



the newsletter

NSGP

Northeastern Society for Group Psychotherapy

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### Letter from the President



It's hard for me to believe that this is the last President's Letter I'm writing. It seems like I just got started. The last two years—

like so many periods of time—seem to have passed by in a flash. I recall my stepping up as NSGP President as if it were only two weeks ago!

Yet such is the nature of time and its urgency. There is always tension between the need for thoughtful reflection on the one hand and the urgency to act on the other. We experience this duality in the world around us, in social and political contexts, and in our groups. The need to understand and interpret events occurring in the dynamics of interpersonal connection does not exempt the group leader from taking action when needed and to “seize the moment” in any group encounter.

And time's ongoing march can hit like a stampede at times, reminding us of the fragility and tentativeness of our lives. After attending a dear friend's funeral this past fall, my wife Michal and I realized that we had lost several people close to us within that same month. This sadness and loss coincided for us with becoming grandparents for the first time. The urgency to love anew came alongside the urgency to cherish the memories of those gone.

Since my becoming NSGP President, our organization has lost a number of our great leaders and long-time friends. We have

also, however, reached out to more diverse communities, fostered relationships with mental-health clinicians of varied backgrounds, and brought in new members in ways that we have not before. The last two years have made me aware that the future vitality of our organization depends on connecting to new opportunities for the growth of group therapy as well as reexamining our past and who we are.

So—among my parting remarks and invitations to you as NSGP President is the following: If you want to do something or see something happen in NSGP, act now! Get involved in a committee of your liking, attend our Conference this June or any of an array of year-long social and content-rich activities such as those offered through our Breakfast Club or Practice Development programming. Consider our Training Program as a place for you yourself to learn more about group therapy or for you to refer your students, friends or colleagues for Training with us.

Some recent developments within NSGP include our working collaboratively with the Brookline Center, specifically around expanding group observation learning opportunities for our members. We are also bringing the concept and experience of the Large Group to our June Conference this year, a three-day event led by internationally recognized theorists and conductors Dr. Haim Weinberg and Dr. Martha Gilmore. At the Conference, we are additionally introducing Therapists' Circles, three different small-group events designed to attract mental-health clinicians who do not typically lead groups where they will experience the power of group by working for three hours with peers on a specific clinical interest.

Through NSGP's innovation and forging of new relationships, we best ensure our commitment to staying alive and relevant into the future while also reinforcing the

value of continuing to look within ourselves and determining how we, as a group therapy community, maintain our unique identity.

The time to do this is now and always. It has been an honor and privilege to serve NSGP as President during the past two years. I look forward to staying involved in our collective experience through enjoying new learning opportunities and engaging in mentoring relationships. The future, although always unknown, is equally always predictable for its potential. Our potential in reaching others through the magic of the group encounter awaits us.

**Steffen Fuller, PhD, CGP**  
President, NSGP

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### NSGP Thanks

**Steffen Fuller, PhD, CGP** for his service as President of NSGP over the past two years!

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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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| By-Laws               | Lawrence Kron, JD, PhD  |
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| Training Program      | Joel Krieg, LICSW, CGP<br>Jennifer Ruiz, MD, CGP                        |

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Monday-Friday 9 am to 5 pm

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**Letter from  
the Editor**

It was not an auspicious beginning to my AGPA trip. I had counted myself lucky to have found a direct flight to Houston from Hartford (the nearest airport to Southern VT), but was surprised at how small the plane was for such a lengthy flight. A storm, seemingly designed to track with us all the way across the country, made it so there was never any service on the plane, and the pilot's attempts to divert out of the storm were repeatedly unsuccessful; his apologies for this were, after a time, unnerving rather than reassuring. People were calling out from fear as we bounced up and down. My empathy for the poor man one row up, who was profusely vomiting the entire time, was mitigated somewhat by my disgust. The two loose "emotional support" dogs, though well behaved, added to the bizarre atmosphere of the flight. It was not so much a surprise, then, when they pilot announced we had run short on fuel, and needed to land in New Orleans, and not Houston, and we would all have to wait on the plane while we refueled. My main problem was that the seats forced my spine into some sort of stress position; I suspect the airline may have got them on the cheap from the CIA. My spine, already one surgery "in" from last July, was not cooperating with me, and I was struggling mightily to avoid a second surgery. Indeed, my life had been in a state of unwelcome transition for months, and I felt exhausted by all of it. Seven hours later, when we arrived, I could feel that this was going to be a difficult week. I had nearly decided not to go, but it was my first year to lead an AGPA institute, and I also was the connection between my two co-leaders of a half-day workshop on Uses of Self in Group Psychotherapy; more to the point, I am a stubborn man who does not know when to say "no."

The venue for the conference was likewise not suited to my increasing disability—two hotels connected by a very large mall. As I would hobble from one hotel to the next, I would smile and think that finally the East and West Coast folks would agree on something—brought together at last by their common aversion to middle America (which I can say, lovingly, as a Midwesterner). In truth, our hosts were gracious, and the hotel staff responsive and kind, but it all maintained for me a quality of the surreal—the inexplicable indoor ice rink, the t-shirts for sale that said "Calm

down, Gringo, I'm legal!", and the aggressive perfume vendors trying to spray me with scents as I worried I might have to fend myself off with my cane. For me, there was a deep sadness there also, as it was a conference without Yvonne Agazarian, whom I cared for deeply; I had suspected I would never see again when we parted last year, with a kiss on her cheek.

I had to learn to be careful, and be slow, this year. I would set out early, trying to remember the advice we give to people in our behavioral pain clinic—I would say out loud, when no one was in earshot "I am injured, I am injured" as a way to get my mind to know that the pain signal was not so necessary: "I already have the message and promise to be careful and take care of myself!" Somehow, and I am not sure how, I managed to lead my institute and co-lead our workshop, and both felt like special successes to me. I skipped many other things, and just tried to get through the week, connecting with others where I could, and hiding my pain where I could, even as it worsened.

It came to a head on my morning of my flight home—I couldn't stand up, though I tried for hours, and I missed my flight, and threw myself at the mercy of Lyft drivers and the good people of the Houston Methodist ER, who re-introduced me to many diagnostic tests and many medications to help me get home.

In March and April, I had more surgeries, and more complications, but I am on the mend now...though the newsletter's timeline was a casualty here. I recuperated for a time in Boston, at the home of a friend from NSGP. This experience has reminded me of my NSGP family and how special they are to me—as friend after friend came in to my hospital room to chat and give me hugs, and ask after me—as others offered their homes and rides and anything I needed at all. I may have been a stranger in Houston, but I will never be a stranger in Boston, because of love from NSGP. I hope you will all forgive me that this issue comes more than a little late—but I think you will enjoy all it has to offer. For all of us, perhaps you will join me also in wishing for easier times ahead.

**Kurt L. White, LICSW, LADC,  
CGP, FAGPA**

Co-Editor Newsletter

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

## Working With Transgender and Nonbinary Clients

By Judi Garland, Psy.D.

**O**n January 21, the Professional Development Committee hosted a workshop presented by Adam Glick: Working Effectively with Transgender and Nonbinary clients. The seminar was a well-attended and full of valuable information, which is summarized in this article so that all NSGP members can make use of this important information.

