

NSGPeople Issue 1

Summer/Fall 2020

Welcome to NSGPeople!

Maddie Freeman, LCSW
NSGPeople Co-Chair



On behalf of the NSGPeople Committee, we are delighted to share with you our first **online issue** of the newsletter you know and love. The NSGP newsletter -- now called **NSGPeople** -- is still here for you, sharing updates, photos, advertisements, full-length articles, but now in a user-friendly online format. Our goals are accessibility and inclusivity, so please let us know how your experience is, so we can best accommodate.

What an intense six months it has been. We are adjusting and adapting together, as we are faced with two pandemics: COVID19 and systemic racism. In this first online issue, NSGPeople is grateful to feature a submission from the Diversity & Inclusion Committee and an Analyze This submission with a crucial focus on race and racism. This is only the beginning. We are looking forward to using the NSGPeople space as an outlet for this necessary and collaborative work of anti-racism.

We are also excited to feature a new section -- the **Member Spotlight** -- where our first member to have the spotlight is our very own President, Jennifer DeSouza, LICSW, CGP. I could go on and on about everything new in this issue; I'll let you explore for yourselves.

If you have something you would like to contribute to the next online issue, please email us at newsletter@nsgp.com.

You will hear from her a little further down, but I especially want to thank and welcome Nadia Khatchadourian, LICSW, my new Co-Chair!

Enjoy Issue #1,

Maddie Freeman, LCSW
NSGPeople Co-Chair

Letter from the President

Ann Koplow, LICSW, CGP
Past President



As I've thought about writing this — my final letter to you as President of NSGP — my mind has naturally gone to ideas about closure. (Personally, I don't like the word "termination," because that sounds too final.) As I have learned from trainings and experiences at NSGP (and as I often tell people in my drop-in groups at Beth Israel Deaconess Medical Center) a good-enough sense of closure is critical in transitions — allowing us to appreciate what we've shared together and also to move ahead, better equipped for future challenges.

In my open-access groups, we often discuss insufficient and disappointing closures with family members, friends, work situations, organizations, and other important aspects of our life, and how this lack of satisfying closure in important transitions can keep us stuck. During these challenging days of 2020, when we might be feeling uncomfortably stuck in contagions of different kinds, closure is especially important.

So what helps with closure? I believe good-enough closure includes:

- Naming what you got.
- Naming what you didn't get (which allows you to think of other ways you might get what seems lacking).
- Leaving behind that which is not serving you well. (In my groups, I invite people to throw unhelpful thoughts, old habits, toxic people, etc. in a "magic wastepaper basket.")
- In general, saying what feels left unsaid.

Naming what I got from from serving as President of NSGP has to include getting to know members better, getting to know myself better, participating in all of the organization's valuable offerings over the last two years, gaining confidence in my leadership skills, and gradually reducing my astonishment that I would ever be the President of an organization I have loved and learned so much from since the 1990's.

What did I NOT get from being President of NSGP? I did not get:

- the usual routines and rituals of an NSGP presidency closure — including in-person interactions at our annual conference — because of the coronavirus,
- a parade, or
- an answer to my long-time question, "When group therapy is such an important treatment modality, why doesn't our organization have more members?"

Now, in my closure letter, I have the always valuable opportunity to consciously leave behind what is not serving me well. I would like to leave behind:

- worry (which kept me up too many nights during my Presidency),
- a tendency to try to solve problems on my own without reaching out for more support,
- unrealistic expectations of myself and others, and
- insecurity about all the things I do not know (triggered by spending time with NSGP people who know so much about group therapy, leadership, and writing).

Since I am using my magic wastepaper basket to throw all those away, I wish I could throw in these things that plague any organization, including NSGP:

- systemic racism
- systemic sexism
- systemic ageism
- other systemic isms
- homophobia
- transphobia
- blind spots
- splitting
- unconscious reenactments of familial patterns
- regrets about the past, and
- fear about the future.

Wouldn't it be great if we could just throw all those away and be done with them? As an organization, we are smart enough to know that it takes a tremendous amount of work to even recognize and especially to discard any of those. Luckily, NSGP members do not shy away from difficult and painful work. If we did, I doubt we would have chosen to be healers of personal and interpersonal trauma.

As I close this, my last letter from the NSGP President, what feels left unsaid?
Just this: my enormous gratitude to all who are reading, here and now, including YOU.

Ann Koplou, LICSW, CGP
Past President

Member Spotlight: My Interview with Jenn DeSouza

By Ellen L. Ziskind, LICSW, CGP



I would like to preface this article by stating that it was my great pleasure to write about Jenn, as I never would have dreamed of the grit and determination it took for her to become the remarkable person and professional she is today.

Jenn was born and raised in the Boston area, the elder of two. She loved to read as a child and refers to it as her “escape.” She left home at a young age, never going beyond the 9th grade and earning her GED at the age of 16. Jenn reminisces about this experience as “one of my better choices of that era.” Her first job entailed scooping ice cream at Brigham’s and “thus embarked on a career in food service, which was a good fit.” She states it was hard work, but liked the flexibility, camaraderie, and fun, and she made friendships that have lasted her to this day. During her early adolescence, after her parents divorced, Jenn discovered horse riding: “all I did was ride.” At the age of 12, she won 7th place in the country in her division. In her early 20’s, she found a new passion after signing up for a class in basic metal jewelry, and has continued making jewelry ever since. She spoke of working twelve-hour shifts and waitressing during holidays to allow for more

free time to spend in her studio doing what she loved. For the past twenty years, she has shared a metalsmithing studio with a few friends. Jenn’s business is named “Randomly Hammered.” At times in her life, she has exhibited at juried crafts shows, though in recent years, she and her studio mates only have time to be “weekend warriors.” Married at 46, she and her husband have three pugs whom they adore. Jenn refers to herself as an animal lover of all kinds. Born Jewish, she takes pride in her heritage. She enjoys seeing live music at local venues and was especially taken with punk rock in her younger days when seeing bands like the Ramones. She currently has a close relationship with both her parents who live in the Boston area and are in their 80’s.

At 24, she began at Mass Bay Community College and after seven years, completed Simmons College, signing up for a few courses at a time as she worked thirty hours a week as a waitress. Though she began as an English major, she eventually switched to psychology. She shares, “I became a therapist because someone made a difference for me and I wanted to do that for others.” She graduated from Simmons College in 1997 and Boston College School of Social Work in 1999.

