clear and smart with her financial knowledge—a rare and welcoming mix!. Johanna spoke for about an hour and fielded questions along the way with her popular "Financial Bootcamp" workshop which covered investment basics including risk and reward, mutual funds 101, and whether a Roth IRA or SEP is right for you.

She also discussed 3 Keys to Financial Well-being and 5 Basic Financial Elements.

The 3 keys are:

- 1) Know what you are doing and why
- 2) Monitor and review your finances annually
- 3) Save, Save and Save and take pride in the discipline of saving

The 5 Basic Financial Elements are:

- 1) Know your Objectives, Risk Tolerance and Timeframe
- 2) Understand the relationship between Time, Risk and Return
- 3) Master Mutual Funds 101
- 4) Master Retirement
- 5) Avoid the 5 dangerous threats to financial health (neglect, impulsivity, poor alignment between investments and goals, insufficient regular savings, and carrying debt)

Johanna sprinkled her talk with humor, honesty and sound advice. She struck me as a financial planner who would be helpful to small business owners who are trying to stretch their dollars so that they can have a reasonably comfortable retirement.

John's talk focused more on the tax implications of being a private practitioner and a mental health provider. John's work is to help small business owners, including many mental health practitioners, pay less tax, save more money, and stay out of trouble with the government. He did a great job at reviewing the recommended deductions that private practitioners can take as well specifics around running a practice out of your home. For instance, did you know that the law defines deductions as all "ordinary and necessary expenses" that are "customary and helpful"? One controversial topic that came up was John's recommendation that in most cases, your own therapy should not be a deduction. This raised all sorts of feathers and generated much discussion as there are a variety of ways to define ordinary and necessary. The debate got resolved with a "we will just have to agree to disagree" stance. The talk concluded with tips on developing a retirement plan that fits your needs.



The NSGP Training Committee would like to welcome the members of the 2016 Principles of Group Psychotherapy Training Class to NSGP!!!

**Corey Flanders
Hales Burton
John Crespia
Kevin Donnelly-Boylan
Mike McDonald**

**Rhea Antonio
Salman Alawadi
Sarah Moon
Stephen Tourjee
T. Lee Shostack**

If you meet any of the students at future NSGP events, please extend a warm welcome! THANK YOU also to the Training Faculty for 2016 for volunteering their time and expertise: **Julie Anderson, Kurt White, Sara Emerson, Scott Reinhardt, Steffen Fuller, and Steven Cadwell.**

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

The committee will begin to accept applications for the **new weekly Experiential Group (EG) this summer. The EG will have two modules. Module One will run from Oct '16 to Feb '17. Module Two will run from Feb '17 to May '17.** Applicants will have the opportunity to apply for both modules. Please check the website at **nsgp.wildapricot.org/Training** for more information, or feel free to contact Joel Krieg at any time with questions about group therapy training at NSGP **kriegjoel@gmail.com**.

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) 431-6747.

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

Money Matters

Annie C. Weiss, LICSW, CGP

Despite real-time competition from the Patriot's playoff game, 23 clinicians filled Steffen Fuller's gorgeous dining room to have some dollars and sense knocked into us by Bet MacArthur and Ellen Ziskind.

Bet provided a wealth of information about legal and practical issues around fees and insurance. She also discussed how dealing with these issues invokes the anxiety and vulnerability in us that our clients feel and pointed out that addressing them head on protects us as well as our clients.

Bet's first area of focus was on office policies. She emphasized that having written office policies are essential to our legal protection, and that clinicians are obligated to clarify these policies and set the fee within the first two sessions.

Bet also discussed what she referred to as the financial intake process. This process, she emphasized, must be part of an assessment process with clients in private practice and should include a discussion of: billing procedures, cancellation policies that are fair to you and to the client, and what you will do if a balance accrues. Some of us were surprised to learn that if a client accrues a balance, we are obligated to raise the issue within a reasonable timeframe (Bet suggests 2 months) to avoid accusations of "Abandonment of Care." Fees too low can be considered "seduction of the public." Fees too high can trigger an audit. A "categorical discount" is a list of categories of clients for whom you always give a discount (for example students, other clinicians, etc.). Other points Bet underscored were that if a client is using insurance, we are obligated to invoice a copay, and if a client is submitting to his or her insurance for out-of-network reimbursement, we cannot discount the fee. Bet illuminated clinical as well as practical aspects of these issues and underscored the clinical value of frank discussions about them.

