



Letter from the President



This has been, in many ways, a remarkable winter season. The weather has been unusually cold and snowy, leading many of us to be increasingly tired of slippery surfaces and snow removal. Yet NSGP

Committees and other small groups have been working hard, steadily, and successfully on their various projects. Their excellent work is truly worth describing:

- **The AGPA local hosting task force** (Theresa Bullock-Cohen and Barbara Keezell, co-chairs) has 24 members, and has done remarkable work—on hospitality, marketing, and with contributions to the AGPA program on March 3-8. Their work has, among other things, left all of us with the ability to be helpful to AGPA visitors and the potential to add to our rolls those AGPA members in the region who haven't yet joined our Society.
- **The new NSGP web site (www.nsgp.com)**, which has just gone live, was created by the **Publicity and Marketing Committee**. I think it's a remarkable accomplishment. It's attractive, easy to navigate, and makes it easy for potential group patients to find therapy groups. It's also good for your practice. You can describe what's important about you as a professional, where your office is, and how to reach you. You can also list your groups, their purpose, and the age range and gender of their members—a mini website of your own. Let me urge you to update your profile on the site and to contact Susan Rosenblatt if you need a bit of help. Whether you are running groups or not, your updated profile is important both for patients who might wish to contact you and for NSGP colleagues who want to find you.
- **The Practice Development Committee** has been wonderfully active in helping people manage and strengthen their practices. Many of you have attended their sessions on using new procedure codes, how the ACA is

likely to affect private practices, or the possibility of a union to negotiate with insurers. They have been a wonderful addition for us.

- **The Conference Committee** has done its planning for the June 6-8 Annual Regional Conference, and the brochure is up on the NSGP website. It should be a superb conference; stay tuned for details!
- **The Training and Breakfast Club Committees** have also done their work well this year. Our training program is well underway, and Breakfast Club has two more offerings this season, one in March, and one in April. Check it out on the website.
- Work to re-certify us as a CME provider has been proceeding. In preparation for our meeting with Mass Medical Society examiners on March 10th, we've had to do a lot of writing and digging. We had to write a large self-study document, along with explicit documentation that indicates that we apply in practice what we claim to do. The small group who worked on writing the self-study document (Jenn McLain, Madeleine Lourie, and I) did it with a remarkable and pleasurable degree of collaboration. There was a huge number of old documents required and Susan Rosenblatt and Deb Carmichael were instrumental in digging up and copying the documents, particularly when they were not easily available or accessible.

The NSGP Board is doing remarkably well. Unfortunately, we have lost two Board members this year, both for personal reasons. Steve Cadwell's seat has been filled by Jenn McLain, and Joe Doherty (who resigned in February) won't be replaced until later in the year.

A Potential New Direction for us. The educational work we do is quite different from the work of many medical groups. It's much harder for us to document the effects of our educational offerings on patient change, and even on changes in the behavior of group therapists. We don't routinely collect easy data like blood pressure, body weight, etc. But the preparation for MMS has led me to

think that we should try to get innovative and figure out how to encourage innovation in a way that doesn't interfere either with the treatment itself or with the precious time of therapists trying to make a living. So I'm recommending that we add two or three people to the Continuing Education Committee whose job it would be to work on this "effectiveness research" issue. I will, if so desired, provide volunteers with a mini-course in research methods and data analysis, and will offer some preliminary ideas that might help us start thinking about this problem. If you are interested, please contact me!

Since my term as President is due to end on June 30th, this is my last Newsletter report to you. As of July 1st, Deb Carmichael will be taking on the role, and

(continued on page 3)

INSIDE

Page 2 . . . Letter from the Editor

Page 3 . . . Breakfast Club

Page 3 . . . NSGP Member Practice Announcements

AGPA Conference 2014

Page 4 . . . Bird's Eye View

Page 5 . . . First Impressions: A Trainee's Reflections on the AGPA

Page 7 . . . "What Does the Affordable Care Act Mean for My Practice?"

Page 8 . . . Should I Stay or Should I Go?

Page 9 . . . Starting Groups

Page 10 . . . Analyze This

Page 12 . . . Come One, Come All, Whenever!