Prior to entering graduate school, Jenn worked as a Residential Staff Counselor for Vinfen Corporation in Dorchester, MA, working with Department of Mental Health clients who were unable to live independently. From the beginning of her professional life, she enjoyed working with patients who were considered “misfits,” giving to others “what I didn’t get.” After Vinfen, she worked as a per-diem Milieu Counselor at a Crisis Stabilization Unit processing admissions, formulating treatment and discharge plans, and connecting consumers to community services. Following that, in 1999, she was employed at the Behavioral Health Network Crisis Service as a Crisis Clinician in Springfield. She conducted assessments at hospitals, mental health settings, and private homes, utilizing foreign language, deaf interpreters for evaluation and providing crisis-based brief interventions with diverse cross-cultural populations. Afterwards, she was promoted to Crisis Team supervisor where she evaluated people who were often brought to the Emergency Room against their will. When asked about her background and what allowed her to be comfortable in these challenging work environments, she states, “I didn’t know to be worried about my safety. That’s how I got through.”



The anecdotes she shared about her years in these settings gives a wonderful sense of the gutsy, roll-with-the-punches, deeply committed spirit she brought with her. In each setting, she helped develop a true sense of community and the many “misfits” finally had a sense of belonging because in the environments she created, they did, indeed, belong. One of her first mobile evaluations after graduation was with a man in Springfield whose parents were concerned about him. The man answered the door and let her know he was Jesus Christ and reported that God was telling him he could only eat Triscuits and jelly. She responded to the man in that no-nonsense way of hers, “Well, of course Jesus would only eat Triscuits and jelly.” She added matter of factly to me, “I eventually got Jesus to the hospital.” Furthermore, she described working in Field’s Corner, Dorchester during college instead of doing a less intensive field placement at a rape crisis hotline. She drove the residents to appointments in a “giant van” with four back seats, in which she had to stand up to look in the side and rear view mirrors. One day it snowed and the van couldn’t get up the hill. “Me and all the clients had to get out and push the van up the hill. It was so much fun, all of us working together!” At times like these, Jenn was able to make the trips into group events with a sense of humor, community, and purpose. Unbeknownst to her, it seems she was already in

her early days of group therapy training! It is important to highlight that Jenn had her dog, Albert, a pug trained as a therapy dog, come to work with her every day in the community settings. All he cared about was food and sat underneath the chair of anyone who was eating. He didn’t like people all that much, but he loved having a job and a mission. No salary required! Next, she began her position at Cambridge Hospital on the inpatient unit.

It seems as though it was in Jenn’s DNA to be drawn to settings and populations that were highly demanding, requiring qualities and skills beyond what graduate school prepared her to do. Her professional choices demonstrate a capacity for intense, thoughtful collaboration as a team player, decisiveness under pressure, and a tolerance for the stress that comes with complex systems. Underlying all of this seems to be a profound empathy for those who are dependent on others to care for them and about them when they are trying to recover their lives.

In 2002, Jenn began working at South Shore Mental Health in Quincy as a Mental Health Crisis Clinician conducting emergency evaluations and consultation to hospitals and mental health providers for children, elders, the developmentally delayed, dually diagnosed, and those with substance disorders. She was there for four years, working as Program Director of Community Rehabilitation Service and Program Director of Community Based Flexible Supports in the Community Recovery Program and Community Support Program. Both these roles required an enormous amount of coordination with a variety of services ranging from hospitals, detoxification units, shelters, physicians, the Court of the Commonwealth, Community Health Centers, and home-based services.

If you think this already sounds like a lifetime of meaningful, demanding work, we’re only getting started! Jenn was a clinical social worker in the Department of Psychiatry at the Massachusetts General Hospital from 2010-2020. For the first five years, she supervised Bachelor-level staff, completed psychosocial assessments and connected patients to services both in the community and throughout Geriatric Psychiatry, Neuropsychiatry, and General Psychiatry Services. In 2015, Jenn became the Clinical Manager for Group Psychotherapy at MGH, a member of the Center for Group Psychotherapy as well as its Steering Committee. She remained in this position until 2018, where she provided assessment, coordination, and placement of patients referred for group psychotherapy and DBT skills training groups, and co-led two psychodynamic process groups with residents in their 3rd year of training. In 2019, she was promoted to Clinical Director of the Group Psychotherapy Training Program where she focused on program development and continued to run three interpersonal process groups. She left the role of Clinical Director earlier this year because she wanted to do more clinical work and less administration, and continues to facilitate three ongoing therapy groups at MGH.

Jenn has done a great deal of advanced training since receiving her MSW. In 2016, she completed a One Year Fellowship Program at the Boston Psychoanalytic Society & Institute in Newton, an introduction to the theory and practice of psychoanalytic psychotherapy. Afterwards, she did a plethora of training groups and says she “worked an insane amount over the last 10 years” to learn about them. In 2013, she completed Principles of Group Psychotherapy in the NSGP Group Therapy Training Program. Between 2014 and 2018, she completed thirteen experiential weekends at the Center for Group Studies in New York on a variety of topics ranging from “Working with Unconscious Material” to “Transference/Counter- Issues in Group.” When I asked Jenn what attracted her to groups, she said she thinks it involves the sense of belonging groups foster and provide, but admits that learning about them was not easy.

Jenn’s NSGP career has had what appears to be a meteoric rise between joining in 2011, as well as AGPA the same year, and becoming President this year. Her rapid ascension, while remarkable, seems no more so than the rest of her story. She attributes it partly to there not being much new blood in the organization during those years, partly to older members sensing her willingness, and partly to Deb Carmichael getting a sense of her potential for leadership. She became chair of the Publicity Committee in 2013 when the AGPA Conference was held in Boston. Beginning in 2014 into this year, she was co-chair of the Membership Committee and from 2015 to last year, Secretary-Elect of the Executive Committee of the Board. Finally, one year ago, she became President-Elect.

Jenn acknowledges that from a very young age, she had to figure everything out by herself. “In groups, people help each other figure things out. That’s part of why NSGP was so appealing to me.” Jenn emphasized how important it is to her to mentor and support others. “I get to redo in some way what I didn’t get. I know what it’s like not to have support. Encouraging people to get involved in NSGP is a way to reach out to people.” It’s likely not a coincidence that the second leadership role she took on in 2014 was to re-establish and revitalize the lapsed Membership Committee. She saw her vision through until becoming President. This role gave her the opportunity to welcome people interested in groups to become part of one themselves in a supportive, collaborative learning environment with people like Jenn to mentor them.

Jenn wishes to acknowledge her gratitude to Kathy Ullman, Pamela Enders, Siobhan O’Neill, Laura Crain and Dr. Guy Maytal for all their support and guidance at MGH in training and fostering her leadership skills. She is grateful to Deb Carmichael as well for all of the above and, in addition, for being a wonderful role model as President of the NSGP Board, which is Jenn’s new position. She sublet Deb’s office the year before Deb passed and continues to practice there today.