Bet provided a detailed and extremely valuable worksheet to help us clinicians to determine the actual cost of doing business. Few of us had paid such close attention to the reality of what each clinical hour must yield to cover practice costs and taxes. Despite our collective resistance to doing so, we recognized the value of taking these realities into account as we consider our financial policies, as well as our reactions to clients who cancel, don't pay, or ask for lower fees.

Now that we were all full of feelings about the issues we were and were not dealing with effectively in our practices, Ellen Ziskind stepped in to talk more about the clinical aspects of talking about



Practice Development

....your practice matters.

Are you looking for support in growing a healthy and successful clinical practice?

Would you like to connect with other clinicians to enhance your professional network?

The Practice Development Committee encourages you to attend one of our events. Our Sunday afternoon workshops are affordable and are open to all members and nonmembers of NSGP.

If you have a topic or workshop that you haven't seen addressed in the community or you would like to host one of our two hour events please contact one of the Practice Development Co-Chairs

Oona Metz @ oona.metz@rcn.com or
Annie Ide @ annie.ide1330@gmail.com

finances with our clients. She noted when we act in our role as business owner, clients can experience that as a rupture, as this makes it evident that their wellbeing is not our only concern. Our capacity to sit with our clients' feelings, to make the most of what is in the room, is crucial. Ellen agreed with Bet that setting clear financial policies is vital, but emphasized "what I do isn't nearly as important as how I do it." Ellen offered extremely insightful suggestions about how to slow down and invest time to maximize the benefits of these interactions. She wisely said, "It may be the first time that someone who let them down and who they think isn't being fair is also truly interested in their experience."

Ellen emboldened us with beautiful suggestions about how to capitalize on opportunities to address and attend to clients' reactions and experiences of how we hold the boundaries around payment and our policies. Discussions of fee setting can be particularly rich, for example, as client's reactions often have less to do with their actual resources and more to do with internal experiences of what they do or don't have, deserve, or can't "afford."

Ellen discussed the therapist's countertransference responses which might interfere with successfully mining

these issues, such as: our own fear of conflict or not being loved; our wish to gratify; fear of losing the patient; ambivalence about our own entitlement; and not wanting to be seen (or to see ourselves) as rigid, greedy or uncaring.

Both Bet and Ellen emphasized that not dealing directly with Money Matters costs us as well as our clients, as financial issues evoke important clinical material that may not come up as intensely in any other way. Their practical knowledge and clinical wisdom was truly worth the cost of admission!



Group Psychotherapy—Still The Stepchild of Individual Treatment—But Why?

(continued from page 6)

possible in the rich emotional environment of group. I believe that as part of our professional responsibility as group leaders, we need to wear two hats, one as clinicians and the other as marketers of group. It seems to me that not only the general public, but also writers about psychotherapy and even therapists that practice individual therapy exclusively, underestimate the value of group therapy. Let's all get out there and put group therapy on the map!



Dear NSGP Members,

On behalf of the NSGP Board of Directors, I am writing this open letter to all NSGP members to inform you that the NSGP Board voted, in strong consensus, to discontinue awarding CMEs to physicians and nurses as of December 16, 2015. This decision has important implications for our society and it may negatively impact members who are physicians and nurses. The decision to discontinue offering CMEs was well examined, thoroughly explored and thoughtfully considered by the Continuing Education Committee, our Director of Medical Education, David Dybdal, MD and the NSGP Board of Directors.

In recent years, the substantial administrative responsibility to maintain CMEs has fallen to a very small group of NSGP members who have put forth extraordinary effort to keep up with the requirements. Just this past summer, a small group of four worked for months to create a system to capture survey results in order for NSGP to be in compliance with just one aspect of the Massachusetts Medical Society (MMS) requirements. Similarly, a few years ago, a small group made it their mission to complete the reaccreditation for MMS, and they did, with success. But such efforts are no longer sufficient as there are ever more extensive and complex requirements that we do not have the resources to maintain. Simply put, it is beyond our capacity. It is telling that NSGP has been the only AGPA affiliate offering CMEs in recent history.

In addition, while CME accreditation fees to MMS have been expensive in prior years, they became significantly more expensive this fall. We were informed in November that MMS changed its fee structure to an annual fee of \$2575 versus a nominal annual fee with a reaccreditation fee of \$3500 every five years.