Page 13 . . . Cartoon Caption Contest

Page 14 . . . Progress Notes

Page 15 . . . NSGP Foundation Poker Party

Back Cover: 2014-2015 Events Calendar

NSGP Newsletter Committee

Editors	Barbara Keezell, LICSW, CGP, FAGPA Jennifer McLain, MD, CGP
Members	Theresa Bullock Cohen, LICSW, CGP, BCC David Goldfinger, PhD, CGP Renee Hoekstra, PsyD Oona Metz, LICSW, CGP Joseph Shay, PhD, CGP, FAGPA Alan Witkower, EdD, CGP Ellen Ziskind, LICSW, CGP
Photography	Heather Baron, MEd Theresa Bullock-Cohen, LICSW, CGP, BCC Joseph Shay, PhD, CGP, FAGPA
Design	K. White White Design designer_solution@comcast.net

The goals of this newsletter are two-fold:

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

NSGP Executive Board

President	Peter Gumpert, PhD, CGP
President-Elect	Debora Carmichael, PhD, CGP
Secretary	Howard Schnairsohn, LICSW
Treasurer	Theresa Bullock Cohen, LICSW, CGP, BCC
Directors	Marc G. Bolduc, LICSW, CADC II, CGP Joseph DeAngelis, LICSW, CGP Joel Krieg, LICSW, CGP Lawrence Kron, JD, PhD Madeleine Lourie, LICSW Julie Gardner Mandel, PhD Jennifer McLain, MD, CGP

NSGP Committee Chairpersons

Audit	Madeleine Lourie, LICSW
Breakfast Club	Joel Krieg, LICSW, CGP
By-Laws	Lawrence Kron, JD, PhD
Conference	Julie Anderson, PhD, CGP Marc G. Bolduc, LICSW, CADC II, CGP Scott Reinhardt, PhD, CGP
Continuing Education	Sara Emerson, LICSW, CGP, FAGPA
Disaster Response	Kathleen Hubbs Ulman, PhD, CGP, FAGPA
Newsletter	Barbara Keezell, LICSW, CGP, FAGPA Jennifer McLain, MD, CGP
Nominating	Eleanor Counselman, EdD, CGP, FAGPA
Practice Development	Oona Metz, LICSW, CGP
Publicity & Marketing	Pamela Enders, PhD Joseph DeAngelis, LICSW, CGP
Training Program	Marsha Vannicelli, PhD, CGP

NSGP Office (617) 431-6747

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

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

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

(617) 431-6747

www.nsgp.com

**Letter from
the Editor**

In January, I had the opportunity to learn again about the power of groups. Rather than working in isolation, a group extends the benefit of sharing the burden on thankless tasks and the joy of developing connection with others working together to accomplish something.

NSGP had reached the crossroads of a very important decision, whether or not to devote an enormous amount of time, blood, sweat, and tears in order to apply for CME accreditation through the Massachusetts Medical Society (MMS). Without this, our events would no longer be able to offer continuing education credits to the MDs and RNs who participate. The process is arduous, both time consuming and tedious, and frankly, often thankless and mostly invisible.

Keeping CMEs available is important to support the diversity and life of the organization. In offering them, we care for members who are currently part of the "mother ship" and keep our doors wide open for broad future growth and ongoing equality and inclusion. Over the past year, there was much discussion as the balance of NSGP's history of providing CMEs and desire to support everyone within the community was weighed against unexpected obstacles and individual efforts becoming overburdened.

The debate was real—so many wonderful and exciting things were happening in the world of NSGP right then: preparation for hosting AGPA, launching a new website which is a huge achievement in itself and a wonderful boon to our society, and working hard to balance a budget and clean up our fiscal "house." Plus the usual immense amount of year-round volunteerism that goes into planning our Annual Conference, training program, and other events. With so much on NSGP's plate at the same time, it certainly seemed like something would have to give. It is expensive to apply for CMEs (more than other fields) and another very real concern was having enough manpower to complete everything already at play and add this on top. Plus the possibility that all of the work may still not achieve the goal; MMS has stringent guidelines for CME approval that include statistical analysis of educational events beyond our current capabilities.