Ellen L. Ziskind, LICSW, CGP

Letter from the Editor

Nadia Khatchadourian, LICSW



grateful for what I learned.

In June, at the NSGP Online Community Day, I participated in the group titled “Exploring authenticity in times of crisis.” It reminded me of why I love the annual NSGP conferences. Despite the online platform, we were able to connect, be honest, and clarify differences between us. Within the first few minutes of the group, another member saw my name and connected with me over our shared Middle Eastern heritage, and that was a moving experience for me, since it’s a part of my identity which often feels invisible and misunderstood. Too often lately I have felt disconnected in this COVID-19 life I’ve been leading, home with my husband and two kids, and so this experience stood out as a precious interlude of belonging.

I’ve been coming to the NSGP Conference since 2007, my first year out of graduate school. My colleague, Beth Gingerich, encouraged me to attend a then-Institute, and when the cost of it proved too steep for my clinic salary, to apply for a scholarship. I remember feeling that strange clammy combination of excitement and terror at trying to show up and be authentic with a group of strangers. Even after all this time, these feelings still return to some degree each year that I attend an experience group. I branched out at some point, attending workshops and demonstration groups as well, and always felt

Fast forward eleven years, and I finally joined NSGP. In the interim, I stopped working as an adult outpatient therapist at Somerville Mental Health (now a part of Riverside Community Care) to be home with my first child, and now two children. For years, I attended the conference when I could. I loved the warmth, energy and “down-to-earthness” of NSGP’s members. Participating in the conference was my favorite way to earn CEUs, since I would invariably learn something about group dynamics and myself, and because it helped me reconnect to my professional identity during this period of being a stay-at-home parent. It’s in the last few years, as I’ve been taking steps to return to work, that joining NSGP and making connections with other clinicians whose approach to the work feels similar to my own, that I’ve more fully come to appreciate the possibility of NSGP as my professional “home.” I’ve attended several Breakfast Clubs and appreciated the people I’ve gotten to know there. This past year, I’ve had the privilege of observing Julie Anderson and Joel Krieg’s group at the Brookline Center.

Ultimately, NSGP has always offered the possibility of feeling more connection in my life. And of course, connection right now is more important than ever. In that spirit, take a look at “Member Spotlight” – a new recurring feature that will give all of us a chance to know more about the many unique members of our organization. This issue features Jennifer DeSouza, our new president. Read on to find out more about the important work of the Diversity & Inclusion Committee, what the SAGE Committee has to offer, and one of the useful workshops our Practice Development Committee offered in the last year. Analyze This, written just as the pandemic was beginning, speaks powerfully to issues of racism and xenophobia that we continue to grapple with as a society and an organization. And finally, don’t miss Silver Linings, the theme of this issue, for reflections and updates from our community about what we are grateful for, amidst so much loss and pain.

I feel encouraged that we are working on growing as individuals and as an organization about systemic issues of racism and who holds power. I know I speak for everyone on the newsletter committee in saying that we will do our best to make NSGPeople a space where all voices are welcome and included, and where we prize the connections between us above all. Please let us know what you think!

Nadia Khatchadourian, LICSW

Analyze This



This question-and-answer column appears regularly in NSGPeople 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 Natasha Khoury, MA, M.ED. through the NSGP office, or via email to newsletter@nsgp.com. *Please remember to preserve the confidentiality of any group members described.*

Thank you to Nadia Khatchadourian, LICSW for editing this column for the past year.

Dear Analyze This,

I currently work at a clinic that specializes in treating addictions, where I run a Men's Group that meets every week. The group consists of 20 men that suffer from opiate addiction who are required by the clinic's policies to attend the group. Group members feel coerced to be there, which results in elevated amounts of aggression in each session.

In order to address the dilemma I have been facing, you should know a little more about the demographic context of the group. I am a male that comes from a South American background, while all of the group members come from a Northeastern white suburban background. This distinction might seem unimportant, but in terms of the group process, the group's aggression has found expression in racial themes and slurs. In light of recent global events like the Iran bombings and the coronavirus, most insults have been directed towards Persian and Chinese individuals that most members encounter in their day-to-day lives.

Some examples of these slurs include expressions such as: "I swear I have a terrorist cell living across my street. I see all these little girls with their hoods on playing on the monkey bars. It bothers me to see them together; they're probably training to blow up," and "Asians are disgusting. It's because of the shit they eat that we are getting the coronavirus; it wouldn't bother me if they were all dead." Other comments involve drug-trafficking and cartels associated with my ethnic group. In summary, the group attacks Asians, Middle Easterners, and sometimes me. I assume this is a transference communication – something about me is unsettling – but how can I deal with this clinically?

Although I have explored and addressed the group's outspoken racism in session, I always wonder what is the limit between the opportunity to work therapeutically with the group's aggression and the bonding that is being created among members through their shared hate to other ethnic groups. Although bonding is a need for these patients in light of the effects addiction and isolation have brought to their lives, should it come at the expense of endangering other individuals? Some may argue that this does not mean that they will necessarily act on their thoughts, but it does not mean they won't, either. How do we understand the social responsibility of clinical practice?

Sincerely,

The @#!%& Foreigner

Dear @#!%& Foreigner,

I applaud the insight and courage it takes to name and explore racism while staying emotionally available! As a systemically disempowered cultural minority, you seem to grapple with finding the best therapeutic use of power given to you by your role. Addiction can be understood as disempowerment and loss of control, while racism as power and control through dominance. From this perspective, the racial slurs of your group members are attempts to regain power while being disempowered by their addiction, losses it brings, and "coercion" into treatment. Therapeutic work with racism, therefore, will involve exploring relationship to power.

My responses to your vignette are informed by my background and training. As a woman, I experience the reference to "little girls" as an expression of male dominance. Often perceived as Asian, I wonder if you feel physically safe in your group as I might not. Being trained in feminist theories of counseling, I am curious about to whom and why the cultural background "might seem unimportant," and the impact such culture blindness might have on the therapeutic process. As a holistic trauma-informed counselor, I see aggression as an expression of trauma and want to understand how it feels (emotionally, physically, and spiritually) to sit with your group's fear and hatred. Practicing from the cultural humility, not competency, perspective (Tervalon & Murray-Garcia, 1998), I am eager to learn with your group how cultural beliefs expand and limit relationships.