Adam presented definitions of preferred terms used in transgender and nonbinary communities. *Transgender* is an umbrella term for someone for whom their internal sense of gender does not match their body or gender assigned at birth. It is a label people give themselves, and has nothing to do with whether they have had surgery or hormonal treatments. The term *genderqueer* applies to someone who regards themselves as nonbinary, neither solely male or female. The term *gender fluid* connotes a fluidity along the continuum of male/female. A person who is *gender neutral* or *agender* feels like they have no specific gender. Some terms associated with nonbinary individuals are: *bi-gender*, *demi boy/girl*, *pan gender (all genders)*, and not-quite-sure yet. Cisgender refers to someone whose gender assigned at birth matches their identified gender.

Adam reported that there are approximately 1.4 million adults in the U.S. (more than those diagnosed with Type 1 diabetes!) who identify as transgender. One recent poll of adolescents showed that one third of youth identify as nonbinary.

When working with transgender and nonbinary clients, we should use the person's preferred names and pronouns. If you don't know which they prefer, just ask! This is one thing therapists and

(continued on page 13)

### 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 2018 Newsletter. Please send submissions to:

**newsletter@nsgp.com**

Note: letters not edited except for space.



## Breakfast Club



THE BREAKFAST CLUB COMMITTEE WOULD LIKE TO THANK THE HOSTS OF OUR GATHERINGS for their warmth and generosity:

**Jennifer DeSouza, Sara Emerson, Scott Rutan, Ari Shesto, Steffen Fuller and Debra Filiurin.**

THE COMMITTEE IS GRATEFUL TO THE PRESENTERS who liberally donated their time, shared their expertise and nourished our intellectual hunger: **Charlie Glazier, Jerry Gans, John Carr, Joel Krieg, Scott Reinhardt, Ari Shesto, Maria Mellano, and Janet Yassen.**

Please stay tuned for the publication of next season (2018-2019) which promises to be equally captivating. The following topics are planned: clinical implications of money and private practice, working with difficult patients, integrating IFS and psychodynamic group psychotherapy, multiculturalism and power in groups, experiential interventions (EFT) for couples and leadership choices in groups.

## The NSGP Training Committee would like to recognize members of the 2018 Principles of Group Psychotherapy Training Class!!!

**Marianne Brandon  
Elizabeth Broderick  
Taylor Dovala  
Mark Forrest  
Bianca Grace**

**Colleen Nestor  
Daniel O'Donnell  
Vivien Roman-Hampton  
Daniel Sutelman  
Mindy Walls**

These students will complete the *Principles* Course in May 2018. If you meet any of the students at future NSGP events, please extend a warm hello!

THANK YOU also to the Training Faculty for 2018 for volunteering their time and expertise: **Joe Shay, Theresa Cohen, Shunda McGahee, Ken Jaeger, John Moynihan and Barbara McQueen.** We would like to congratulate them on a successful program thus far and a job well done!

\*\*Much appreciation to the **NSGP Foundation** for their generous scholarship support of the Training Program.\*\*

Thanks also to **Annie Weiss** who led this second year-long weekly Training Group (Sept. 2017–May 2018).

Coming up: The committee will open registration for next year's Training Experience Group in the summer and for the 2019 Principles Course in November 2018. Please check the website at **www.nsgp.com/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**.



## A Wild Ride: Houston AGPA Connect

By Jennifer DeSouza, LICSW, CGP

**H**ouston was a wild ride, a week full of institutes and workshops, demo groups, delicious food and great company. NSGP was well represented and it was welcoming to see familiar faces and pass one another in the halls. We had about 25 members at our society dinner which was really impressive. The tradition of telling jokes was revived and we got a little loud by the time dessert rolled around.

HGPS, the Houston Group Psychotherapy Society had a prominent booth with recommendations for restaurants, local events, and points of interest such as NASA. Friends and I took the opportunity to get out for Mexican food and we

weren't disappointed. My friend declared it was the best Mexican food she had ever tasted and I am inclined to agree. On another day, a small group of us set off for an afternoon at the Houston Rodeo, which is a big event and is in town for a month. It was a giant carnival and country fair rolled into one. We didn't actually see a rodeo, but bought cowboy hats, ate BBQ, saw the animals and observed the bacon flavored cotton candy. Everyone at the Rodeo had cowboy boots, there was a concert held each night, a horse show, cattle auction, and awards for the biggest vegetables. The people were super friendly.

The conference was held in two hotels that were adjacent to the biggest mall I have ever seen. It had an indoor ice skating rink, restaurants, fast food, and every store you could possibly imagine. The windowless mall and conference rooms lent a surreal and immersive quality to the experience. I appreciated the Pink Berry Yogurt stall that was conveniently located in the middle of the mall between the two sets of conference rooms. They had the most amazing fresh raspberries so I had yogurt and raspberries almost every day.

The quality and variety of the institutes and workshops offered were impressive and made choosing what to attend difficult. It didn't help that every time I passed friends they raved about what they had attended, making me second guess my selections. Attendees included people from all over the country and all over the world. I had the opportunity to connect with clinicians from Singapore and hear about their groups and mental health system. These opportunities added to the richness of the discussions in workshops and groups. The institute I attended had a didactic component that fit beautifully with the material and became a parallel process.

The large group was an event I looked forward to and I purposely attended knowing it will be featured front and center at our upcoming conference. Although I was only able to attend one day, I was impressed by the topics that came up and how issues were resolved. It was in this venue that we were able to hear about and get in touch with the Houstonians' experiences of surviving hurricane Harvey. Their pride, sorrow and anger were palpable and it was moving to hear what they endured and how deeply they were affected and how they came together. The area all around the hotels and mall was under construction and Uber drivers pointed out vast areas of roadway that had been under water. Many people are driving now too, as their business or career had been disrupted by the hurricane.

I am so glad that I attended AGPA Connect. It was worth saving up for and it lived up to my expectations. I dove in head first, expanded my knowledge and put myself out there. The rewards were many, I made new connections and enhanced existing relationships. I come away impressed with the many people who worked hard to make it happen and those who attended and added their voices to the conversation. Now I am looking forward to AGPAConnect 2019 in Los Angeles!"



