As my presidency winds down and I reflect on the past two years, my heart is filled with gratitude for the friends and colleagues who, despite the difficulties of the pandemic, served on committees, facilitated events, offered input, discussed possibilities, and participated in the governance of NSGP. Now, as spring approaches, I am filled with optimism about what lies ahead.

The Board of Directors has been hard at work and busy operationalizing an Equity Rate that will be available for all our programming in 2022. Special thanks to the NSGP Foundation for generously sponsoring a grant to fund this through 2022. The equity rate was first piloted at the 2021 conference and provides access to individuals who identify as members of one or more communities with historical/institutional barriers.

In follow up from last year’s town halls, the Board is focused on ways to incorporate important takeaways, namely creating opportunities for connection, small group interaction, and learning. By focusing on these elements, we are hoping to optimize board participation, create opportunities for innovation, and improve our efficiency. This is also an active discussion with our committees as we look at ways to bring these values to all the ways we function.

The Board is not the only part of NSGP that has been busy. Practice Development featured several great events and has more planned. In December and January, they had a wonderful two-part event that focused on the new publication, “Women, Intersectionality and Power in Group Psychotherapy Leadership,” co-edited by our own Annie Weiss. Another publication released in 2021 by Jerry Gans entitled, “Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples,” will have a workshop featuring the author in a Practice Development workshop this March.

Our Diversity, Equity & Inclusion Committee in conjunction with Tufts Occupational Therapy recently held a documentary screening and discussion featuring the critically acclaimed 2019 documentary, “Healing from Hate.” The discussion, co-led by DEI co-chairs Sasha Watkins and Mary Barnes, was lively and informative. The DEI Committee has several more events planned for this year including a co-sponsored event with the Practice Development Committee featuring Robin Dean. Stay tuned for upcoming details!

As if this isn’t enough, the Training Committee, chaired by Annie Weiss and Karsten Kueppenbender, in conjunction with AGPA member Shunda McGahee, is piloting a new training program. This program, funded by a generous grant from the NSGP Foundation, is being geared specifically for professionals at a Lahey Clinic Community Mental Health Center on the North Shore. The training will include professionals from differing backgrounds, levels of experience, and licensure who work with clients struggling with issues such as substance abuse, trauma, and psychosocial issues. The aim of the program is to provide foundational skills for clinicians to

(continued on page 7)
Richard Montes, LMHC, is a staff therapist at South Bay Community Services. A member of NSGP since 2020, Richard has been an active participant with the Conference and Membership Committees and is now on the Board of Directors. In an hour-long interview, Richard spoke with Nadia Khatchadourian, NSGPeople co-editor, about his life, both personal and professional. Maddie Freeman, NSGPeople co-editor, acted as scribe.

Nadia: What was your early life like?

Richard: I grew up in Puerto Rico, from birth to age 23. I am part of a middle-class family, from a town called Ponce, but I lived most of my life in a town called Yauco. My father vowed that he would keep me in private school, no matter what, so my education was in Catholic private schools. I was brought up Catholic. In high school, I took it [Catholicism] pretty seriously. That left me with a lot of questions: things weren’t adding up, at least in the way I was taught. That led me to a few years of atheism, in college.

My parents are still together, and I have a younger brother. I am older by 7 years. I am 33. We are very close; we can talk about anything. We have a really good relationship. It’s really great.

Part of my teens and early 20s was in college. I discovered Carl Jung. I took a Masters Level course on Analytical Psychology, during undergrad. It was fascinating. It opened up my mind and worldview, and deepened the way I thought about things. It put me on a path to eventually discover spirituality. Interestingly enough, I am now back full circle to being a Catholic.

Nadia: What brought you back to Catholicism?

Richard: It is very important to me to grow and mature. When I was in a low place, I realized I couldn’t just help myself on my own, that I needed the higher power. It seems like it’s not up to me if I need some help. Humans cannot do this by themselves—I came to that conclusion. A year after the pandemic, I did a lot of reflecting, thinking, confronting. I ended up talking to a priest who introduced me to the Neocatechumenal Way. And then I was back to the church with a community.

Nadia: How does it shape the way you move through the world, that your family is far away?

Richard: That’s been part of the burden of being here by myself. I basically felt like I was facing life on my own, that I wasn’t part of any community. When I was 23, I moved for FEMA. Then I went to college, and I felt like I was on my own, basically, traveling back home for the weekends. Now I am trying to recover some ground, little by little. It’ll take some time.