With the above in mind, I might pursue the following lines of inquiry with your group:

Intrapersonal level (self-reflection): In response to the comment about “little girls”: “It sounds like you are afraid of those little girls. What do you do when afraid? How does it play into your addiction? How do you experience fear in your body?” In response to comments about Asians: “What else makes you feel disgusted? It does not bother you if all Asians die – what DOES bother you? How does it impact your recovery?” Internally, I will connect to my own fear and disgust for “others” to inform me about possible internal states of my group members.

Interpersonal level (relationships): I will use members’ comments and responses to explore relationships. For example, “Jack and Sam nodded when Bill made his comment about Asians. Jack, Sam, what did you try to convey to Bill through your nod? Bill, how does it make you feel?” “John, when you made this comment about cartels, how do you think it made me feel? Did you want me to feel this way, and why? How is it for you to have a South American therapist?” Internally, I will consider ethnocultural transference/countertransference (Comas-Diaz & Jacobsen, 1991, 1995) for therapeutic use.

Group-as-a-whole level (scapegoating): I interpret scapegoating of “@#!%& foreigners” as a group-as-a-whole defense, and I will explore what the group defends itself from through expression of racism. For example, I will ask what about recovery the group does not discuss as it talks about disgusting and threatening others, or what members find disgusting and threatening about themselves or the group. While racial slurs make the group appear tough, I will explore the other side of aggression, which is vulnerability. I will point out that bonding “through shared hatred to other ethnic groups” is as fallible as bonding through drug use and encourage the group to explore other ways of creating meaningful relationships. Internally, I will connect to places of fear and disgust for my group to use my insights therapeutically.

Large Group level (society): I will normalize the group’s anxieties brought up by global crises. I will point out that blaming others and using substances are just some of the ways of dealing with such anxieties and will encourage exploring other alternatives. Brown (2001), rejecting the psychoanalytic construct of transference/countertransference, talks about a “symbolic relationship” (p. 1006) in which personal and cultural histories of the therapist and clients intertwine into a “continuous, interactive loop between internal and external realities” (p. 1006). Viewing “disgusting Asians,” terrorist “little girls,” and “drug trafficking” Latinos as social constructs, I will explore what they symbolically represent to my group and how it relates to their struggle with addiction. I will state my anti-racism stance on the matter and will emphasize that despite our differing views, I am there to aid my group members’ recovery.

Basically, I would approach racial slurs as an opportunity to explore the relationship to power in a way that supports connection, agency, and resilience. Like racism, addiction induces hopelessness. Whatever you choose as a clinical intervention, I would encourage you to act from the place of hope – for yourself in your ability to help and for your group members in their potential to transform with your help, despite your fears, differences, and disagreements.

Sincerely,

A @#!%& foreigner myself,

Alexandra (Sasha) Watkins, LMHC

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Dear The @#!%& Foreigner,

Thank you for your submission and question. From your careful description, I can vividly picture your group in my mind. Here are my thoughts, which are divided into practical/pragmatic, interpersonal, and psychodynamic. I end with my personal thoughts.

Practical/pragmatic: Despite the mandatory nature of your group, each patient's care at your clinic is voluntary. Therefore, implicit agreement exists for attendance to your group. Patients have the opportunity to obtain care at other clinics with a different approach to treatment. Addictions programs are notoriously understaffed. While the purpose or duration of the group was not specified (i.e. skills, Suboxone, process group, etc.), it would be a challenge to independently manage a group of that size. There are some areas of group psychotherapy which are meant to work in a moderate to large group setting; for example, systems-centered group therapy uses functional subgrouping to explore difference. A simple solution would be to reduce the size of the group to change dynamics of aggression or add a therapist to bring in additional support to you. The synergy of a smaller group and an additional therapist (preferably white) could help with affect regulation in the group. Any specific intervention within the group will depend on the purpose of the group. Process groups may require exploration of these expressions of aggression – including their racial overtones. Alternatively, a skills-based group may require corrective response toward behavior that detracts from the task at hand. However, the safety of the therapist and the other group members is paramount.

Interpersonal: The phase of the group and stage of recovery from substance use (early, middle, late) are important to consider. From your description, the repeated references to foreigners may suggest general distrust in life. Using their own language and applied to the lives of substance users:

“I swear I have a crack house across my street. I see all these crackheads with their hoods on hanging out on the street. It bothers me to see them together; they're probably waiting to rob me,” and “Dope fiends are disgusting. It's because of the shit they shoot in their veins that we are getting more HIV and hepatitis C; it wouldn't bother me if they were all dead.”

I wonder how the group would be able to relate to these expressions in which they are seen as dangerous, worthless, and responsible for creating misery in the lives of others. Refocusing the group on their felt sense of being “disdained outsiders” may create more space for trust and real cohesion to energize change.

Psychodynamic: It is exceedingly rare that any group be completely in agreement about any subject. I wonder about the silence of members in the group whose ideology differs from hatred toward ethnic groups. If there were members in the group who held different views, explore how the group is complicit in ensuring the silence of those members. A comment like, "I wonder if the members who do not share or agree with the expressed feeling would be treated in a group like this. Would they be able to speak or would they be attacked?" This question is not asking anyone to speak against the aggression but rather a way to understand the created norms of "we are right and they are wrong." The silent "minority" would crave protection from being consumed or scapegoated by the group. Rather than creating cohesion, this may be an expression of distrust within the group which is projected onto an outside other – Middle Eastern children, Chinese, and South Americans.

Being from a South American background can mean multiple things; for simplicity, I will focus on the concrete. While you did not describe your appearance or speech (i.e. with or without accent), the interpretation of the group's comments would suggest a different meaning if you were seen to be "one of us" or "not like us." Was the group making racialized statements because "no one was watching" and thus could create more cohesion with you and the members? Or was the group trying to evoke in you the sense of fear, helplessness, and hopelessness which is a manifestation of the circumstances of their addicted minds? Or are they unapologetic xenophobes?

Personal thoughts: We are in an unprecedented time in the world. There has been massive civil unrest created by the murder of African Americans by law enforcement, in the context of social isolation and hundreds of thousands losing their lives to COVID-19. Yet, it is interesting that this case was given to me to consider – an African American provider. I wondered, why was this case not given to a white provider? A white therapist could unravel the mysteries of a Northeastern American white suburban man, as any one of these men could easily be their neighbor. Reading the vignette, my first thought was, "The question is, how do I manage these white people?" And this seems to be the question faced by this nation. The answer will never be provided by Black, Indigenous, People of Color, or immigrants. The underlying structures have their bedrock in white supremacy. I define white supremacy as the belief that white thought, ideas, bodies, and culture are the standards by which all of humanity will be measured. Social advocacy in clinical practice would work to dismantle the institutions and structures that breed ideology that divides. Social justice is rarely achieved by changing one person at a time, but rather by rehauling overlapping systems (medical, legal, educational, etc.) which continue to enshrine white supremacy. And in this, we also need white people. They built it and need to be responsible for dismantling it.