**Ann Koplow, Jenn DeSouza  
& Steffen Fuller**



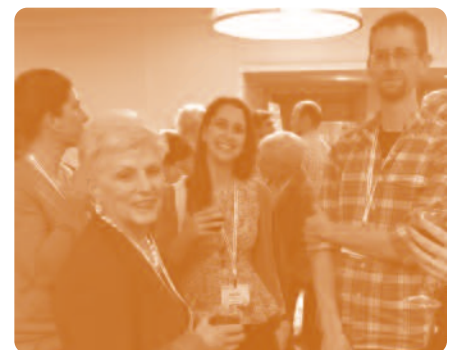
**Larry Kron & Guy Croteau**



**Shunda McGahee, Barbara Keezell  
& Oona Metz**



**Deb Carmichael received her FAGPA**



**Annie Burke, Kathy Ulman,  
Laura Richardson & Jeff Brandt**



**Ann Koplow & Suzanne Brennan Nathan**



Amy Matias & Eleanor Counselman



Suzanne Brennan Nathan



Oona Metz, Annie Weiss, Helene Saltz,  
Deb Carmichael, Elizabeth Olsen  
& Cheryl Finnis



Arnie Cohen & Alan Witkower



Naomi Dogan & Shunda McGahee



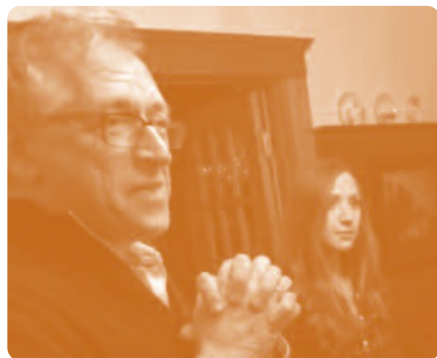
Howie Schnairsohn & Sara Emerson



Jenn Ruiz, Caleb Englander, Libby Shapiro  
& Jenn DeSouza



Julie Anderson & Charlie Glazier



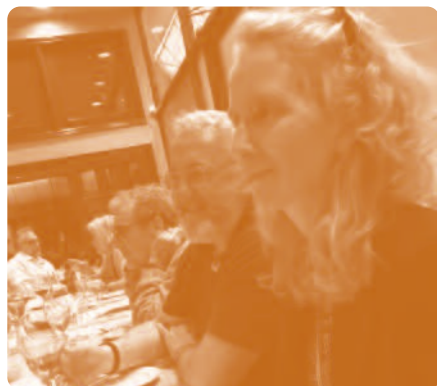
Mark Forrest & Taylor Dovola



Ann Koplow & Kurt White



Adam Silk & Han Ho



Charlie Glazier, Sara Emerson, Larry Kron,  
Guy Croteau & Mary Barnes



# Helping Classroom Teachers Become Skillful Group Leaders: A New Role for Therapists

By Adam Silk

Inadequate care for people living in poverty is a serious problem in our health care system, including mental health care. The disparity between the care received by rich and poor is severe in child and adolescent mental health treatment, because the availability of trained clinicians is especially limited in impoverished communities. To address this problem, educators have turned in recent years to schools as places to address student mental health needs. The main reason for this is pragmatic: the students are already in the building, with adults who care about them.

One result of this trend has been new programs teaching social and emotional skills in schools. These programs are valuable in many ways, and address important needs. However, curricula typically focus more on individual student behavior, and overlook rich learning opportunities offered by the group setting. Social-emotional learning curricula also use a traditional approach to teacher preparation that is exclusively cognitive, and don't train teachers in ways that engage their own feelings more directly. An experiential approach would give teachers a stronger sense of both the power of emotions and of group dynamics, and help them become more effective group leaders in the classroom.

I started volunteering at a middle school in Boston ten years ago, with three principles guiding my work. First, I hoped to design programs that used mainly on-site school staff to address student mental health needs. I wanted to avoid approaches that relied heavily on specialized clinicians, who might not be available in the long run. Second, I brought to this project a belief in group work. I knew that many mental health problems can be addressed effectively, and others prevented, if people belong to healthy groups. My belief in the power of groups grew out of my own clinical experience, but was not limited to my work as a group therapist. I had worked for years in the MIT Medical Department, and repeatedly saw that the difference between a student thriving or failing was due to whether they were part of a supportive laboratory or living group. Third, I brought to my work in schools faith in the value of clinical supervision and experiential learning, both of which enriched my own professional development. I am currently working in several programs in three different

schools, with teachers, group work, and experiential learning at the heart of them all.

At a middle school for students whose family incomes are below the poverty line, we created a program of student discussion groups, led by teachers. Every student in the school is in a group that meets throughout the year. Students discuss whatever they choose in their groups: personal or family issues, academic problems, and relationships with peers all come up frequently. The teachers who lead these groups met with me for supervision for the first several years of the program; by now, two of them have enough experience to run the teacher supervision group, and I supervise them. We have replicated this program in an elementary school, where teachers lead therapeutically oriented play groups with younger children, and meet regularly for supervision with an experienced colleague, whom I supervise.

As these programs grew to include many teachers, I gradually came to understand that teachers receive no formal training in group dynamics and leadership. This surprised me, since teachers almost always work with students in group settings. I had naively assumed that effective group leadership is seen as a foundational skill needed by all teachers. But I learned this is not the case, and that many teachers feel unsure how to effectively handle common group problems, such as scapegoating.

I decided that if one could design a program to help teachers understand and lead a group well, the benefits to the school would extend into classrooms and beyond. We could efficiently address a broad range of mental health needs, by creating a school milieu in which students spend their day moving from one supportive, lively group to the next.

To design a program to train teachers to become skilled group leaders, I first reflected on how I had learned to lead groups. Participating in T-groups, attending AGPA and NSGP Institutes, clinical supervision, and exposure to Balint groups were all formative experiences for me. Since good training models abound, I decided to adapt them for teachers. Most of these approaches involve a small group experience led by a skilled leader, in which members can discuss topics freely, with extra time added for members to reflect on their experiences. The small group is typically embedded in a larger organization, such as NSGP.

To test such an approach for teachers, I found three Boston schools willing to try something new. I also received support from two foundations, and we launched it

last fall. We named it RELATE: Realizing Educational Leadership and Teaching Excellence.

This year the program consists of four teacher groups I co-lead, in three different Boston schools. My co-leader in each group is a senior staff member who works full-time in that school, and is well-known to all the group members. Teachers are invited to use the group to discuss their work, and are given complete freedom to focus on any aspect of their work they choose. Groups range from six to twelve members, and meet either weekly or every other week, at the group's discretion. Both co-leaders work to shape each group into a cohesive and lively whole. I meet alone with my co-leader to debrief after every group. Next year, the group will continue with only the in-house leader, and I will provide support and supervision for them.

All the groups have now been meeting since September, and teachers have spoken to an education researcher hired to evaluate the project. They are enthusiastic about their groups. They stress above all that their groups feel supportive and cohesive. They describe meetings as "so important for the health of the teachers and the school," and as a way to "share experiences, with common threads and common values." Some say their group has improved how they relate to students, and how they think about their work as teachers.

Beyond the common thread of contributing to staff cohesion, the groups are quite different from each other. Some are only for beginning teachers, others are for people with years of experience. Group differences also reflect differences between participating schools. For instance, one of the schools has been under pressure from the School Department to enact major structural changes, so the teacher group has spent hours talking about how to respond to authority figures in ways that are assertive and constructive. Another school is designing systems to deal with student behavior problems, and the group there grapples with philosophical and practical questions about the role of special education, and how to balance the needs of a wide range of students.

We are in the process of planning for next year, hoping to expand the program within the participating schools, and perhaps to other schools. We have much to learn in the coming year. The transition to groups led only by a teacher, without a clinician, will create new challenges and opportunities. I believe this approach can, over time, improve the climate of schools, and help them become more collaborative

(continued on page 8)

# Observing Group Therapy Live: "Expedited, Jam-Packed, Personalized, Real-Life Learning At Its Best." \*

By Annie Weiss, LICSW, CGP, FAGPA

**D**id you know that you could watch an ongoing weekly therapy group in vivo, and participate in a discussion analyzing what did (and did not) happen each and every week? And did you know that now, as a member of NSGP, you can get a 50% discount to do so?