“I learned that in my view, there is a correlation between moral behavior and healthy behavior.”

Nadia: What brought you to the States?

Richard: Curiosity. I wanted to see the world already. I wanted to get out of Puerto Rico. I wanted to go for my Masters, because for anything in Psychology, I would have to get more training. The first group I started was a discussion group in college. I learned that I could lead groups, at least discussion groups, and I learned that I was meant to work with people, not just do research (although I appreciate research). I discovered Carl Rogers’ videos on YouTube and Albert Ellis’ work. I thought, “This is fascinating! This is a sign.” My father had an apartment here that he could lend me, so I decided, “Let’s just do it!”

Nadia: What have been some formative work experiences for you?

Richard: My first job was at Bournewood Hospital in Brookline for three and a half years. That really changed me as a professional, in all sorts of ways. It was my first professional experience. I encountered severe mental illness for the first time, dual diagnosis, confronting and dealing with human suffering, plus navigating the language. It really helped me develop a way to connect and talk to people in a way that honors their dignity.

“I learned that in my view, there is a correlation between moral behavior and healthy behavior.”

(continued on page 3)
I learned that in my view, there is a correlation between moral behavior and healthy behavior. That is something I learned there, by experience and observation. I realized that you've got to treat people with dignity, so they can learn better. It was very hands-on, and very intense. I was in charge of the safety. I learned about reaction time, to get people out of harm's way. Then I felt saturated. It felt time to move on. I moved on to my internship, working with children in the after-school program at Housing Families in Malden. I had a great supervisor there who taught me a lot.

Nadia: What do you do now?
Richard: When I was done with my internship, I started working with South Bay Community Services in Chelsea, now called Sevita. They had school-based positions and I worked in the community, in people’s homes. I started working in middle school and high school. I’ve been in three schools so far. I’m now at Clark Avenue Middle School. It’s the best school I’ve been at. It’s great to work in-person. I’m transitioning my cases to be mostly school-based. It’s about half and half, adults and kids. The “community cases” are adults.

Nadia: Is there a specific population that you want to work with or keep working with?
Richard: The population I’m working with now is very diverse. In terms of age and cultural background, there’s a lot of Latin Americans, some people from the United States. There are many families that immigrated here from abroad. I feel comfortable working with cultural diversity and age diversity. I’m working with people across the gender spectrum. In terms of preference, I like working with kids and adults. I don’t know if I can narrow it down more. Maybe because of my openness—let’s work with everybody!

Nadia: The breadth is working for you! What brought you to NSGP? Were you involved before you became a member?
Richard: I was involved for possibly about a year before I was a member, thanks to a supervisor at South Bay who invited me to the 2019 conference. That was my first interaction with NSGP. I really liked it. I loved the conference and the people. I also participated in the Demo group. I got integrated more with the people and committees—the Conference Committee. I did that for about a year. And then I became part of the Membership Committee, and now I am on the Board. I became an official member, and I did the Experiential Training Group with Libby [Shapiro]. It was great. It deepened my experience with the group and helped me to attune to a higher level. It was very helpful, and I learned a lot.

Nadia: What are some of your favorite activities?
Richard: I love learning. I love listening to audiobooks for the past few years—that’s how I do my reading. I like participating in groups, such as the Awareness of Race and Culture project; I was facilitating that for about a year in a Methodist community with a theologian.

We’d have great discussions about race and culture, as a response to the murder of George Floyd. I experimented with a few groups: we did an online Men’s group for about a year. I love reading and taking walks out in nature when I get a chance. I like Martial Arts. I used to practice and would love to go back to it. I used to blog, too. I want to take it more seriously.

Nadia: What’s the first concert you ever attended?
Richard: Metallica. I was 22, in Puerto Rico. My hair was long back then. There were flames shooting up from the stage.

Nadia: You started big! If you had a magic wand, and could make NSGP whatever you wanted it to be, what would that look like?
Richard: I would like for there to be some sort of outreach to demonstrate more around groups. Public simulations, demo groups, introduce more people to group work. Instead of having people come over and see what we have … go to them. I also think we could have a system of cohorts. Come in to NSGP and get involved in different things, grow up together in the field, and become stronger clinicians. I think it’s really helpful to have peer consultation groups.