Sincerely,

Shunda McGahee, MD, CGP

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Should I Stay or Should I Go?

Weighing the Pros and Cons of Accepting Insurance

Judi Garland, Psy.D.



The Professional Development Committee ran the workshop, “Should I Stay or Should I Go?,” which was a panel discussion in January 2020 regarding the pros and cons of continuing to accept insurance, the mechanics of leaving panels, and how to remain accessible to clients who rely on using their insurance. The speakers on the panel were: Julie Anderson, Amy Matias, and Guy Croteau and was moderated by Oona Metz.

Julie has been in private practice in Brookline for twenty-three years and accepts Medicare, Blue Cross Blue Shield and out of network insurances. Amy is in private practice in Cambridge and very recently went off insurance panels. Guy has been in private practice since 2014. Initially, he accepted Blue Cross, Tufts, and Cigna and in 2018, withdrew from the insurance panels and is now an out of network provider.

Participants went around the room to discuss whether or not they accept insurance and reasons for attending the workshop. We learned some participants were hoping to get off insurance and others were debating it. Many had recently gotten off panels. The panelists each spoke for about fifteen minutes about what went into their decision.

Julie reported that when she began her practice, she went on insurance panels to “do the right thing” stating she wanted to serve people who otherwise couldn’t afford therapy. She said that when she made the decision to go off insurance panels, she feared referrals would dry up, as she worked with young people. Julie continued with Medicare and Blue Cross PPO policies, stating she transitioned to leaving most insurance companies very gradually and the transition stirred up issues of “love, loyalty, and caring.”

Amy reported that she was on one insurance panel and deliberated for several years about the decision to leave. Amy reported that she prepared for the transition for about a year and a half. She shared that most clients had a “Good for you!” reaction and several were willing to change insurance plans to continue working together. Amy shared her importance of being accessible to clients, yet was working many hours and began to feel exhaustion with the combination of work and raising a family. Also, she stated feelings of tiredness from talking to insurance companies and worrying about clawbacks. Amy shared great relief from seeing fewer clients and not having to deal with insurance companies. She found she had more time to work on her website and be more present with her family. Part of her process involved continuing to bill with people she was working with and have new people pay up front while giving them receipts to submit to insurance.

Guy reported that he became a therapist as his second career, and as a therapist, Guy earned half of what he made in his prior career. He had accepted several insurances, but was advised to only accept private pay. After four years of accepting insurance, he left the panels feeling devalued because of the poor pay he was receiving. To his surprise, Guy found that he earned the same amount of money with seven private pay clients than he did seeing twenty five to thirty clients per week who were paying with insurance. Guy stated it was a positive change for him in a very brief period of time. He simply needed to notify his insurance companies ninety days in advance followed by sending letters to all his clients. Guy shared that most of his clients had PPOs and “didn’t blink an eye” about the change, however he did lose one client, a decision he viewed as an act of self-care. Guy used a sliding scale and found the full fee clients compensated for ones only able to afford lower fees. Furthermore, in his sessions, he discovered going off insurance panels led to important conversations about the value of treatment.

Oona offered advice for those who wish to go off insurance to say that they ARE out of network providers rather than they don’t take insurance. She added that it is very difficult to determine how much various PPO insurances will reimburse clients ahead of time. However, Oona added a note of optimism, stating that in both good economic times and in downturns, clients still seek therapy.

Following the panel discussion, there was a question and answer segment where participants inquired about balancing self care by leaving insurance panels and taking care of clients by being financially accessible. Other questions involved the “how to’s” of leaving insurance panels, whether balance billing is an option, the use of sliding scales and how to bill insurance panels in order for patients with PPO’s to be reimbursed for part or all of their out of pocket therapy fees. Other

questions involved how and when to tell clients about the decision to leave insurance panels. Amy suggested sending clients an email explaining how the billing process and reimbursement works and to give patients a script to inquire with their insurance companies about how much they will be reimbursed for their out of pocket therapy expenses.

A final topic of discussion was how much notice to give clients before leaving insurance panels. In the range of opinions, some said as short a period of time as possible to avoid debate and limit discussions about this issue while others thought allowing more time is advisable to allow the client ample time to prepare financially, change insurance to a PPO if possible and to discuss the impact of this change during their therapy sessions.

This workshop did not present a conclusion to the question “Should I Stay or Should I Go?” but it very effectively elucidated factors to consider when making the decision. Moreover, the workshop offered specific advice about how to speak to clients about the decision to leave panels, the mechanics of leaving panels, and how to remain financially accessible to clients who are not able to pay the full fee for therapy.

The NSGP Diversity and Inclusion Committee

Wants to Welcome You

This summer the NSGP Board voted to officially change Diversity and Inclusion from a Task Force to a standing committee. We are excited about this change and what it could mean for NSGP as an organization and this article is our way of saying hello to the NSGP Community.

As you well know by now, our nation is reckoning with its entrenched, centuries-old history of violence against, mistreatment of, and inequality for Black, Indigenous and People of Color (BIPOC). As a microcosm of the world, NSGP must do the same. Foremost, because it is right, and because the organization cannot truly carry forward its mission or continue to be viable without becoming a more welcoming and nourishing space for all types of diversity, including race, ethnicity, gender, sexuality, physical ability, class, religion, age, and professional background or practice orientation.

The level of interest in anti-racist work from the members and leadership of this organization has been incredibly heartening, and steps have already been taken on an individual and organizational level, with many more to come, in what we hope will be on-going and integrated into all aspects of NSGP.

So, while we acknowledge this might not be the most light-hearted stuff, we wanted to share with you a little more about who we are as people. We aren't a monolith. We are a group of individuals, all on our own journeys to learn, grow, and change, just like you. Here are some fun facts about each of us:



Co-chair Sasha Watkins practices internal martial arts and loves gardening. She is a mother of two tri-racial children.



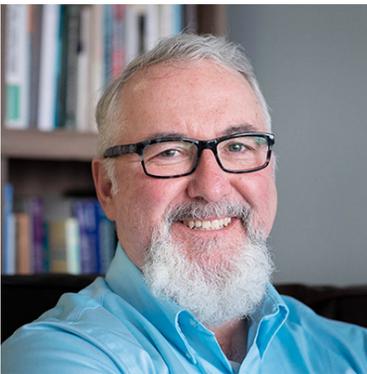
Co-Chair Mary Barnes loves a good mystery. She also is somewhat of a Luddite. She is blessed to have young folks in her life, including her young adult child, nieces, nephews, as well as her beloved Tufts students & alumni.