At the meeting where the decision had to be made, Peter Gumpert stood up and said to the Board "I would like to take one more shot. Even if it doesn't work, I want to know that I did my very best for this subsection of NSGP." It was a touching lesson in perseverance and caring, and as an MD myself within the organization, I felt incredibly cared for that with everything else going on, our President was willing to dedicate time and energy to maintain cohesiveness and avoid the creation of a "lesser" subgroup, if he possibly could.

Peter didn't stand alone—alone it still would not have gotten done, despite his strength of will and generosity of spirit. A work group was formed, including our dedicated administrative assistant and several Board and CEU committee members who routinely take on such unacknowledged behind-the-scenes work and gave generously of their time, effort, and expertise to complete this massive undertaking. It took a village, but broken into parts, with the input of many, the burden of the work (and the emotional toll of the application process) was shared and made easier to bear. I can't recall who it was that said "Many hands lighten the load," but they do.

I feel incredibly proud of our work. It may or may not have the desired outcome—we won't know until after press time and a final piece of the process, an in-person interview with MMS. But that matters less than the knowledge that there were those who heard and thought about this particular minority in NSGP and saw the benefit of making the organization larger and welcoming for all, not smaller, though that path would have been easier for the many involved.

I have to admit, I wrote two versions of this editor's letter. The first I drafted in early December, full of disappointment, confusion, and fear when I learned that we might not be able to accomplish this task and might vote to delay or give up the offering of CMEs; I wrote this one two months later on the other side of a gargantuan effort by so many hands, still only part way to the end but with much more hope and optimism—about the possibility of success and the lessons

(continued on page 3)

Letter from the Editor
(continued from page 2)

learned about the Society's values and capacity to expand to hold as much as is needed within its membership. I am speechlessly thankful for this.

There are so many "unseen" tasks that NSGP takes on. The building of the website, a yearlong effort, is another easy example. Each day, each month, people in this organization so generously give of themselves in order to continue to build and sustain a home for all of us, and for that I feel extremely grateful and blessed.

Jenn McLain, MD, CGP
Co-Editor, Newsletter

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

Letter from the President
(continued from page 1)

you will hear from her in the fall about what we're doing. I hope you've come to see the work of our excellent Board as increasingly transparent and open to suggestions from members. The Board's work and judgment has certainly made my job far easier, and I am deeply grateful to the Board, members of our Committees, and numerous other members for taking on and doing a great deal of difficult work. While I'll be leaving this role soon, I will remain active in our remarkable Society.

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

CLASSIFIEDS

Psychotherapy offices sublet in Brookline Village.

Harvard Street, near subway and bus. Four hour time blocks or more available (\$10/hr). Call William 617.216.3871

New Groups in Brookline Village

Young Adult (20-39yo) and Adult (40-59) psychodynamic relationship focused. Call William Sharp at 617.216.3871.

Boston Office: M/TH/F, near Copley, large, quiet, residential Bay Village, big windows, waiting room, bathroom, furnished. \$240/day per month. Steve Cadwell, PhD. 617-482-2286 cadwellsa@aol.com

The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our 2014-2015

Breakfast Club

Learn about group therapy and socialize with colleagues at a FREE colloquium series. Each POTLUCK event will take place on designated Sundays from 11 AM to 1:30 PM. Participants may bring guests. Please contribute a breakfast item (quiche, fruit, bagels, pastries, cheese, etc). The host will provide coffee and tea. To sign up for an event or for directions, participants should register online at www.nsgp.com or call Susan Rosenblatt at the NSGP office: (617) 431-6747.