Sunday Demonstration Group is considered by many a highlight of the annual NSGP conference. It is exciting and illuminating to watch which of infinite paths a leader might pursue. We can see the impact of the subtleties of word choice, non-verbal dynamics, how far to follow a theme, and the leader's blind spots. We can consider what we might have done or not done as leader from the luxury of our seat in the audience as well as take note of our feelings, reactions and insights without pressure to act.

You can experience this same dynamic and powerful learning opportunity as an observer of one of the Observation Groups (OGs) at the Brookline Community Mental Health Center. These groups moved to the Brookline Center from the Boston Institute for Psychotherapy when the BIP closed in 2016. Psychodynamic in orientation, such a group had been led at the BIP by Scott Rutan for 20 years and I had the privilege of co-leading that group with him for 5 years until his retirement, which coincided with the BIP's closing. By that time, the BIP had introduced a second OG to demonstrate co-leadership, led by Arnie Cohen and Julie Anderson. Both of these groups have transitioned to the Brookline Center, where Tracy MacNab has joined me as co-leader.

While at the BIP, Scott and I conducted a survey of group observers for an article (cited below). The trainees that were surveyed consistently described the Group Observation course as one of the most effective training experiences encountered. \*One respondent captured the essence of many: "This was better than all of my training experiences. Really. This was expedited, jam-packed, personalized, real-life learning at its best." Another said:

This was, hands down, the best training experience I've ever had! There's nothing that even compares to it. It was a very unique chance to observe other therapists being therapists and patients being themselves. Enhanced my learning

far faster, and in a much more engaging way, than other training modalities I've done.

Group observers stated that they learned vital group leadership skills, most notably: the ability to bear affect and trust the group process, the ability to follow and use group themes, metaphors, and underlying dynamics, and the ability to highlight attachment themes, work in the here and now, and promote immediacy (Rutan, Stone & Shay, 2014). Sitting in the same room as the group members enhances the observers' affective connection, and identification with the leadership role.

Trainees also valued learning through direct observation how group leaders can use humor, handle confrontations, and navigate their mistakes. Several respondents noted that the observation group format effectively addresses many fears and challenges that group therapists routinely face in the following ways: demystifying the process, diminishing anxiety about having to do things perfectly, and demonstrating that group therapy works.

Observers commented on the benefits of discussing their multiple reactions while in their own group after OB ended and the members had left the room. During this 30-minute didactic period that follows, observers reflect on their affective responses and counter-transference reactions, and explore theoretical perspectives and technical leadership choices. (Yalom & Leszcz, 2005). The group leaders highlight salient themes and leadership behaviors, especially such interventions that promote cohesion and attachment, invite unspoken material, deepen affect, and encourage here-and-now exploration. When the observing co-therapist and/or the observers notice different themes or material, or would have made a different choice, candid discussion demonstrates that there are multiple options for intervention, and there are advantages and disadvantages to each leadership choice. This reinforces effective group leadership techniques and creates a safe and cohesive environment for trainees to explore their own perspectives, concerns, biases, resistance, and skills.

Clinicians often experience resistance and anxiety regarding therapy group leadership, and group therapy is notoriously challenging to teach (Frankel, 2000.) The observation group model mitigates many concerns that trainees have about group leadership and inspires enthusiasm and confidence for leading groups. Trainees reported that the Group Observation course engendered

skills that immediately translated to their work with individual and couple clients, and enhanced their appreciation of group therapy and a desire to lead therapy groups.

Thanks to recent collaborative efforts of the NSGP Board, the Brookline Center directors, and the NSGP training committee, NSGP members will be offered a steep discount and can partake of this unique learning opportunity for only \$10 a session, for a minimum of 10 sessions, starting any time. This is an excellent complement to the NSGP training program or Experience Group as well.

If you want to take advantage of this unique and fun learning opportunity, please contact Annie Weiss [annieweiss@aya.yale.edu](mailto:annieweiss@aya.yale.edu), Arnie Cohen [arniecohen47@gmail.com](mailto:arniecohen47@gmail.com), Julie Anderson [46ANDER@gmail.com](mailto:46ANDER@gmail.com), Tracy MacNab [drtracymacnab@gmail.com](mailto:drtracymacnab@gmail.com), or Brookline Center group coordinator Jeff Brand at [jeffbrand@brooklinecenter.org](mailto:jeffbrand@brooklinecenter.org).

\* This article includes excerpts from: Weiss, A.C and Rutan, J.S. (2016), The benefits of group therapy observation for therapists-in-training, *International Journal for Group Psychotherapy* Vol. 66 (2).

## References:

- Rutan, J. S., Stone, W., & Shay, J. (2014), *Psychodynamic Group Psychotherapy* (5th ed.). New York, NY: Guilford.
- Yalom, I. D., & Leszcz, M. (2005). *The Theory and Practice of Group Psychotherapy* (5th ed.). New York, NY: Basic Books.
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# Is Teletherapy Practice Right for You As a Clinician?

By Judi Garland, Psy.D.

**O**n Sunday October 15th, the Professional Development a workshop on the cutting-edge practice of teletherapy. Jennifer Tsappis, LICSW presented at the workshop. She has been practicing teletherapy since 2014. Jennifer holds a license to practice in 33 states! A teletherapy clinician must hold a license in the state where the client is residing.

*Telementalhealth* is an intentionally broad term referring to providing mental health services remotely. The goal of teletherapy is to increase clients' access to mental health services. Jennifer stated that 56% of people in need of mental health treatment do not receive it.

Some in need of services live in isolated areas where it is difficult to find a provider. Others are unable to lose time from work to have an office visit. There are also clients who feel a stigma relating to receiving psychological services, and teletherapy allows for more anonymity.

Jennifer stated that the research shows that the outcome of teletherapy is comparable to face-to-face sessions, and that clients are overwhelmingly satisfied.

So why are many clinicians resistant to providing teletherapy? First, there are limited trainings in teletherapy, so providers often have difficulty getting the training. Second, change is difficult, even for clinicians who are agents of change! Third, many therapists are concerned about the therapeutic relationship, and how it might be different without face-to-face contact.

Jennifer reported that clinicians who do practice teletherapy say that in this modality, they are more focused, more active, and are more aware of the client's nonverbal communication.

Some of the parameters of teletherapy that contribute to its efficacy are: having consistency of the time of the session, the room the therapist is in, and consistency in technique. It is important to have an uncluttered space behind the therapist, no extraneous noises, and no lights on behind the clinician. The therapist should look at the camera, be seated at a desk to avoid shifts in movement, and be sure to be neither too close nor too distant from the camera. When therapists are too close, it can feel intimidating to the client. Conversely, if they are too far away, they can feel emotionally distant to the client. Therapists are encouraged to be generous with head nods and nonverbal communication.