Lesley McGee has four tattoos and has skydived over the Great Barrier Reef. She's also an avid horseback rider.



Anaïs Lugo-Guercio loves to travel. Two of her favorite places are Jamaica and Japan. She also enjoys yoga, camping, and tarot readings.



Guy Crouteau loves to fly his drone all over MA and NH and find great video captions. He has also begun a new venture in doing group therapy on a new online platform.



Melissa Kelly once took a road trip all the way across the US and back, lived in Paris for two years, and has switched careers from therapy to copywriting and graphic design.



Katy Ananian played lacrosse in college and is now a coach.



Rivkah Lapidus loves YouTubes of Nichols and May sketches, Nora Ephron, and Allan Sherman. She also recently watched five years of Get Smart. She finds herself doodling caricatures when in meetings and has adult daughters.

Our Committee created a mission statement which is as follows:

We aim to create inclusive, culturally safe, brave spaces to learn, share experiences, reflect, grow and enact change; raise awareness and engage in discourse on topics including: exploration of bias, historic and institutionalized racism, oppression, and the intersection of personal and professional identities with social justice issues and our work.

If you are looking for a way to contribute professionally to anti-racism, diversity, and inclusion, consider joining us! Or if you can't commit to joining, but you have ideas for which you want a sounding board, or you'd like to attend a meeting to see what we're all about, we welcome you! We'd love to hear from you.

The Diversity and Inclusion Committee

Sasha Watkins, Mary Barnes, Lesley McGee, Anaïs Lugo-Guercio, Rivkah Lapidus, Melissa Kelly, Katy Ananian, Guy Croteau

Note from the Editors: The D&I Committee hosted weekly Zoom check-ins open to NSGP membership and beyond, every Thursday afternoon from March through August 2020. Each week, they invited guest speakers from different communities and countries to reflect on identity and community in the context of the global pandemic.

Although these meetings have come to a close, please feel free to reach out to Sasha at sashatherapy@gmail.com or Mary at mary.barnes@tufts.edu to learn more about how you can get involved in the D&I Committee.

The D&I Committee also spearheaded two anti-racism work groups this past summer, entitled ***Radical Release: Honoring our Legacies, Liberating ourselves from Anti-Black Racism and Anti-racism Workbook Group: Me & White Supremacy***, which generated a lot of excitement and momentum from NSGP members.

Introducing the SAGE Task Force



Ellen L. Ziskind, LICSW, CGP



Suzanne L. Cohen, Ed.D, CGP

Back in the winter of 2018, Suzanne Cohen and I were having dinner together. I told her I'd like to be more connected to NSGP without necessarily being on a committee. My thoughts were on a small scale. I had loved teaching and supervising in the Training Program and thought perhaps I could offer a pro-bono consultation group to people in the early or middle stages of development as group therapists.

Suzanne's thoughts were on a larger, more comprehensive scale. She suggested that we might also consider being of service to the entire organization – specifically the Board, the Foundation, or any committee that wanted some ad hoc or ongoing consultation. The idea of mentoring also came into the picture. It began to be clear that we were talking about more than ourselves. There must be other NSGP members who had served the organization in governance, teaching, supervision, and as advisors to students, who were feeling similarly.

At the NSGP Conference later that year, Suzanne suggested we tell Ann Koplow, then President of NSGP, and Jennifer DeSouza, Secretary and now President, about our idea and stood together in a hallway discussing it. They were both immediately enthusiastic and supportive. We agreed to meet for dinner in the early fall to discuss it more thoroughly then. We did, and, thus, the SAGE Task Force was born. (We're not certain that this is our final name, but that's who we are for now.) We sent an email to every member who had been involved in the kinds of NSGP activities mentioned above -- training, governance, and teaching -- announcing our existence and extending an invitation to an initial meeting in November 2019.

We have had four meetings, two in person and two via Zoom. While some people came to all four, the group varied each time. At the second meeting, we went around the room as each person described how they had first connected with NSGP. There seemed to be some people interested in the task-oriented aspects of the SAGE Task Force and others who seemed more interested in being together as a group. We planned to follow-up on this observation and get more clarity about people's preferences at the next meeting. Then the virus struck and, at our first Zoom meeting, the environment was no longer conducive to that kind of discussion. We are still very much in the process of finding out who we are and how we'll function.

Meanwhile, one person called us wanting a mentor and he got happily matched. Suzanne Cohen, as a SAGE representative, has been filling in for someone who left the Board. She is rotating off, and Geri Reinhardt, also an active SAGE member, has agreed to fill in for the next six months. We are gradually finding useful ways of fulfilling our mission. The Board members have been eager to have us there. We have felt interest and support from other parts of the organization, which we'll write about as things develop. Suzanne will be outlining our known and planned functions on the new NSGP Website. We will keep you updated to allow NSGP members to stay informed about what we're offering. Please contact us if you would like to inquire about a mentor, or if you would like to learn more. Feel free to email Suzanne Cohen at suzannecohen88@gmail.com and Ellen Ziskind at magellen6318@gmail.com.

Goings On

Breakfast Club Committee News

The committee is saying goodbye to Ari Shesto who has been a member and co-chair for almost a decade. No amount of words can express our appreciation for you and your gifts. Ari, we miss you and will do the best we can without you as we go forward.

We are thrilled to welcome Penny Moore as a co-chair. The committee is open for new members; if you are interested, please contact us.

The Breakfast Club will have a **great 2020-2021 season** with presenters speaking about their interests, passion, and will share their experiences about group psychotherapy.

The 2020-2021 Breakfasts are on Sundays from 11-12:15 on October 4, November 8, December 6, January 24, March 21, and April 25. These will be on Zoom for the foreseeable future. Please check the website calendar for further details about the programs.

Please join us for our first Breakfast Club of the season on **October 4, 2020:**

Group Therapist Working in a Political Minefield in Challenging Times

Presented by J. Scott Rutan, PhD, DFAGPA

REGISTER HERE

This workshop will consider various issues that result from the heated political climate in which we find ourselves. This will include examining how to remain empathetic to those who hold dramatically different views and understanding the issues in light of Cognitive Dissonance theory and the defense of Splitting.

Warmly,

Ann-Keren Neiman-Kantor

Penny Moore

Howie Schnairson

Virtual Experiential Group – Fall 2020

Join one of NSGP's stellar learning opportunities for building your skills!

The Experiential Group is a weekly training group for clinicians interested in developing skills and confidence as group leaders through experience as group members. Participants learn first hand about the powerful opportunities and complex challenges of small group dynamics.