Calendar for 2014-2015

- 3/23/14 **What's Grief Got to do with it: Traveling through Loss with Clients**
Presented by **Maxine Sushelsky, LMHC**
Hosted by Julie Anderson (Brookline, MA)
- 4/13/14 **Transitions in Group Leadership**
Presented by **Joel Krieg, LICSW, CGP**
Hosted by Joyce & Walker Shields (Belmont, MA)
- 9/21/14 **Adolescent Groups in Private Practice**
Presented by **Renee Hoestra, PsyD**
Hosted by Arnie Cohen (Newton, MA)
- 10/26/14 **Come One, Come All, Whenever!: Open Access Groups at a Hospital Primary Care Practice**
Presented by **Ann Koplou, LICSW**
Hosted by Marsha Vannicelli & Larry Kron (Cambridge, MA)
- 12/7/14 **Shade of Black: Challenges and Revelations that Arise in Running Groups of Marginalized Populations**
Presented by **Tfawa Haynes, LICSW**
Hosted by Scott Rutan (Chestnut Hill, MA)
- 1/11/15 **How Much Is Enough? Termination from Group Therapy**
Presented by **Sara Emerson, LICSW, CGP, FAGPA**
Hosted by Eleanor Counselman (Belmont, MA)
- 3/22/15 **Intro to Acceptance Commitment Therapy (ACT): Dose of Science, Pinch of Mentalization, and Liberal Measure of Good Old Therapy**
Presented by **Ari Shesto, PhD**
Hosted by Jim Leone (Belmont, MA)
- 4/12/15 **Emotionally Focused Therapy for Couples in a Time-Limited Group: Fostering a Secure Bond between Partners**
Presented by **Jennifer Leigh, PhD**
Hosted by Walker & Joyce Shields (Belmont, MA)

*Please note that CEUs are no longer being offered for Breakfast Club events. If you have any questions about this, please e-mail the office at groups@nsgp.com.

IMPORTANT!!!! NSGP has a New Number!!!! (617)-431-NSGP

Effective April 10th, 2014, you will now be able to reach the NSGP Office Administrator by calling a new phone number:
(617) 431-NSGP **(617-431-6747)**.

**Please put this number in your contacts and delete any old office numbers you may have had.



**Dave Dybdal & Julie Mandel,
Hospitality Co-Chairs**



**Annie Weiss, Alessandra Urbano,
& Jamie Greene**



**Kurt White, Jenn McLain, Heather Baron,
& Joel Krieg**



Eleanor Counselman & Joe Shay



**Jenn DeSouza, Melissa Kelly,
Susie Shayegani, Joel Krieg, Marc Bolduc,
Theresa Bullock Cohen, & Dave Dybdal**

A Bird's Eye View

Arnold Cohen, PhD, CGP, FAGPA

The variety of offerings, the quality of the presentations, and the overall good feeling led to a spectacular AGPA conference this year. We should be incredibly proud of what we accomplished as a host society. So many of our own NSGP members helped to make the conference a success: our hosting committee, institute and conference committee members, governance members and faculty presenters all played key roles.

Having AGPA in our hometown can be a mixed blessing. It is wonderful that we get to showcase our city and receive positive publicity when the conference is here. However, what is often lost is the enriching experience of being away from our offices and immersing ourselves in the conference experience. When AGPA is in Boston, so many of us run into the dilemma of, "Should I work during the week; I can't afford to lose income." I understand this is a real dilemma and I share this struggle. By working during the week, however, one misses out on so much of the conference experience. My compromise this year was not to work during the week and to stay at the hotel for three nights and commute the other two days. It worked out well, but as a result of commuting, I missed some things that I would have preferred attending.

I was looking forward to this year's conference for a few reasons. It is always fun to reconnect with colleagues and I

look forward to all the different learning opportunities. In addition, this year I was leading an institute for the first time in several years. It was for clinicians with 0-4 years' experience. I hadn't led an institute in several years and I was both excited and anxious about the opportunity once again to be part of the institute experience.

For anyone who wants to be a group therapist, being in an AGPA institute is a must. It affords not only the opportunity to learn about groups but also to learn about oneself. The next best thing to being in an institute is to lead an institute. To be a part of the enriching experience that members have is an incredible privilege. My institute this year was terrific. I am always incredibly impressed at the risks people are willing to take with one another.

Some of the other highlights for me this year were the institute and conference opening plenary addresses. Cecil Rice gave a wonderful talk at the institute plenary on being an emigrant/immigrant (examples aplenty from his experience coming to America from Ireland) and he compared that with the experience of meeting strangers in an institute. He discussed the challenges of attachment and belonging and then saying goodbye. Cecil's wit and sense of humor were evident throughout his presentation. As usual, it was challenging understanding the foreign language he speaks.