There are also some administrative changes to the way that NSGP will manage continuing education credits. The NSGP Board voted to approve contracting with Amedco, the company that AGPA uses, so we can continue providing continuing education services for Social Workers, Mental Health Counselors and Psychologists. The unmanageable work load that is specific to the MMS along with the exorbitant cost, contributed to the decision to discontinue CMEs for physicians and nurses.

The CE committee worked hard to find options to address the changing landscape and deliberated thoughtfully in this process. David Dybdal, our Director of Medical Education, exercised terrific leadership to guide the Board in a thoughtful process that allowed us to deliberate well and finally decide. This was an important and thoughtful decision made with the deepest respect. While reality dictates that we discontinue CMEs, there is still sadness and regret upon dismantling something we have worked hard to provide our valued physician and nurse members.

The Board of NSGP is committed to developing initiatives that address the interests of our physicians and nurses. We now have an active community outreach program and will use it to promote education and interest in group psychotherapy to residents. We will intentionally engage in collaborative thinking about other incentives to encourage physicians and nurses to participate in our Conference and Training Program. Our commitment to a multidisciplinary society is real and it is strong.

Please feel free to share your thoughts, feelings or reactions to this decision and our subsequent efforts to keep and address new members. We welcome your participation whether through direct conversations with the Board, use of the listserv, letters to the Editor, attending the Annual Business meeting or attending a future Board meeting. We are interested in hearing from you and moving forward constructively on behalf of NSGP.

With deepest respect,

The NSGP Board of Directors

and

Debora A. Carmichael, PhD, CGP

Dynamic Psychotherapy Group for Older Adults

Together, the group explores issues facing members in their 60's, 70's & 80's.

Relationships, physical health, retirement, loss, loneliness & the opportunities enjoyed in solitude.

Victoria Roemele, LICSW
Thursdays 730-9pm
Cambridge (Porter Square)
617-864-2604
VRoemele@verizon.net

SHARE THE CONNECTION!

Invite a colleague, co-worker, or other clinician to join NSGP!
Learn more at www.nsgp.com

NSGP Foundation Poker Party



David Marcovitz, Alan Witkower,
Barbara Keezell, Kelley Bothe,
Annie Weiss & Oona Metz



Barbara & David



Joe takes the deal



Annie & Oona

Letter from the President (continued from page 1)

As my role as President comes to an end, I appreciate this opportunity to thank the Executive Team for unhesitatingly stepping in to help me when I was diagnosed with cancer in October. When I just couldn't hoe that last row of turnips, Theresa Cohen, Jennifer DeSouza, Michelle McGrath, Lisa Portscher and Steffen Fuller did so seamlessly and with a great and quiet compassion. I am also grateful to the stellar Board of Directors who are thoughtful, devoted, kind and hard working. I also have many other dear friends and colleagues to thank for their care, concern and well wishes. I can't thank them all by name here; however, I do want to thank Oona Metz, my dear friend who really understands that love is a verb and a transcendent experience that energizes the spirit. The capacity to love in this way, by Oona and my dear colleagues moves me deeply and I'm grateful beyond words. Esteemed psychiatrist Karl Menninger said "Love cures people, both the ones who give it and the ones who receive it." I am witness to the powerful reciprocity of love and generosity made possible by this extraordinary NSGP family and forever grateful.

So, you can see the enormous and extensive array of work that has been done and gifts given. The result for NSGP is a wildly fragrant, nourishing, vivid, robust creation that lives well. The work goes on and NSGP is healthy and well. It's going to be a great spring. My deepest gratitude for the opportunity to serve you in the capacity of President. I look forward to celebrating many, many more springs together!

With gratitude and love,

Debora Carmichael, PhD, CGP
President, NSGP

Living the Questions at AGPA (continued from page 5)

wonderful people I had met would be here next year and if they would look for me as I would for them. I wondered if others experienced this strong sense of connection and whether that was the reason why they come back every year even after five, ten, fifteen, and even thirty years—to seek that professional and personal connection. Someone had told me I would experience this, but I never would have imagined it.

As I excitedly wait for next year's conference, I hope to continuously live the questions that are still present for me, both personally and professionally. Settling back into my everyday life in Boston, I hope to look for these experiences, having been unexpectedly refreshed at the AGPA conference. To all my "fellow-feelers," I look forward to the NSGP Conference in June.