Facilitated by Libby Shapiro, Ph.D., CGP, a clinical psychologist in private practice in Lexington, MA. Libby is the former Clinical Director and Director of Training at the Boston Institute for Psychotherapy, and former Director of The Center for Psychoanalytic Studies at Massachusetts General Hospital. She currently teaches and supervises at Cambridge Hospital and is an Assistant Clinical Professor at Harvard Medical School.

"The group leader was wonderful—she created a safe space and skillfully modeled group facilitation."

"It was so valuable to experience a group 'from the inside out.'"

When: 12 Fridays, 9:30 - 10:45 a.m., EST

Module I: September 25 - December 18, 2020.

Module II: January 29 - April 30, 2021.

Where: This group will take place virtually. Registered participants will be sent a Zoom link.

Cost: \$375 per 12 week module. Completion of the group offers 15 CEUS per module for social workers, psychologists, and licensed mental health counselors. All participants receive a complimentary one year membership to NSGP!

Scholarships are available: Click [here](#) to download the scholarship application.

Questions: Contact: Marilyn Downs downs.marilyn@gmail.com or Cathy DuBois at cidubois@comcast.net.

Space is limited: REGISTER HERE or at <https://nsgp.wildapricot.org>, where you can also check out our other learning opportunities.

Note: The Experiential Group is not a therapy group. Although participating in a training group may have therapeutic value, the goal is for learning about group dynamics and process rather than personal change, and the leader will function with this in mind.

Want to talk to an expert about your group?
Take advantage of the NSGP Consultation
Benefit!

“What’s that?” you ask. Read on...

The NSGP Consultation Benefit is free to all members in good standing of NSGP. It entitles you to one hour of free consultation per calendar year with an expert in group psychotherapy.

Topics are as varied as our practices and now include the many challenges of online groups. The only topics that are not appropriate are emergency situations. Consults can be by video, phone, or face-to-face.

“What a deal!” you say. Indeed!

Email Christine Boie, CNS at christineboie65@gmail.com and she will facilitate and ensure a time-sensitive consultation with one of our experts.

NSGP Annual Conference



June 2021
Simmons University, Boston, MA

WWW.NSGP.COM

In this conference we aim to explore all the different meanings of Diversity in our profession. How do we think about diversity in our groups, and in our lives. We hope to explore concepts, biases and ideas in areas that challenge and enrich our perspectives. By pushing against our own levels of comfort, we open spaces to create more welcoming and brave places to heal and be healed.

An exciting Plenary Panel event as well as our dynamic and ever instructional Demonstration Group will be offered as well as Experience Groups and Workshops.

Please contact Guy R. Croteau LICSW at GRCroteau@gmail.com for more information or if you would like to participate in this exciting program.

CEUs and Scholarships will be Available

For more information visit the NSGP Annual Conference page [here](#)

AGPA Foundation Scholarship



Group Foundation for Advancing Mental Health
SCHOLARSHIP PROGRAM

Two-Day Institute:
Saturday, February 13
& Sunday, February 14

Special Institute:
Friday, February 19

Three-Day Conference:
Thursday-Saturday,
February 25-27

**VIRTUAL
2021**
agpa
CONNECT

Attend AGPA Connect to learn and grow personally and professionally. You will make connections that will last a lifetime. Through the generosity of its donors, the Group Foundation will again offer multiple funding opportunities.

Visit <https://www.agpa.org/Foundation/scholarships> for more information and apply today!

The early decision application deadline is November 1, 2020.
Additional questions? E-mail angelajaramillo@agpa.org.

Interested in contributing to the Group Foundation to help qualified candidates attend AGPA Connect? Call the Group Foundation office at (212) 477-2677 or visit <https://member.agpa.org/donate>.

Awards



Marsha Vannicelli

Marsha was awarded a Lifetime Achievement Award from the NSGP Foundation.



Eleanor Counselman

Eleanor was awarded a Lifetime Achievement Award from the NSGP Foundation. She was also honored with the Distinguished Fellow in AGPA.



Norman Neiberg

Norman was awarded a Lifetime Achievement Award from the NSGP Foundation.



Helene Satz

Helene was honored with a Fellowship in the AGPA.



Scott Rutan

Scott received the Harold Bernard Training Award from the AGPA.

NSGPeople Committee Enthusiastically Welcomes

Nadia Khatchadourian as the new co-editor of the newsletter.

Natasha Khoury as the future editor of “Analyze This” and general editing team member.

Ellen Ziskind as general contributor.

Thanks!

NSGPeople thanks **Kurt White** for his many years and countless hours of editing the newsletter.

NSGPeople thanks **Roz Freeman** for creating the NSGPeople logo from **Joe DeSouza's** NSGP logo, and **Jennifer Jackson** for font editing.

Thanks to **David Goldfinger** for coming through with another creative cartoon under tight time constraints.

Thanks to **Joe DeSouza** for creating the online presence of NSGPeople.

Thanks to **Jennifer DeSouza** and **Ann Koplow** for their support and assistance in creating this new online iteration of the newsletter.

Thanks to **Lisa Portscher** for helping us navigate Wild Apricot and the back-end of NSGP online.

Caption This

Cartoon Contest

The winners have been chosen!

Cartoon Caption Winners from Fall/Winter 2019-2020

Selected by the Cartoon Committee (Ellen Ziskind, Oona Metz, and Joanne Lipner)



Drawn by David Goldfinger

Winner

"I think this group is really ready to do some parts work." – Caleb Englander

2nd Place

"I sense that some of you are having difficulties leaving the nest." – Caleb Englander

3rd Place

"We've unpacked so much today." – Caleb Englander

Caption This!

Please submit a caption for this cartoon to newsletter@nsgp.com. The winning entries will be announced in the next issue.



Silver Linings

We are living through unprecedented times. The COVID-19 pandemic has turned our worlds upside down, and there is so much grieving to do. NSGPeople asked our members if this time has brought forward any unexpected silver linings, either in their professional or personal lives.



Melissa Kelly

Practice Boss, my web design and consulting business for therapists, is booming! I help therapists clarify what their ideal private practice looks like and then craft their online presence to get more of the clients they love working with. I couldn't be happier because I get to use all my skills -- therapy, visual design, and copywriting -- all rolled into one fun job.



William Sharp

William has been promoted to the status of Associate Teaching professor at Northeastern University.



Jeff Brand

Jeff had an article published in the summer issue of GROUP. The article, entitled, "Can I Borrow Your Phenomenology?: How Groups Help People Grow" describes how to work from a contemporary phenomenological perspective in interpersonal process groups through the use of a case example.