Reassuring the client of their privacy is of utmost importance. Clients will need to know that there is encrypted technology,

closed windows and doors. Explicit permission to record the session is a must, if that is to take place. Some clinicians and clients have a signal word for the client to let the therapist know that someone has entered the room.

Jennifer stated the importance of adequate technology. To practice teletherapy, be sure to have a good camera, sufficient bandwidth, and good camera placement. The therapist should look at the camera and not the client. It is important to have a broad enough view to see that client's body language.

All technology must be HIPAA compliant; Skype and Facetime are not. Jennifer mentioned two providers, Integrated Services Digital Network and Virtual Private Network as HIPAA compliant. These online platforms have encrypted email. Informed consent to treat is imperative, as in face-to-face treatment.

## Risk Management

All of the ethical guidelines for in person therapy need to be followed in teletherapy. It is advised to obtain as much history of suicidality, violence, and hospitalizations prior to the initial visit. For high risk clients it is suggested to establish a local "collaborator" to make sure consent forms are signed. It is important to have an alternate method for contacting the client, and their physical address.

Some contraindications for treatment are: Refusal to sign treatment consent; Clients manifesting paranoia, especially paranoia related to being monitored by AV equipment; Severe agitation or mania; Severe sensory or cognitive impairment; Medical instability.

When working with children and adolescents, it may take longer to build a connection that it does face to face. Many children worry about parents overhearing a teletherapy session.

## Stages of Therapy

Jennifer states that in the early stage of treatment, it is important to emphasize support and validate distress. In the mid-stage, you can prescribe homework and introduce more active interventions, such as cognitive restructuring. In the maintenance phase of treatment, the relationship shifts to one of more equalized power.

Teletherapy has many similarities to face-to-face treatment, in that establishing a therapeutic alliance, shared treatment goals and confidentiality are paramount. There are some added responsibilities of the therapist doing teletherapy, such as holding additional state licenses, technical expertise of AV equipment, and added confidentiality precautions.

Thank you, Jennifer for illuminating many of the positive aspects and constraints of teletherapy. It appears to be a treatment modality that is gaining popularity.



## Helping Classroom Teachers Become Skillful Group Leaders: A New Role for Therapists

(continued from page 6)

and lively places to learn. I am excited to be building more fruitful collaborations between educators and therapists, which benefit students and the professionals in both fields. I believe there is enormous potential in this approach, and that we are just at the beginning. As an example of a new direction, this June we will offer a program for teachers at the NSGP conference. We hope it will extend our work as group therapists to a large and enthusiastic group of professionals.



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## Want To Go To AGPA 2019 In Los Angeles? Apply For A \$1500 Scholarship

*Awarded By NSGPF In Honor Of Lise Motherwell*

AGPA 2019 will take place in Los Angeles between February 25 and March 2, 2019.

The Northeastern Society for Group Psychotherapy Foundation is pleased to announce the creation of this one time, \$1500 scholarship in honor of Lise Motherwell, PsyD, PhD, CGP-R, FAGPA. Lise brilliantly served the Foundation as President for seven years. Her intelligent, warm, clear and generous leadership inspires others to be creative, work diligently to promote group therapy and training, and have fun together. It is fitting to honor Lise with this scholarship. She is passionate about the unique importance of group psychotherapy in our time. Group psychotherapy enables people to grow in their capacity to build and deepen relationships with others. The opportunity to attend the entire American Group Psychotherapy Association week-long conference offers a truly extraordinary learning experience for all who engage in the field of mental health.

This one time award will be given in full to someone who demonstrates a passion for group work and the potential for leadership. This scholarship is intended to provide significant financial assistance so that attendance at this unique event is possible.

This financial need-based scholarship is available to students enrolled in a program of study in the mental health field or recent graduates thereof, or early career therapists who demonstrate a desire to promote group therapy. In addition, the applications will be evaluated on the strength of the application and the potential for future active participation and leadership in NSGP.

### To apply

Please provide the information requested below, respond to the questions and then email your responses to:

Debora Carmichael, PhD, CGP, FAGPA at: [deboracarmichael@verizon.net](mailto:deboracarmichael@verizon.net)

The Deadline is September 15, 2018. The Scholarship will be awarded on October 1st.

### Name, Degree, Cell Phone, Email, School/Graduate School

1. How did you learn about this Scholarship?
2. Tell us something about your experience, strengths and aspirations as a leader?
3. What areas of group leadership are you trying to develop?
4. Please tell us something about your financial need for this scholarship.



NORTHEASTERN SOCIETY  
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# 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 Caleb Englander, 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.)

## **Dear Analyze This,**

*I have a therapy group which began last June in which all three members are social workers. It is targeted toward young adults in the helping professions who admittedly feel a great deal more comfortable in meeting the needs of others to the near exclusion of their own needs—even after their shift is over or the last patient/client of the day is seen. The group is psychodynamic and relational in its orientation and it dwells abundantly on connectivity and self care.*

*I copied a custom, it seems for many practices, of providing tea at the onset of our meeting. On one occasion last month, however, several hours before the group began, I received a call from a member announcing that she had a bad cold, felt miserable and although not contagious, warned she might cancel. I informed this member that if she truly felt well enough to travel safely to group (which takes place in my home), I would have a bowl of hot chicken soup waiting for her.*

*Initially incredulous, I think, this member did show up and a kettle of chicken soup, enough for each member was placed beside the tea. She seemed grateful and sipped down her soup; the others chose tea. The session seemed to go well; members worked, I worked—throwing in even a process inquiry of the experience of the chicken soup although little was said. I'm almost embarrassed to say that I felt a little self-congratulatory and pioneering about this display of pampering. When I described the event the next morning in peer supervision it was*

*with some trepidation since, somewhere in the afterthought portion of my brain, there were stirrings that I had done something...well...not quite right*

*Would welcome comment and feedback regarding likely consequences of the action I took as a leader and, if some something unhelpful did occur, what if anything could move toward repair.*

Signed,

**Chicken Little**

## **Dear Chicken Little,**

Thank you for presenting this question with such candor about your own thought processes.

I start with the assumption that every leadership action, conscious and unconscious (including no action) has potential benefit and cost to the group process. I would encourage you to shift from asking whether you did something something "not quite right," to considering: 1) what factors motivated you, 2) what the overt and implicit impacts might be, and 3) how you can maximize the opportunity for insight and development in your group.

First, in considering motivation, I think it is relevant to go back to your initial description of the group itself as geared towards caregivers "who feel a great deal more comfortable in meeting the needs of others to the near exclusion of their own needs." I find myself curious about your attraction to this theme, its relevance to you, and the parallel processes between you (as group "caregiver") and the group members themselves.

You could begin by getting curious about what part of you felt compelled to offer the soup. In what way was your "pampering" actually "meeting the needs of others," and in what way did it meet some (unconscious) needs of your own—that undoubtedly parallel those of the group members? Your (admirably honest) description of yourself as "self-congratulatory" suggests that this reflects and reinforces an important aspect of how you see yourself.

For example, in this group of only three members, might you have concerns about attendance that could compel you to go above and beyond? Is there

something about this particular member that, through projective identification, might encourage you to feel she needs particular care? How has this member, or group, induced you to enact such enthusiastic caregiving? Exploring such questions can yield important data about group members, group norms and expectations, unconscious and unspoken processes in the group, and most importantly about yourself in the role of leader.