Many Heartfelt Thanks


to **Deb Carmichael** for her service as president to the organization these past two years. Her kindness, passion, and drive for this work has been a great asset to us all!


Progress Notes


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


 **Alan Albert** has recently published his first book of poems, *Fragments of the Natural* which is available online. It is a collection of poems Alan has written over the last several years, with reflections on personal, family, and community life.


 **Shoshana Ben-Noam** presented a Workshop, "Money & Taboos: Transforming Barriers to Dealing with Money and Fees" at the EGPS Annual Conference in November and a Workshop "To Be or Not to be a Perfectionist" at AGPA in February.

 **Steven Cadwell** continues to lead groups and teach group at BU and Harvard. He presented his one-person-show "Wild&Precious," all over the country, including as an open session at AGPA in February with **Libby Shapiro** and Chera Finnis leading talk-back after.


 **James Tyler Carpenter** presented "Suggestions for Improving Efficiency, Reliability and Validity of Disability Adjudications Psychological Injury and the Law" to the Program in Psychiatry and the Law in November.


 **Gregory Chilenski** returned to western MA and has taken a job with Valley Human Services in Ware, which is among the highest per capita category for deaths by opioid overdose. VHS is interested in his group experience; he expresses that he wants to be useful in his late 60's.

 **Eleanor Counselman** became President of AGPA in February, and feels excited and honored to be in this role. In September, she facilitated a weekend group of therapists in Maine who have been meeting for 34 years! In October, she gave a weekend training on Attachment in Group Psychotherapy for the Washington School of Psychiatry National Group Psychotherapy Institute Training Program. In November, she attended a fundraising retreat for the Group Foundation for Advancement of Mental Health, and in January she attended a seminar on leadership sponsored by the American Association of Society Executives. She has a chapter in a new book, *When Therapists Cry*, edited by Amy Blume-Marcovici, called "Tears in Therapy and the End of Life."


 **Jerry Gans** gave two Grand Rounds "Saying Hello to the Stranger: The Initial Session" at the BIP and "Dos and Don'ts of Couple Therapy" at the University of Texas at

Southwestern. In Dallas, he also ran a videotaped demo group of psychiatric residents playing their challenging patients, which is available on YouTube. He was the invited speaker at the Austin Group Psychotherapy Society's Fall Conference where he spoke on "Money and Group Psychotherapy" and "The Difficult Patient in Group Psychotherapy." He presented a Distance Learning event for AGPA on his book, *Difficult Topics in Group Psychotherapy*. He has submitted for publication a paper entitled "Our Time Is Up: A Relational Perspective on the Ending of a Single Psychotherapy Session."

 **Barbara Kezell** was elected to the AGPA Board. She is also excited to be participating in the Red Well Theatre Group's dramatic reading of *Dinner with Friends* for PCFINE in May.


 **Joel Krieg** ran the Boston Marathon in the spring and moved into a new home over the summer before he and his beautiful partner, Angie, tied the knot on November 14, 2015 at the Cambridge Boat Club. Joel also co-led his first AGPA Institute with **Jerry Gans** in NYC.


 **Marilyn Lanza** has been invited to lecture on "Patient Aggression In Real Time On Geriatric In-Patient Units, Issues in Mental Health Nursing" and "The Violence Prevention Community Meeting: A Multi-Site Study, Archives in Psychiatric Nursing" at the Griffith University Violence Research and Prevention Program conference in Brisbane Australia in July.

 **Jenn McLain** and her wife were thrilled to welcome their first child in December! Jenn writes, "It's been amazing to watch our daughter become more alert and aware of the world. She learns and grows so fast, we see new things every day!"

Congratulations


to **Eleanor Counselman, PhD, ABPP, CGP, LFAGPA** who became president of AGPA in February!


 **Barbara McQueen** led a day long experience group at the NSGP conference in 2015 entitled "Creating Connection through Sharing Experiences of Vulnerability and Shame." She is enjoying being on the EG committee and looks forward to this June's conference. In April, she will be co-presenting a workshop at the White Privilege Conference in Philadelphia on white privilege and the clinical practice of social work.


 **Oona Metz** moved her Brookline office just down the street, and she continues to practice in Arlington and Brookline. Oona has enjoyed consulting to the Boston Institute for Psychotherapy on their Group Program.