Stephen Porges gave an equally impressive talk at the conference plenary



**Jenn DeSouza, Marketing Chair, at the
NSGP Hospitality Booth**



**Folks setting up the NSGP Hospitality
Booth**



Walker & Joyce Shields



**Jan Morris, Shoshana Ben Noam, Cecil
Rice, & others at the NSGP dinner**

on Social Connectedness as a Biological Imperative: A Polyvagal Perspective. The theory specifies two distinct branches of the vagus (the tenth cranial nerve). The distinct branches serve different evolutionary functions. The more primitive branch elicits immobilization (feigning death) whereas the more evolved branch is linked to social communication and self-soothing behaviors. The power point slides were impressive and, like Cecil, his sense of humor was superb.

Another highlight was the Presidential address given by Les Greene entitled "Psychotherapist and Researcher: Holy Matrimony or Wholly Acrimony?" Les addressed the ongoing culture clash between the psychotherapist and the psychotherapy researcher. He talked about how clinicians feel controlled by researchers and how researchers feel ignored by therapists. His power point presentation was terrific. His use of humor exquisite.

I attended two other workshops that are worth mentioning, "Humor in Group Therapy: No Laughing Matter" and "A Play Reading To Illustrate Principles of Dynamic Group Therapy." The workshop on humor was chaired by Gil Spielberg with Jerry Gans and Libby Shapiro presenting. All three did a great job highlighting the various ways humor can be useful in group therapy. They discussed how humor has, to a large extent, been overlooked in the literature and how important it can be to the treatment. I have been to several play readings by the Redwell Group and this year was one of the best. The play highlighted the themes of trauma and truth-seeking. Eleanor Counselman did an excellent job as the discussant and Barbara Keezell, in her debut, did a fabulous job.

Another important part of the experience for me was noticing the influence that NSGP continues to have within AGPA. Kathy Ulman is the retiring President, Eleanor Counselman is the President-elect, and Lise Motherwell is Treasurer. This is just in governance. We also have several NSGP members that serve on committees and are frequent presenters at the conference. We should all be proud of our role in the life of our national organization.

Next year's meeting will be in San Francisco where I hope to see many of you. If you attend, I suspect you will leave a bit of your heart there.



First Impressions: A Trainee's Reflections on the AGPA

Matthew P. Lahaie, MD, JD

A few weeks ago, I had the privilege of attending my first American Group Psychotherapy Association (AGPA) conference. My supervisor and group enthusiast, Joe Shay, first planted the idea of my attending after discussing my enjoyment of experiences co-leading an interpersonal group at McLean and working with groups in leadership development. With his encouragement, I applied for and received scholarship support for AGPA membership and conference attendance, making my participation possible. After surveying the conference offerings, I registered for the five day program, including a two-day process group and multiple child and adolescent-themed offerings that I hoped would complement my soon-to-begin child and adolescent psychiatry fellowship.

My conference experience started with my first-ever institute. I quickly discovered that my experience of the institute process group greatly differed from my experience of our residency T-group. For one, meeting with a group of mostly new acquaintances without substantial outside relationships accelerated the development of the group for me, while simultaneously allowing for directed attention to understanding process and group dynamics. I found the institute to be a powerful experience for increasing my self-awareness in group and for understanding how groups work. I am grateful to my groupmates making possible this personally important shared experience. Having completed the institute, I have been considering how to apply my experience to improving my co-leading of my interpersonal group and to other areas of my life where groups form.

Regarding the conference, I was pleasantly surprised to find that most sessions ran as groups. This was the first time that I had been to a conference that was not strictly didactic. The experience of themed, collaborative work groups of experienced practitioners and interested learners with diverse experience and backgrounds was energizing and facilitated my participation and learning. I found that I took away practical lessons from these experiences, especially from demonstration groups that included member participation and group discussions that allowed individuals to



Jenn DeSouza, Laura Crain, & Matt Lahaie



Jenn McLain, Guy Crouteau, & Howie Schnairsohn



Joel Krieg, Kelley Bothe, & Deb Carmichael



Larry Kron, Marsha Vannicelli, & Art Ralsman



Ann-Keren Neenan Kantor & Barbara Keezell



SAVE THE DATE for the 33rd NSGP CONFERENCE!

June 6, 7, and 8 at Simmons College

“What’s Affect Got to Do with It? Connection in Group Therapy”

Offering: **Special Presentation** with Sara Emerson, LICSW, CGP, FAGPA
and H. Shmuel Erlich, PhD, ABPP
Demonstration Group with David Goldfinger, PhD, CGP
Full-Day and Multi-Day Experience Groups
Eighteen Workshops with something for everyone!