I also think the younger people should start structuring ourselves. Once it’s structured, we keep running it ourselves. We could connect the “old guard” and the new members through mentorship. They check in with us, see how we are doing and what we need. Keep that fire going!
Dear Analyze This,

I’m an early career therapist who recently took over a mixed-gender trauma process group, which had been run by the same group leader for the past 25 years. The first two sessions have gone seemingly well while being aware of recent choices I have made with the intention of providing continuity during this significant transition for the group. A couple examples of this include transitioning into the role the first week of August knowing they typically have the month of July off, and keeping the session time the same despite it being quite an early start time for me. A group member has expressed some hope that we might consider changing the hour if others are open to it. There are seven members and I am receiving a lot of interest for new referrals, but am hesitant at the thought of bringing new members during the first couple of months. I feel more inclined to start a new group, but recognize this is partly due to fear of upsetting the group members.

It’s clear there is consensus amongst the fully-vaccinated group that they would prefer to be meeting in person and one member went as far as to offer space attached to his home that could accommodate up to 10 group members. With the increase in cases, I’m less concerned about this choice point, but still very aware of how disempowered I’m feeling about making choices that may increase distress for group members. I feel the members are already navigating a lot of challenges in their lives, along with the big loss of their beloved leader, whom several of them are seeing in individual therapy. How can I confidently transition into this new role as a group leader while providing the optimal level of care for the members involved?

Signed,

Leader in Process

Dear Leader in Process,

Once, I worked at a camp for children with severe burns. The camp had a mission to provide a safe space for the joys of just being a kid. Whereas many of the kids lived with major scarring—sometimes limiting their range of motion—they needed a space where they could feel “normal,” where whatever horrors they lived through did not set them apart, but rather afforded a sense of belonging such that those horrors could, even if just for a time, recede into the background. Many of the kids came every year for years on end.

Admittedly, I was nervous. This was years before my clinical training and I was afraid of what I’d see—both in terms of injuries and in terms of what it might evoke in me. Truth be told, the only surprise was how “not different” it was from any of the other weeks of summer camp I’d worked.

What I came to understand was that these kids reaped the benefits of a very long process. Many of them, now adolescents, were burned as very young children, and while I would in no way diminish the long journey that brought them to that moment, the camp succeeded in its mission. They were at ease with themselves and at ease with each other.

In a literal way, few things are more painful than third-degree burns. Severe burn victims can sometimes not even bear the sensation of a sheet covering their wounds. Even a brush of air can feel excruciating. There are scars and skin grafts. Surgeries. Occupational therapy. More surgery. More scarring. It can seem endless.

There are some people who have been “burned” by life so badly that it is hard to know how to care for them. As caregivers, we may need to repeatedly remind ourselves that the goal of treatment is not to hold the world still such that no breeze stirs through their lives. Our goal is to support the healing process that will allow them to re-engage with the tactile pursuits of any life, be those literal touches of the hand or metaphorical touches of the heart.

“When we work with people who have been hurt, we are asked to bear witness to their suffering, and that may brush against our own scars.”

You are working hard to hold this group gently. You know they have been burned and you feel for how these transitions may stretch their scar tissue. With clients, try to assess how much is too much? If a client cannot tolerate a group’s regular perturbations (scheduling, new members, disagreements, etc.), then this may not be the right time for this intervention. Sometimes when a wound reopens, the bedsheet is too much.

It sounds, though, like this has been a hearty group and may have more resilience than first imagined. They may be hurt, but being together (continued on page 5
may give them a hidden strength. You might be curious about your own hesitations. At burn camp, my tentativeness was so obviously about me rather than anything else. When we work with people who have been hurt, we are asked to bear witness to their suffering, and that may brush against our own scars.

It’s an ugly fact of life that healing often involves moments of pain. We need to have clarity within ourselves to distinguish when a cry of pain comes from putting too much on the survivor versus a cry that comes out of regaining a range of motion.