Second, in assessing impact, you might consider what it means to have set up these "tending" norms. (I notice that even with regard to providing tea you mention "copying a custom," which suggests you may not have started with a clear sense of what meaning and impact there could be by doing so?) Is there now an implicit expectation that you should "pamper" them in this way? Does this suggest that they *should* extend themselves for those they care for as well? What happens the next time someone is sick? If you make soup for him or her, does that start to be a burden? If you don't, are you playing favorites? What if someone is just a little sick? What if they don't like soup, but don't want to hurt your feelings by declining?

On one hand, by providing the soup you show yourself to be caring, which can have a positive impact on the group's feeling of safety and connection. On the other hand, yielding to the temptation of "gratifying" our group members can encourage over-dependence on the leader and mitigate the very anxiety necessary to illuminate members' defensive structures and coping responses, and to promote change (Rutan, Stone & Shay, 2014, p.174).

The good news is that all of this provides excellent fodder for the group's development. Start by listening for themes in the manifest content that may connect to this material, for example: discussion of people over-extending themselves, conflict about whether to take action on behalf of someone in need, wanting or not wanting others to be dependent, etc.

You can then connect this to your soup, and raise the question of how it felt that you provided it, and how would it be if you did or didn't in the future? Be prepared for your group members to minimize it; you will likely have to actively pull for more complicated sentiment. It is vital that you encourage expression of all

feelings and reactions, especially those that group members worry might not be “nice.” This could be an exciting trailhead to explore the function of “caretaking,” including as a defense against

aggression or loss. Be wary of the temptation to apologize, which would rob them of valuable potential irritation with you. Valuing and appreciating their discomfort, longing or ambivalence about depending on you, receiving your care and providing it for others will likely be an enormously rich topic for this group to explore.

If your group contract includes putting feelings into words and not actions, you can note that you in fact enacted something, and explore people’s reactions to this. You have a choice about how transparent or opaque you wish to be; you might choose to reveal something about what you discovered in yourself about this, if it feels resonant with themes others have brought in.

Whatever emerges, inviting your group to explore these themes along with you will deepen the group’s capacity to honestly explore their own complicated feelings about giving and receiving care, and expressing caring and not-so-caring feelings towards others.

Warmly,

**Annie Weiss, LICSW, CGP, FAGPA**

References:

Rutan, J. S., Stone, W., & Shay, J. (2014), *Psychodynamic Group Psychotherapy* (5th ed.). New York, NY: Guilford.



### **Dear Chicken Little,**

One of the expressions I like to use in my work (and I wish I could remember to whom it’s attributed!) is ‘watch their feet’ or, to orient it to ourselves in our therapeutic parlance, ‘watch your feet (actions) if you’re not sure how you are feeling about something.’ Sometimes our behaviors illuminate what we believe and feel before we’re aware enough to put words on our inner experience.

I invoke this bit of wisdom because this dilemma suggests that this group leader is very aware of wanting to have her group be a place to explore members’ caretaking instincts. These are young professionals ‘who admittedly feel a great

deal more comfortable in meeting the needs of others to the near exclusion of their own needs’ and the group ‘dwells abundantly on connectivity and self-care’. But perhaps she’s not aware of how her own actions are modeling the very opposite principle.

*“gifts of food  
or pampering  
put a burden  
on the patient  
to be appreciative  
or grateful”*

She provides tea regularly: let’s think a moment about that. My own therapist has a kitchen corner in her office where hot water and various teas are available, as she often runs workshops where participants bring and share tea. I can prepare myself a cup at will, and I sometimes do. It feels like a matter-of-fact aspect of getting

comfortable on any particular day: it’s a nice thing, and feels like a background thing. Although I enjoy it, this isn’t something I’m prepared to offer in my own office, given the logistics of sanitary upkeep and my reluctance to wash dishes. Is my therapist enacting something by providing tea, or am I withholding something by not? Could be...but I sense this more as a decision we therapists make about furnishing and maintaining a therapeutic and non-intrusive office environment that we are comfortable providing.

And is the chicken soup a different offering? In my mind, yes—the interaction as described in the dilemma has many deeper cross-currents. First, the telephone interaction of encouraging the ill member to come and be rewarded with hot soup injects an *element* which could be experienced as coercive or manipulative: *Oh wow, she/mom really wants me to come! Oh wow, it might hurt her feelings if I don’t show up. Why do I feel mixed up about going?* And how do other members feel about hot soup appearing especially for this member? And, about this member being encouraged to come with a bad cold (absence of contagion never guaranteed)? *I always knew mom liked her better. I wonder if she’d offer me that. Hey, not so sure I like sitting next to someone with a bad cold, but clearly mom is pleased.*

This therapist felt initially good and then a little worried about offering soup as a ‘display of pampering’ to her group members. Where does pampering fit into the lexicon of caretaking versus teaching self-care? I looked it up: to *pamper* is defined as to *treat with extreme and excessive care and attention* (archaic meanings ‘to glut or cram with rich food’). Is this what we want to do as

therapists? We are trained to offer (by mutual agreement) focused attention, and a caring relational frame; gifts of food or pampering put a burden on the patient to be appreciative or grateful. I worry that this therapist is enacting excessive caretaking while purporting to build skills of self-care, and I worry that this is the story of too many sad childhoods, with moms own dependency agendas got in the way of helping children find their footing as adults. Our adult group members need to be free to cancel if they are ill, and then talk about whatever struggles and feelings came up (in them and in their group-mates) around missing a session. If the therapist feels excited to feed or pamper them, they will sense that (likely with unconscious antennae to match her unconscious impulse): can they all be helped to feel safe enough to talk about it?

And here is where this therapeutic dilemma may have a positive outcome: if this therapist can learn to watch her feet and become conscious of her own interior motivations and feelings, she might then take ownership of these pampering impulses and model for the group how challenging (but worth it!) it is to break old habits. These group members already know that taking care of others is more comfortable than taking care of themselves: their therapist might help them put words on what happened around her pampering habit, and in that way join them on the much less comfortable path. We therapists are often drawn to treat (or re-enact) dilemmas that have been central to our own development; our awareness of our own dilemmas, often gained in supervision or therapy, makes all the difference for our patients.

Sincerely,

**Julie Anderson, PhD**



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## Membership Rites in a Homeless Shelter

By Zachary Wigham, MSW

Clothing was littered around the room, crumpled next to backpacks and bags both stuffed to the brim. Trash and stale food cluttered the floor underneath chairs arranged along the walls. Behind me towered a shelf stuffed with totes and more clothing which loomed over a room smelling of stale beer and sweat. Most of the walls were plastered with program fliers from across the town, each one without lasting warmth now, hoisted up long ago. Eleanor Counselman's advice, "First, you put your chairs in a circle" floated through my head and I moved what seats I could into a circle, oval, or polygon—which one was debatable. Some folks filed in only to find second-rate seats next to those who had been there for hours already. Our Community Meeting was about to start, and the Drop-In Shelter was bustling this morning.