Go to www.nsgp.com to download the conference brochure or
call 617-431-6747 to request a brochure by mail.

Sign up now and take
advantage of the **\$50**
EARLYBIRD DISCOUNT!

AGPA Conference 2014 (continued from page 5)

share their own knowledge and experience. After participating in an all-day workshop on adolescent groups and a few other sessions related to working with children and adolescents in groups, I felt I had achieved my goal of becoming better equipped to lead these groups when my fellowship training begins this summer.

A particular highlight was attending the Northeastern Society for Group Psychotherapy dinner. In addition to enjoying the meal, it was a great opportunity to meet other local practitioners and to share stories, have fun, and relax. And as an avid humorist, I reveled in the evening’s entertainment, and I especially enjoyed hearing the offerings of both my supervisor and my T-group leader! The dinner was a great opportunity to learn about NSGP and its offerings, including its upcoming conference in June, which I’ve started encouraging my colleagues to consider attending.

In the end, I found the AGPA to be a fun, energizing conference experience with exciting people and ideas. I learned quite a bit about groups, their workings, and their utility, and I am excited that the future for groups in mental health treatment could be quite bright. I am thankful to the Group Foundation for Advancing Mental Health for making it possible for me to attend a great conference. I am hopeful that I will

continue to be able to work with groups in my professional work, and that I will be able to remain involved with NSGP and AGPA in the future.



Dave Dybdal & Karsten Kueppenbender



Stewart Aledort, Julie Mandel,
& Arnie Cohen



Scott Rutan & Theresa Bullock Cohen



Siobhan O'Neill, Barbara Keezell,
Oona Metz, & Steve Krugman



Stevan Gold, Siobhan O'Neill, Julie
Mandel, Rick Tomb, & Marc Bolduc

“What Does The Affordable Care Act Mean For My Practice?”

Bet MacArthur, MSW, LICSW

“**M**ay you live in interesting times.” This blessing could never be more relevant than at present, as our profession faces unprecedented forces creating change and requiring inevitable adaptation in how we do our work and in how it is valued.

On January 5, approximately 40 people gathered at the Brookline Mental Health Center to hear Dr. Elena Eisman, past Chair of the Massachusetts Psychological Association, present vital information about the coming changes in healthcare delivery systems and the impacts these will have on the practice of psychotherapy. Dr. Eisman has also served as Chair of the Mental Health Coalition in Massachusetts, for the Board of the American Psychological Association, and is an authority in this field. She has contributed significantly to core organizations and committees convened to think through present and future policy and practice structures, and to guide providers and patients safely into the new world of healthcare access.

Dr. Eisman began by determining that her audience was comprised of clinical social workers and psychologists, and no medical doctors, licensed mental health counselors, or students in our disciplines; of our audience, approximately 80% vouched that they are in private practice. In response to her survey of the group, Dr. Eisman observed that only two attendees actually know how much it costs to provide one hour of service in their work settings.

Dr. Eisman then reviewed some recent history of the advancement of mandated health care services and the most important provisions of our Federal Patient Protection and Affordable Care Act, the ACA. She noted in particular the ACA’s requirement of transparency in standards for medical necessity in providing behavioral health services. She pointed out that if the Massachusetts version of the ACA, now in effect for six years, proves effective—i.e., saves money and assures quality care—then commercial insurers will be far more willing to adopt its principles (and the ACA’s) to underwrite health care benefits more appropriately.

The heart of Dr. Eisman’s instruction focused on explicating coming changes in models of health care delivery, in quality

domains, and in models for reimbursement.

Three of the most salient and specific changes will be:

1. Changes in affiliative systems, under which providers will almost always have to become part of a larger healthcare delivery chain. The isolated mom-and-pop version of therapy practice will undergo considerable pressure here. This has some significant advantages, as research has consistently shown how integrating social and behavioral health services into primary care medicine results in significant drops in usage and intensity of need for other medical care. The disadvantage some providers see is the decrease in control over which cases one must serve, and the need to adjust one’s clinical style to accommodate multi-disciplinary cultures. Dr. Eisman noted, “We have to learn ‘physician-speak’—for example, our clinical notes are seen as too long and too comprehensive.”