It’s inevitable that you will make choices and members will feel distress. (Well, I suppose you could endlessly defer choices, but that cauldron of stillness will stifle the group and eventually the pain you inflict upon them will be its gradual demise.) It is true that for trauma survivors, targeting interventions to the proverbial “window of tolerance” can feel like threading a needle—to say nothing of threading several needles at once. You’ll want to lean on your supervisors to help you assess what is “too much,” but I would encourage you not to hear every dissatisfaction as evidence of your careless ineptitude. Does the group talk about their pain or do they act it out? For example, do they tell you about how the old leader was “better” or do they just not come to sessions? Can members show flexibility in their thinking? For example, can they be angry and disagree, but still understand why you made a choice? Does the group-as-a-whole squash subgroups or can it tolerate differences?

Another ugly truth: Healing is often not pretty. When you make choices that allow the group to remain alive and vibrant, you are helping them do their work. It may be slow. Pacing matters, but so does movement and making contact. And remember, your pain matters, too. Get support to keep bearing witness. You don’t have to know what the “right” pace is; you just have to be able to listen closely.

Jeff Brand, Psy.D., CGP

Dear Leader in Process,

Congratulations on the herculean task of taking over a group from an experienced group leader. The process of “taking over” a group is very intimidating and scary.

There are two parts to my response. The first comes from a meta perspective that reflects and informs many of my clinical decisions. Let me start by sharing a similar experience. I took over a Gay Men’s Group at Fenway Health after the group leader died suddenly from influenza. Stepping into the shoes of a leader who is admired and loved is not easy. After a period of allowing the group to mourn the loss of their group therapist, the group began to shift into doing the work that brought them there. As I began to introduce the frame and boundaries I generally hold in group settings, I received resistance because “that’s not how [our other leader] ran group.” For example, the previous leader, coming more from an AA (Alcoholics Anonymous) model, encouraged outside communication among the members. While I knew I couldn’t “reverse” this practice, I simply shared my perspective on this—that I discourage outside contact among members and that all member relationships are held and played out only within group. I made it clear that I was not changing any “rules,” but only shared my own clinically-informed beliefs of what made group a safe space. In the end, I lost one member and the others began to appreciate the boundaries I always set in my groups.

I share this story because the answer lies within you. “Taking over” a group is not imitating or replicating e previous leader or their practices. Ultimately, the group becomes your own and reflects your own clinical persona that includes your set of boundaries and frames. Let the group mourn the loss of their previous leader and let the group become your own. The members will appreciate it in the end.

“[It’s a losing game to attempt to fulfill their dreams that you ‘be just like’ your previous leader.”

The second part of my response answers more directly the questions you pose in your dilemma. Once the group has had an opportunity to mourn the loss of their “beloved leader,” it will be important that you begin to set your own frame. This includes the time and place the group meets and how large the group should be—especially given that this is a trauma group. These are clinical questions that only you as their therapist have the training to handle. I don’t believe that group members should be involved in these decisions. I would also completely avoid using any client spaces for group. This is a boundary violation and will create unwanted transferences to you and the member who is playing the “host.” But I believe you are avoiding this one!

In the end, you are right. Group members experience a great deal of anxiety when they lose a group therapist. It’s a losing game to attempt to fulfill their dreams that you “be just like” your previous leader. The most therapeutic thing you can do for them, including reducing their distress, is to become their new leader in your own right by establishing your own norms.

You Got This, Leader in Process!

Guy R. Croteau, LICSW, CGP
NSGP President-Elect
Reflections on Running Groups in a Pandemic

As the Covid pandemic continues into a third year, NSGPeople asked three of our members to reflect on the experience of running groups in this uncertain environment.

David Goldfinger, Ph.D.
What has impressed me most about Group Therapy in the Time of Coronavirus has been the remarkable capacity of group process to express itself in even the most constrained circumstances. Like water finding its way through cracks, human beings will find ways to connect—to relate, console, flirt, tease, confront, exasperate—to love and to hate as needed.

It took a beat to get there. The abrupt shift to Zoom, with its collapse of three dimensions into two, loss of eye contact, and vanishing of bodies, left us momentarily bereft and despairing. Where we were once a living circle, combining warmth and sharing breath, we were now a cold set of stacked tiles on a screen. How could this possibly work? And yet...

“It turns out the Zoom platform provides new opportunities for old dynamics.”

These interactions felt far from two-dimensional. They serve as a testament to the indomitable persistence of the human spirit and our need to find one another, in times bountiful or bleak, through whatever channels are available.