Marian Shapiro

It certainly is an odd time to drink a glass of champagne – but I actually went out and bought a tiny bottle of bubbly (which the wine store had to put in my trunk for contactless purchase, of course) to celebrate the acceptance of my new (fourth) book of poetry, *At The Edge Of The Cliff*. These experimental works had been completed before the Virus turned us into teletherapists, but the process of submission was extremely complex, because a large proportion of the poems were all or partly visual in form, and required tech expertise that I needed to develop. Fortunately I was able to learn most of it and become almost independent in constructing the results I wanted, but still --- there were areas in which I got stymied and, fortunately, was able to draw on (pun intended) the (distanced) help of my faithful computer teacher who has rescued me since about 1980, and my high-school senior grandson whose specialty is in computer graphics for the final version. Both were available (silver lining) due to the shutdown of their schools. And so, the manuscript was sent electronically to Plain View Press, and a few weeks later, it was champagne time! My friends celebrated with me from their abodes, and my husband from our kitchen table. Hoping, as do we all, for a future of vaccines, we look forward to the launch in the first weeks of 2021.

Separately, just a note of gratitude for what can only be called good luck: I attended the AGPA in New York at the beginning of March, just when the Covid was beginning to bloom its deadly leaves. One of the members of my small group was not well – a bad cold, they thought – but from AGPA I know that someone in the group did become infected, although the person's name was not revealed. At any rate, there I was, riding the elevator in that huge hotel, also going out to restaurants with

friends, riding home on a crowded Amtrak. Lucky lucky lucky. I had no idea how lucky at the time, but I sure am grateful now.

Stay well.

Peace,

Marian



Bet MacArthur

Some clients do much better in therapy -- deeper, more thoughtful work -- via video.

My son's college has been dysfunctional for years in scheduling the classes he needs to finish his BS in Business. He has been a working professional in NYC while trying for years to get those last 3 courses done. The school cancels courses without notice on the day class is to begin, it registers him for other things without his knowing, etc. A cash cow racket. Thanks to the tragic COVID crisis, ALL classes are now available online, and he can take 2 courses in July and 1 course in August and FINALLY finish his BS degree! This is huge for our family. We are all wilting with relief!! On to grad school!



Marsha Vannicelli

A Glimpse of Silver in a Graying World

We are all aware of the limitations of doing group therapy on line — interruptions when a group member (or perhaps a leader) temporarily disappears from the screen, pets and children whining in the next room, and perhaps most of all, lack of the usual cues we have come to count on in terms of body language, replaced by a collage of often expressionless faces.

These all pose challenges which, for many of us, make doing group therapy on Zoom more tiring, as our brains search for cues that are no longer available and try to compensate for what is missing.

But along with that, I have found that there are some unique benefits and opportunities with on-line groups. No one has to drive or find a place to park. Attendance is nearly 100%. Group members arrive on time. Members (as well as the leader) can attend even when “coming down with something” that they don’t want to pass on to other people. All group members’ faces are fully in view. And for my older clients, who never thought they could get on board with this kind of technology, they have found that they are suddenly in the 21st-century along with their kids and grandkids.

But for me, what is most important has been the discovery of an opportunity to mine data available only in this context — for members, literally and figuratively, to come to see themselves more fully. Members can see if what they are feeling matches what their faces show. They have an opportunity to see what others see, to explore their feelings about how they feel about what others see and to deal with conflict about seeing themselves through their own eyes and through the eyes of others.

Though some of my group members were initially blocking their pictures on their own screens “so as not to be distracted by them,” I have strongly encouraged them to take advantage of the unique data that is available that provides a new way of looking at oneself. The discussion about doing this, and resistance by several members, has provided a wealth of information. A few group members have disclosed that they never like seeing themselves in photos or films, their intense dislike of “unattractive, ugly” aspects of their faces highlighting underlying critical self-appraisals. Another member, who was repeatedly told by her mother that she was unempathic found, to her surprise, that her face showed what she thought was appropriate empathy. She was also surprised to see that at times when she was sad that she had a wide smile on her face (which group members had pointed out, but now she could see this for herself in the on-line group).

All in all, while I will be glad when I can do my groups again in person, I appreciate the opportunity that my group members (and I) now have for gathering some new kinds of data during an era when new data is, otherwise, entering our lives less and less.

Finally, with regard to limited data, I think more generally of the limits on interpersonal data and stimulation that COVID has imposed on us. While a hardship in so many ways, here too, I have experienced some glimpses of silver. In life before COVID (LBC), I rushed from one thing to the next. Always on the verge of being late, I’d honk at my neighbor and wave as I drove by, too rushed to actually talk. But now, as I stroll around my quiet neighborhood between patients, I am hungry for a shared word with someone who I can see in other than portrait view. I yell to my neighbor from across the street to ask how her new pup is doing; I wave to strangers and call out “Good to see you out on such a great day!” I realize how much human contact means to me. After recently experiencing the unpleasant crush of people in Times Square, where people were obstacles that

needed to be dealt with, I now am so glad to see a real live person, and to get to interact even briefly. Like my dog, I think, “Oh goodie, a person? A chance to have a happy hello!”



Howie Schnairson

Since going virtual I have never had such great group attendance. In the young adult group, students can still attend during vacations and even after graduation.

As an observer in the observation group at the Brookline Center, I can see each member’s face and close up if I change the screen view. This improves the learning experience for me.

I can participate in many more learnings (with therefore greater choice), since eliminating the travel and parking time. I have noticed an increase in the space available to me.

NSGPeople Masthead

Co-Chairs

Madeline Freeman, MSW, LCSW
Nadia Khatchadourian, LICSW

Members

David Goldfinger, PhD, CGP
Renee Hoekstra, PsyD
Natasha Khoury, MA, M.ED.
Joanne Lipner, LICSW, CGP
Oona Metz, LICSW, CGP, FAGPA
Ellen L. Ziskind, LICSW, CGP

Website Photography

Madeline Freeman, MSW, LCSW

Headshots

Various

Website Design

Joe DeSouza

NSGPeople E-Newsletter design

Maddie Freeman, MSW, LCSW
Nadia Khatchadourian, LICSW
Natasha Khoury, MA, M.ED.

The goals of NSGPeople 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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Newsletter

Madeline Freeman, MSW, LCSW

Nadia Khatchadourian, LICSW

Nominating

Steffen Fuller, PhD, CGP

Practice Development

Oona Metz, LICSW, CGP, FAGPA

Barbara Schmitz, LMHC

Publicity & Marketing

Yoko Hisano, MSW, LCSW

Scholarship

Marc G. Bolduc, LICSW, CADDC II, CGP

Lucille Jordan, LICSW

Training Program

To be determined