 **Rob Pepper** has launched a new website drpepperphd.com, and he encourages people to check it out and feel free to post a comment on a blog entry.

 **Scott Rutan** has been selected to give the opening Plenary speech at next year's AGPA Institute in New York.


 **Sharan L. Schwartzberg**, led a Psychodynamic Process Group Experience Institute at AGPA in February for group therapists with 0-5 years of experience; also at AGPA, she led an open session "Ethical Dilemmas in Group Therapy: Leader and Member Perspectives."


 **William Sharp's** textbook, *Talking Helps: An Evidence-Based Approach to Psychoanalytic Counseling* came out in January.


 **Joe Shay** presented "Why I Love Group Therapy Even When It Sends a Shiver through My Heart" at BIP Grand Rounds. At the annual PCFINE faculty luncheon, he presented "That Ain't the Way to Do It: Is there a Place for Staking Out a Side?" In February, at AGPA, he ran an all-day workshop entitled "Couples Gone Wild: The Top 10 Complications in Couples Therapy." In March, Joe led a weekend Experience Group in Portland, Maine for a group of senior clinicians who have been meeting for more than 25 years. Finally, Joe was elected to the Board of Directors of the American Group Psychotherapy Association.


Special Thanks


to the members of the NSGP Board of Directors who are rotating off: **Theresa Cohen** as Treasurer and members at large **Joel Krieg, Joe DeAngelis, Madeleine Lourie, Jennifer McLain** and **Irit Feldman**. Thank you for your generosity, enthusiasm and dedication to NSGP.


 **Walker Shields** contributed a chapter "Affect, Reverie, Mourning, and Bion's Theory of Groups in Our Time" to *The W.R. Bion Tradition: Lines of Development; Evolution of Theory and Practice over the Decades.*"

 **Maxine Sushelsky** completed Joan Klagbrun's beginning course in Focusing-Oriented Psychotherapy in January. She is currently enrolled in the intermediate course of this humanistic, experiential approach to psychotherapy pioneered by Eugene Gendlin.

 **Kathy Ulman** with Dr. Karen Carlson presented at the Department of Internal Medicine Grand Rounds at Massachusetts General Hospital on the use of Balint Groups to prevent burnout for physicians. She also hosted Terri Chen, a visiting psychologist from Singapore, at the Center for Group Psychotherapy at MGH last fall. Kathy presented an open session at AGPA in February: "Therapeutic Interventions in Group: When, Why, What and to Whom."

 **Marsha Vannicelli** has completed a chapter "Groups for Adolescents in Partial Hospital Settings" for the forthcoming *Handbook of Child and Adolescent Group Therapy* edited by Craig Haen & Seth Aronson. She presented a workshop at AGPA with Jeffrey Mendell entitled "Endings: All that was, or might have been." In addition, she has been providing group supervision for four MSPP students with group-based practicums in the Greater Boston area.

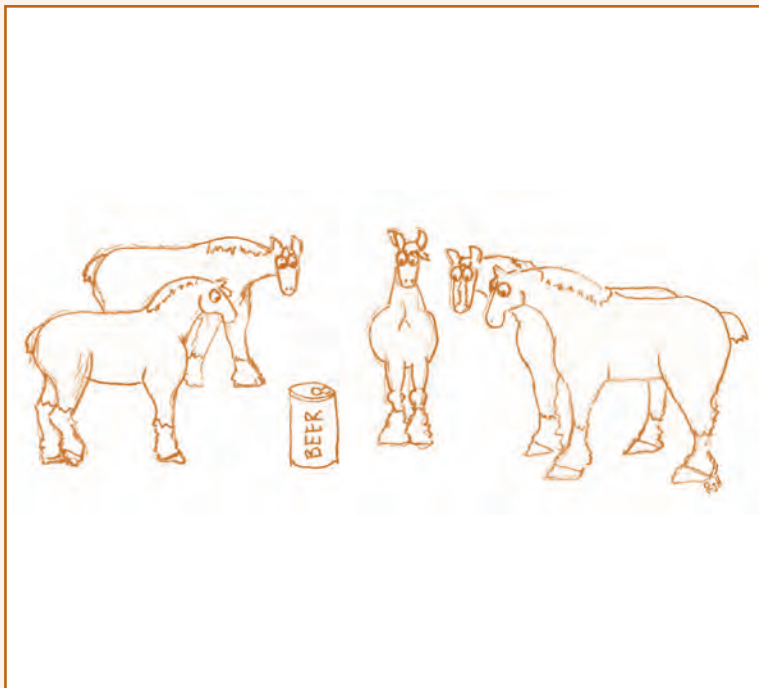
 **Annie Weiss** and **Scott Rutan** published an article about the Observation Group at the Boston Institute for Psychotherapy (BIP), "The Benefits of Group Therapy Observation for Therapists-in-Training" in the *International Journal of Group Psychotherapy*. Annie informs us that Scott will be stepping down as Observation Group co-leader in June, after 41 years leading such a group, and stepping-in to co-lead with her will be **Tracy MacNab**.