On the other hand, being online has shown benefits. The attendance to the groups has been more constant, making the access easier to their participants. Weather and distance are no longer a limitation. I even dare to conclude that for some of the members of these groups, the fact of being in isolation but together, seems to provide an extra sense of safety. They seem to be more sheltered, insulated. It has been gratifying to witness the payoff of the difficulty in juggling alone with what seemed impossible, what was unknown—to make use of the ability to adapt. Stress management and psychic strength became key in sustaining the safe spaces...

(continued on page 7)
Joel Krieg, LICSW, CGP

Leading six weekly groups and co-leading Observation Group 2 at the Brookline Center during the pandemic has been both rewarding and challenging. Some observations:

1. Group served as a lifeline for connection for some.
2. People attended with incredible regularity, especially in the first 12 months.
3. Groups/members varied in how they responded to Zoom. Some thrived while others really struggled with the online format.
4. For groups that returned to in-person, though some members were ambivalent about coming back to the office, after being back, they didn’t want to leave.
5. Meeting online—and my losing Wi-Fi during group—provided opportunities for groups to work leaderlessly, which they did quite well!

The most challenging aspect was the volume of screen time and tracking, especially in the beginning when everything was online (and daycare was closed). So much fear and uncertainty to hold. At times it hurt to look at the screen. After vaccinations in the spring of 2021, with two groups returning to in-person and two going to once/month in-person, it was much better. Another really challenging part of the pandemic has been the absence of in-person NSGP gatherings. One of my pandemic highlights was seeing Amy Matias and Sasha Watkins (fellow NSGP/DEI members) at the CambridgeSide mall after getting our second vaccination shots. The most gratifying part has been returning to in-person. While it hasn’t made sense for all groups to return to in-person, for those that have, it feels SO GOOD to physically be with people (who have gone through really difficult times together) in the same room.

“Group served as a lifeline for connection for some.”

Classifieds

OPENINGS in a long-term, psychodynamic Men’s Group, ages 30ish-70ish, Tuesdays 7:00-8:15pm. Held via Zoom. Call or email Guy Croteau, LICSW, CGP at 781-223-0209 / grcroteau@gmail.com.

ACCEPTING new clients: Individuals, Couples. Specialize in trauma work including EMDR; Extensive experience with LGBTQ+ community. Call or email Guy Croteau, LICSW, CGP at 781-223-0209 / grcroteau@gmail.com.

OFFICE SPACE: HARVARD SQUARE Full-time office available in a lovely two-office suite with a large private waiting room. Please call 617-650-9829 or email amymatias.licsw@gmail.com.

OFFICE SPACE: NEAR HARVARD Three sunny, recently renovated, good-sized and well-maintained offices on bus routes in Observatory Hill area between Harvard and Fresh Pond. Call or text 617-285-0219.
Welcome to Two of Our Newest Members!

Name: Stacy Taylor (she/her/hers)
Joined NSGP: October 2021
Graduated from: University of Massachusetts Medical School, Harvard-Longwood Psychiatry Residency Program, University of Maryland/Sheppard Pratt Residency Program
Place of Work: I’m a psychiatrist in private practice; I shifted to full time solo private practice in August 2021 after spending several years doing both private practice and college mental health care. I’m moving my office from Natick to Waltham as of March 1st.
Special Interests: I am passionate about psychotherapy, in all its varied forms. I enjoy digging into different modalities in an effort to better understand how I can be helpful to patients. In particular, I am interested in the intersectionality of meditation, mindfulness, neuroscience, and the therapeutic relationship.
Fun Fact: My daughters and I added a puppy to our family in August 2020. Her name is Sadie and she has brought us all a tremendous amount of joy.
Why I Joined NSGP: Solo private practice can be isolating; this recent shift to full-time work has highlighted for me the importance of continuing to build and nurture my professional network of colleagues. I look forward to working with you and learning from the expertise and wisdom you all bring to mental health care.