Dr. Eisman also explained how integration of behavioral health services is currently being considered in a ‘tiered’ model, from no integration or inclusion of BH services, to routine use

(continued on page 13)

NEW OFFERING

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

NSGP members can now purchase advertisement space.

All ads (except classifieds which can be text) **MUST** meet these requirements or will be returned for revision:

- 1) Submitted as a high resolution PDF* with fonts embedded in the file.
- 2) Must be 300dpi at 100% size, black & white only.

**The PDFs should be ready to print directly from the file without need for further processing.*

\$20 -Small Classified ad (25 words max)
\$50 -Business Card: 3.5”w x 2”h
\$100 - 1/4 pg vert: 3.5”w x 5”h
\$200 - 1/2 pg horizontal 7.125”w x 5”h or 1/2 pg vertical 3.5”w x 10”h

Questions? See details above or call the NSGP office at (617) 431-6747.

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

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

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

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

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

Should I Stay or Should I Go?

Debora Carmichael, PhD, CGP and Oona Metz, LICSW, CGP

On September 29th, the Practice Development Committee of NSGP sponsored an event entitled “Should I Stay or Should I Go? Making the complex decision to stay on or leave the insurance panels.” Oona Metz, Joe DeAngelis, and Joel Krieg spoke on a panel about their recent experiences of deciding to leave certain insurance panels and how they went about it. While the group committed to keeping the specifics of the conversation confidential, there were some general themes and important details that emerged that can be shared. Because of antitrust laws, we were not permitted to discuss any specific information about fees.

Many participants wondered what the effect would be on their practices if they resigned from insurance panels. Would patients leave? Would their referrals decrease? Would they go out of business? What about the referrals they receive from the insurance companies? There was considerable concern evident as these topics were discussed. These concerns are crucial factors in making this

or any decision that impacts practice. Therapists with full practices who turn away referrals are in a very different position from therapists who are trying to build their practices.

Many people worried that if they left insurance panels they would lose patients who had lower incomes as those clients could only afford to see a therapist by using insurance. Those clinicians feel strongly committed to working with lower income clients as it is aligned ethically and morally with their values. On the other hand, some participants pointed out that dropping insurance and receiving a full fee from most patients allowed them the freedom to see more patients on a sliding fee scale.

For those who have chosen to resign from panels but wish to accommodate patients with out-of-network benefits, clinicians have found the information they receive from insurance companies to be unreliable and the process unpredictable, despite careful efforts to clarify their patients’ insurance benefits up front. It was suggested that the process of resigning “creates a lot of dust,” and therefore requires tolerating uncertainty and anxiety; uncertainty about whether the resignation letter will get processed in

a timely manner and entered into the system; about whether the patient or the therapist will receive the insurance check for out-of-network plans; and about the exact amount the insurance company will reimburse if the client chooses to use out-of-network benefits. Universally, it was found that the insurance companies were unable to tell providers accurately how much they would be reimbursed as out-of-network providers, which left therapists needing to proceed with patients not knowing the reimbursement rates until the checks arrived.

Clinicians who have resigned report that they did not lose a significant number of patients from their practice (a few clinicians lost a few patients); their incomes increased along with their self-esteem and energy. This increased energy and income has made it possible for them to offer some sliding fee slots or do more pro bono work and do so with a spirit of generosity.

Overall, the message was clear that this is an individual decision made after careful consideration of the nature of one’s practice which includes the robustness of your referral base and marketing strategy, life circumstance, and risk tolerance.

(continued on page 9)

Who Ya Gonna Call?

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

Who Ya Gonna Call?

Worry not. You’re a member of NSGP, right? And NSGP is here to help with the **Consultation Benefit.**

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

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

The Consultation Benefit cannot be used to address an emergency situation. It is not available to students as they have consultation built into their programs.

Your greatest membership benefit!

nsgp.com

- Connect with colleagues and potential referrals through your own professional profile (similar to PsychologyToday.com or GoodTherapy.org).
- Learn about and register for NSGP events (like Breakfast Club, Practice Development events, and the Annual Conference) on your computer, tablet, or Smart phone
- List your groups (for both colleagues and the community) on our Find a Group page.
- Use links to Facebook, Twitter, LinkedIn, and our Blog.
- Explore group training opportunities for yourself or colleagues.
- Connect with fellow members through the NSGP Listserv.
- Refer to our Resources page for an extensive listing of member publications as well as the NSGP Newsletter.
- Access your yearly Consultation benefit with a senior NSGP member.
- Explore and join NSGP committees.
- Easily renew your NSGP membership.