That bustling energy didn't let up once the Community Meeting started. I flashed through bits of lessons from NSGP and AGPA in my head while I still had a moment. The group began quickly: "I've been here for seven, no, nine years. Look around you, this place is the lowest its ever been. It's filthy. There's people falling out left and right, nearly dead, and you don't do anything about it." Uproar came in waves and I raced to reinforce group values and manage the flurry of speakers. Back and forth, some members blamed those in active addiction for the state of the Drop-In Shelter, while those in active addiction defended their right to a safe place. Both subgroups eventually came to agree: it was the varieties of disrespect to the space that stoked their anger. As our time began to be short I attempted a concluding statement, staking out the possibility that "if we continue to attend these meetings together, some of us may start to see ourselves as members of community rather than individuals occupying the same space at the same time." The result was less of a doorknob comment than a doorknob uproar—the group threw the last of their anger at me for suggesting anyone in the shelter could change, let alone change for the better. Community Meetings had become a staple of my position over the past several months working as the lone clinical social worker at a homeless shelter organization in Southern Vermont. I began to design and lead these Community Meetings at three different shelter locations: the Drop-In Shelter, a winter nightly Seasonal Overflow Shelter, and a group-living transitional shelter. These groups are the

first I've designed and led from the ground up. Each of these shelters, and the region at large, has been wracked by a local affordable housing shortage and the opioid epidemic. I originally designed these Meetings, then, to act as shelter-level interventions for all those engaged in their services.

With their design and implementation for what is often a nearly street-level environment, I drew heavily from the tradition of Community Meetings on psychiatric inpatient units. Those Meetings served as a laser-focus on the social microcosm of inpatient unit, bringing together staff and patients to discuss a wide range of unit concerns. The traditions of such Community Meetings appear to vary widely, with a range of practice methods and goals developed in different times and places, perhaps suitable to the needs, capacities, and interests of the leaders and members. However, all of these types of Community Meetings hold elements of task groups, large groups, and interpersonal process: the goals are to identify dysfunctional community norms and promote more functional ones and to increase a sense of community belonging and perspective. For staff, the Community Meetings hold value as a kind of data for organizational consulting.

Despite the long history of Community Meetings, they do not seem to have not been implemented in shelter systems in the same style and tradition as on inpatient units. Therefore, I've had to navigate shifts in theory and technique that I hadn't foreseen. As the name given to these sorts of groups suggests, the primary realm, or "target", is the community at large rather than the individual, as it is during psychotherapy. This reorientation to the community as the target of the intervention has challenged me to reconsider technique. Specifically, I have used more group-as-a-whole interventions rather than individual or dyadic comments. Too, the shelter environment has none of the stability, containment, or even superficial sense of a working alliance that exists on inpatient units. This lack comes across most clearly through the physical space—the room is open to the rest of the shelter and people move in and out of the Community Meeting as they can tolerate. Many members spend their days in the same space with the same peers discussing the Community Meeting in this or that way. It is hard, then, to believe in clear beginnings and endings to these Community Meetings.

## Lifetime Achievement Awards Announcement

The Northeastern Society for Group Psychotherapy Foundation, Inc. is glad to announce that for the first time at our annual Spring Garden Party Gala on Sunday, May 20, 2018, we will award three members of the Northeastern Society for Group Psychotherapy with a Lifetime Achievement Award! The three individuals who will be receiving the awards this year are:

Suzanne L. Cohen, Ed.D., CGP, FAGPA

Jerome S. Gans, M.D., CGP,  
DLFAGPA, DLFAPA

J. Scott Rutan, Ph.D., CGP, DLFAGPA

In the future, this award will be given annually to up to three members of the NSGP community for lifetime achievement on behalf of group psychotherapy.

If you would like to nominate someone for this award in the future, please mail your nomination to Siobhan O'Neill, Secretary of the NSGP Foundation, Inc., at 4 Pine Street, Belmont, MA, 02478. Nominations should consist of two sentences in support of each individual nominated and need to be received by October 2018. Members of the NSGP Foundation, Inc. are not eligible for nomination. The awards for 2019 will be selected from the nominations by anonymous ballot at the NSGP Foundation, Inc. annual meeting in November 2018.



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### Membership Rites in a Homeless Shelter (continued from previous column)

The specifics of optimal technique in these Community Meetings, much like the literature suggested about the history and various traditions of the Community Meeting format, are still unclear and evolving for me. Out of all the things I might offer during the group, I've settled on helping attendees to explore themselves as part of a community and through that process to define what community is among the shelters, what brings us together, that we already *belong* though we may not know to what. In the meantime, my polygon, oval, or circle of chairs grows a bit smoother around the edges. Perhaps learning to become a member is a goal enough in itself.



parents can do to reduce suffering in a transgender or nonbinary child.

### **Transgender Identity vs. “Typical” Identity Development.**

Adam reported that most children show some sense of gender expression from age three; however, it can be as early as 18 months of age! By the age of 4-5, a core set of identity is established. Important early signs of gender identity include bathroom behavior, underwear, and bathing suit choices. By age 6-7 a child develops a more permanent sense of gender. More integration is observable, and there are fewer highly stereotypical expressions.

Puberty is often a risky time for transgender youth. These children often fear the upcoming changes. Some transgender children are put on hormone blockers around puberty, prior to hormone treatment. The treatment goal is to help gender non-conforming children to suffer less.

### **Social Transition**

Helping gender non-conforming youth transition socially involves taking steps that are reversible and don't cause

permanent physical changes. For example, allow young children to play and dress as they wish. If they would prefer a change of name and pronoun, respect that. They should be permitted to use facilities of their choice, and to participate in sports and social groups of their affirmed gender. Sometimes people come out in some parts of their lives, and not in others.

There are some garments and practices that gender nonconforming individuals can use to support their affirmed gender identity. Binders minimize the appearance of breast development, packers fill out a trans man or boy's pants, and tucking can be used to hide the male genitals. The use of clothing and makeup, and name changes on documents, can also support one's gender expression. Not all transgender individuals want surgeries. Nevertheless, the number one issue transgender teens discuss is dysphoria focusing on aspects of the body.

### **Gender Affirmative Care**

- Ask clients about dysphoria
- Be consistent about using the client's preferred name and pronouns.
- Help them make connections with other gender diverse people.

- Validate their experiences, make room for differing gender expression.
- Help the family to create a supportive home.
- When exploring medical changes, ask what changes they look forward to.

The Practice Development Committee wishes to thank Adam for sharing this important information about working with transgender, and nonbinary individuals. The workshop was highly informative, and important for any therapist working with gender non-conforming individuals.



## **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?**

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### **Consultation Benefit.**

Here's how you set up a consult. Call or e-mail Annie Weiss ([annieweiss@aya.yale.edu](mailto:annieweiss@aya.yale.edu) or **617-244-9009**). Annie (or another committee member) will find out what your concerns and provide you with the names of 2-3 senior people in NSGP who have agreed to offer one free hour of consultation per year. 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.*

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# 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.