Name: Sarah Stone (she/her/hers)
Joined NSGP: January 2020
Graduated from: Boston College School of Social Work
Place of Work: I see adults and adolescents for individual and group therapy at The Brookline Center for Community Mental Health, where I’m lucky to be a part of an amazing community of group therapists. I’m currently leading a process group for older adults.
Special Interests: I’m especially interested in working with folks who’ve experienced early relational trauma, as well as people who make art. I’m currently in IFS Level 1 training and hope to learn AEDP and Somatic Experiencing in the future.
Fun Fact: My cohort from the NSGP Principles of Group Therapy course continues to meet monthly to deepen our connection, take turns leading, and experiment with group form.
Why I Joined NSGP: I left an English PhD program and became a clinical social worker in part to better understand the group process unfolding in poetry writing workshops I taught. Joining NSGP was a natural next step, and I am grateful to have been warmly welcomed into this community.
Progress Notes

Howie Schnirsohn:
I made two recent life changes: On the domestic front, I moved with my wife Rivka into an updated 100 year-old home around the bend from the calming Arnold Arboretum, itself, over 150 years old. Career-wise, unexpectedly, I developed a predilection for group work on Zoom and decided not to return to in-person even when it feels safe to do so. I’m quite certain mobility issues factor into what I feel is a new opportunity for my practice.


Jerry Gans:
This year my book, Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples, was published by Routledge. I’ve also had three papers published:


Gans, J.S. “Speech to the graduating class of the Eastern Group Psychotherapy’s Training Program in group psychotherapy.” Group, Fall 2021, Vol. 45, No. 1 (Fall 2021).

Natasha Khoury and her husband Federico welcomed their first child, a daughter, Oriana Yester Campeotto, on January 24th, weighing 7 lbs 4 oz and 20 inches long. Both mother and daughter are healthy and well, and the growing family is happily, and sleepily, adjusting to this beautiful transition. Cat siblings, Luigi and Bianca, have been curious, excited, and protective of the newest addition to the family!

(continued on page 10)
Progress Notes
(continued from page 9)

Amy Matias:
Part of our Covid survival strategy (like so many) has been our adopted pup Lilo. My kids agree: “We wouldn’t have survived Covid without her!”

Bette Freedson:
My new book, Other Realms, Other Ways: A Clinician’s Guide to the Magick of Intuition, was published in 2021 by my publishing company, ianttellla books, which is named for my grandchildren. The artists for both covers are two of my granddaughters. The book is available on Amazon. Based on material in the book, I will be presenting the following course at the MA NASW symposium in April: “Intuition: The Inner Wisdom of Social Work Practice.”

Marian Shapiro:
Last January (2021) my new book of experimental poetry, At the Edge of the Cliff, was published by Plain View Press; in the fall, two poems from that collection were nominated for the Pushcart Prize, an amazing honor. I thought that book was probably my last. But during this Covid year I was suddenly inspired by an unusual drive to write a book of graphic poems on the topic of how the “next” generation is shaped (and afflicted) by the previous one. In about six weeks I have completed over 70 poems, new ones appearing every day. I hope to put them together for another collection, and obtain publication for the result. But will I ever be finished? That drive is not abating!

Jocelyn Litrownik:
Maisy Litrownik was born August 1, 2021 at 10 pounds and is now 6 months old and 50 pounds of fluff and energy.

Sarah Stone:
I’ve begun my IFS Level 1 training, which will conclude in July, and am loving it.

In Memoriam
Alan Albert, Psy.D., CGP
1948 — April 10, 2021

In Memoriam
David Dybdal, M.D., Ph.D.
1969 — March 5, 2022
The goals of NSGPpeople are two-fold:

- To promote the objectives of the Northeastern Society for Group Psychotherapy, an affiliate of the American Group Psychotherapy Association.
- To be an online forum for the exchange of ideas and information among members.

**NSGP Executive Board**

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Nadia Khatchadourian, LICSW
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FAGPA
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FAGPA
Theresa Bullock Cohen, LICSW, CGP, BCC
Training Program Annie Weiss, LICSW, CGP,
FAGPA
Karsten Kueppenbender, MD

NSGP members gathered at The Smoke Shop BBQ in Somerville in October 2021 for some much-appreciated in-person connection.

The Foundation retreat in Fall 2021.

(L-R) Guy Croteau, Nadia Khatchadourian, Natasha Khoury, Yoko Hisano, Amanda Neas, Jenn DeSouza, Ellen Waldorf, Richard Montes.

(L-R, rear to front) Lise Motherwell, Barbara Keezell, Arnie Cohen, Kelley Bothe, Sara Emerson, Tracy MacNab, Jenn DeSouza, Adam Silk, Guy Croteau, Steffen Fuller, Alan Witkower, Theresa Cohen, Oona Metz.

Photo captured by Joe Shay.