 **Kurt White** presented an open session at AGPA in February: "Listening to Those Most in Need: Leadership Tasks with Complex Populations" and was also pleased to have been a National Instructor Designate this year. In April, he presented "The Human Story of the Opioid Epidemic in Northern New England: Context, Treatment, and Stigma" to the Vermont Pharmacists' Association.

Caption This!

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

The winning entries will be announced in the next issue.



Drawn by Renee Hoekstra

Spring 2016 Cartoon Caption Winner from 2015 Fall

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



Winner:

"Keep it up, Moby, and I'll soon show you some projectile identification!" —Joe Shay

2nd

"Usually it's the elephant in the room that causes problems." —Lise Motherwell

3rd

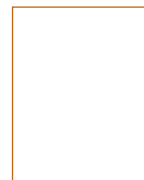
"OK, Doc, I'll tell you why I don't trust him... There's just something very fishy about his story!" —Gregory Chilenski, Ph.D., CGP

4th

"Oh stop blubbering!" — Tracy MacNab



Northeastern Society for Group Psychotherapy, Inc.
PO Box 356
Belmont, MA 02478-3201
(617) 431-6747
www.nsgp.com



WHAT MOVES US:

Tuning into the Body,
Our Groups and Ourselves

NSGP's 35th Annual Conference!

June 10, 11, & 12, 2016

16

the newsletter spring 2016

NSGP

Northeastern Society for Group Psychotherapy

NSGP Upcoming Events Calendar

May 1, 2016	Practice Development Event 4–6—with Pamela Enders, PhD <i>Yes, You Do Need a Website...And Here is How</i> At The Brookline Center
June 10–12, 2016	NSGP 35th Annual Conference! <i>What Moves Us: Tuning in to the Body, Our Groups and Ourselves</i> At Simmons College, Boston
Sept. 25, 2016	Breakfast Club 11—1:30—with Ann Keren Neeman-Kantor, MA <i>When Living with Trauma is the Essence: Promoting the State of Secure Presence</i> Hosted at Lars Anderson Park—Brookline
Oct. 23, 2016	Breakfast Club 11—1:30—with Sarah Emerson, MSW, LICSW, CGP, FAGPA <i>New Member Welcome Breakfast: Case Supervision & Discussion</i> Hosted by Jennifer DeSouza—Cambridge
Dec. 4, 2016	Breakfast Club 11—1:30—with Sasha Watkins, LMHC, CPRP <i>Leading Groups: Does Culture Matter?</i> Hosted at The Green Room—Somerville
Jan. 15, 2017	Breakfast Club 11—1:30—with Steven Krugman, PhD <i>Mentalization in Group Therapy: Making Sense of Other People & Ourselves</i> Hosted by Steffen Fuller—Newton
Mar. 19, 2017	Breakfast Club 11—1:30—with Adam Silk, MD <i>Group Therapy Goes to School, Or, What Teachers Can Learn from Group Process</i> Hosted by Ari Shesto—Newton Center
Apr. 23, 2017	Breakfast Club 11—1:30—with Maria Mellano, LICSW <i>Psychodrama: Bringing Group Work to Life</i> Hosted by Suzanne Brennan-Nathan—Roslindale
Mar. 6–11, 2017	AGPA Annual Meeting in New York City <i>Connecting, Educating, and Leading for 75 Years: The Theory, Science, and Practice of Group Therapy</i> Scholarships Available!
July 30–Aug 4, 2018	Save the Date: 20th IAGP Congress in Malmö, Sweden

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