**Debora A. Carmichael** was awarded the Affiliate Society Assembly Award for Outstanding Service, in recognition of the work she did for NSGP from 2011-2017 as Treasurer and then President. She was also elected to be a Fellow of AGPA. Debora has continued to lead workshops on how to create a Professional Will most recently to clinicians affiliated with PCFINE and EGPS. She led a workshop at AGPA Connect 2018 in Houston, "Therapists Courageously Confronting Their Own Mortality with Their Patients", a workshop she also did at AGPA and EGPS in 2017. Debora joined the Board of the NSGP Foundation and continues to co-lead the NSGP Scholarship Committee with **Joel Krieg** and is a member of the Experiential Group Sub-Committee of the Conference.

**Theresa Cohen** has completed her move to Nantucket, where she is living and working full-time in private practice. Her new contact information can be found at [www.tbcohen.com](http://www.tbcohen.com).

**Guy Croteau** recently completed teaching "Group Dynamics and Process" to graduate students at the BU School of Medicine as part of their LMHC program. Guy has always been drawn to teaching and was very grateful for the opportunity to give it a try. He looks forward to his repeat performance in September!

**Joanne Lipner's** article "Reflections on the 'Evening' of a Psychotherapist" was published in the winter edition of *VOICES*. Joanne will be co-leading a workshop with **Steve Cadwell** on retiring from clinical work at the June conference.

## Congratulations

to **Debora Carmichel, PhD, CGP, FAGPA** who was elected Fellow of AGPA, and also won the Affiliate Society Assembly Award for Outstanding Service! Thanks also to Deb as she is completing her term as Past President of NSGP, completing a five+ year commitment of service to the organization!



Deb Carmichael receiving her FAGPA from Steffen Fuller



Debora Carmichael & Eleanor Counselman

## Congratulations

to **Kathy Ulman, PhD, CGP, DFAGPA** on receiving a Distinguished Fellowship from AGPA in Houston!

**Barbara McQueen** moved into a new office in Brookline Village in November and is enjoying the sunny space and more time in her clinical practice. In May she will be leading the full day experience group for the NSGP Training Program. She continues to use her group skills to work with folks around race, racism and work for racial equity through YW Boston (and elsewhere) which is very meaningful to her.

**Oona Metz** led a workshop on the Group Leader's Use of Metaphor in Group at EGPS in November. She is looking forward to leading an Experience Group for Beginning Level Clinicians at the NSGP conference in June. She especially loves leading that group as she enjoys sharing her passion for group with clinicians who may be newer to the field. Oona is the co-chair of the Practice Development Committee of NSGP and the Treasurer of the NSGP Foundation. She is actively engaged in her own anti-racism work and is committed to bring more of that work to NSGP. In July, Oona will be leading a seminar at Summer Seminars for Women on Lake Michigan on using imagery and metaphor to gain deeper self awareness.

**Howie Schnairsohn** advocated for and received permission from his agency to take his 9 year ongoing process group of 8 mental health professionals on an all day retreat on a farm in Lincoln Mass on 11/17/17. It was the first of its kind at North Suffolk Mental Health Association. The day was split between a nature walk, improvisation, guided meditation, group process and a workshop on job stress that resulted in a written summary we called "Cooling Down Job Stress—Heating Up Job Effectiveness." In subsequent group sessions many non-material gains could be discerned such as group cohesion, intimacy, and fodder for processing for months, maybe years, to come!



This Spring we bid farewell and offer thanks for their service and support, energy and insight to **Jenn Ruiz** and **Joel Krieg**, Co-chairs of the Training Committee; to **Charlie Glazier**, Co-Chair of this year's Conference Committee; to **Ellen Ziskind**, Moderator of the ListServ; and to Board members **Geri Reinhardt**, **Joseph DeAngelis**, and **Michelle McGrath**. Thank you for your contributions!

**Joe Shay** led a weekend experience group in Maine for a group of therapists who have been meeting together for more than 30 years. Joe taught the first module for the NSGP Training Program, "Foundations of Group Psychotherapy." For PCFINE, Joe continues on the Board and also in other roles, and presented "Couples Gone Wild: The Top 10 Complications in Treating Couples" and "Betrayal in Relationships: Infidelity and Couples Therapy" to the second year class. Finally, Joe was also elected to be a member of the Nominating Committee in addition to his ongoing position as a Board member.

**Kurt White** had an eventful spring and winter, including leading his first two-day AGPA institute at AGPA Connect in Houston, for persons with 4–9 years of experience. Also at AGPA Connect, he co-presented a half-day workshop on the Uses of Self in Group Leadership, with Geoff Kane and Liz Dietrich. He gave a talk on trauma and child development for Adelphi University Institute for Parenting in January. In February, he presented Marijuana: Everything You Ever Wanted to Know, for Vermont Addiction Professionals Associations (he assured us that this was not an experiential presentation). Kurt is grateful to his colleagues in Boston and elsewhere for their help and support during a time of illness, to unflappable newsletter co-editor **Howie Schnairsohn** and to the enormous patience of the community who have been waiting for their newsletter for quite some time.

## Caption This!

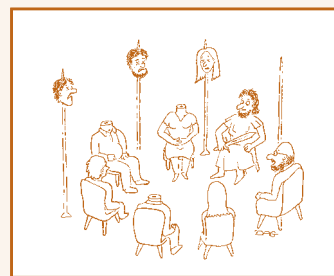
Please submit a caption for this cartoon to [newsletter@nsgp.com](mailto:newsletter@nsgp.com).  
The winning entries will be announced in the next issue.



Drawn by Renee Hoekstra

## Spring 2018 Cartoon Caption Winners from 2017 Fall

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



Drawn by David Goldberg

### 1st place:

"Vlad, could you put your feelings about the group's intellectualization into words, rather than actions?" —Tracy McNab

### 2nd place:

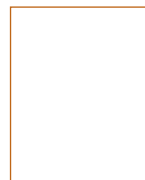
"Would anyone else like to explore the importance of the mind-body connection?" —Samantha Becker

### 3rd place:

"Let's all forgive our newest member, Goliath here. He's still a tad primitive and doesn't quite get all the group nuances. When I said, 'Heads up', I didn't mean it literally." —Rob Pepper



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## Save the Date!

NSGP's 37th Annual Conference!

June 8, 9, & 10, 2018

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spring/summer 2018

the newsletter

NSGP

Northeastern Society for Group Psychotherapy

### NSGP Upcoming Events Calendar

|                      |   |
|----------------------|---|
| June 8–10, 2018      | <b>NSGP 37th Annual Conference</b><br><i>You Are Not Alone: The Sustaining Power of Groups in Challenging Times</i><br>At Simmons College, Boston               |
| Jul. 30–Aug. 4, 2018 | <b>XX IAGP Pre-Congress &amp; Congress:</b><br><i>Rising Tides of Challenge and Hope: Healing Identity, in Society, Groups and Individuals</i><br>Malmö, Sweden |
| Feb. 25–Mar. 2, 2019 | <b>Save the Date: AGPA Connect 2019</b><br><i>Building Bridges of Connection Through Group</i><br>Los Angeles, CA   |

For more information or to sign up, please call 617-431-6747 or go online to [www.nsgp.com](http://www.nsgp.com).