Check it out today at www.nsgp.com to see what’s new!

Starting Groups

Ken Jaeger, LICSW, CGP

Running an established psychotherapy group, especially a long-term interpersonal process group, is gratifying and interesting and practically effortless. The group is cohesive and engaged, the participants have a pretty good idea when to support and when to challenge each other. If mistakes are made, working them out only makes the group better. Ideally the leader's role is to maintain the room, ask a few questions, collect checks and enjoy. Unfortunately, getting a new group started is seen by many as a formidable and painful business. There are good reasons for this perception, but with a decent plan, it can be done.

Our great foundational texts, Yalom and Ratan, Stone, and Shay, address starting groups from the step of preparing your group members for their first session. But the question of where these group members come from falls off the edge of the map. Finding the group members is a challenge of networking, marketing and sales, none of which get much attention in psychotherapist trainings.

I know it's gauche, but let me suggest a consumer merchandise metaphor for how to get the group members you need to start your group. The metaphor involves three steps, first developing your product, then sales and marketing. If you bear with my metaphor, afterwards I'll give you my actual recipe for starting a group.

Product development has two parts, preparing yourself and designing your group. The work of getting trained and competent is what will give you the confidence that the group you are offering really will be great for your potential patient. Without that confidence, the sales and marketing are harder. Take advantage of the NSGP training committee's offerings, an observed group, or co-leading a group with an established group leader. If you haven't done it, think about becoming a Certified Group Psychotherapist (CGP) to publicly document your commitment and expertise.

Step two in product development is deciding what population to serve and what kind of group to offer. This involves a little market research to find an unmet need. For personal reasons I might want to run a group for self-paying gardening enthusiasts with nice personalities, but there might not be demand for it. Once you have the population you want to serve, you'll want to define the theoretical approach of the group. When I worked as a group coordinator at a clinic, my first task for any group leader starting a group was to come up with a title and a roughly 50-word descriptive blurb. The 50-word blurb was necessitated by our brochure,

but the clarity imposed by the task turned out to be very challenging and useful for most of the group leaders. Just for scale, some blurbs I've put up on the internet have been 150-words.

If you're trained and ready and have a clearly defined population and approach for your group, your sales and marketing jobs should be easier. Marketing informs the people who could benefit from your group about its existence. I think of four main places to market to:

1. **Individual patients in your practice** who might be helped in the bigger interpersonal challenge of a group. They might be graduates from 1:1 or people conjoining group and individual.
2. **Colleagues** you are personally close to (or your clinic if you work in one) who might have therapy graduates for a group or patients with challenging needs. I've found it very gratifying to collaborate like this. Collaboration refreshes your thinking, can be a huge help to your colleague struggling with a difficult patient, and difficult personalities can add a lot of life to your group.
3. **Searchable place on the internet**, such as Psychology Today, Craigslist, your own website, etc. For additional details, refer to the expertise of Pam Enders.
4. **Other (mailings, classified ads in trade publications, etc.)**. My sense is that 3 and 4 are useful for maintaining a group and might add a couple of people to a new group, but 1 and 2 are the most directly accessible ways to meet the time-limited urgency of launching a group.

Making individual sales should be easy at this point. I think the key to enrolling each individual in your group is having a very clear understanding of your potential group member's challenges and offering them a clear explanation of how their issues can be helped by the group.

That said, here is my recipe for starting a new group:

- get satisfied with your level of training, literature consumption, expertise
- get a supervisor (recommended, but optional)
- pick an available day, time and office
- set your fee
- define your group title and 50 to 150-word blurb
- identify 2 to 4 individuals in your practice who would work well in the group
- have your marketing campaign ready (announcements, who you'll network with, internet postings, etc.)

- set the date for the group to start. Make it a 10 or 12 week project from when you declare the group until the start date. This is the turning point, the step that takes a hypothetical idea and makes it real. It compresses your focus and makes others more prone to commit than if the start date is fluid. The advance time should be short enough so that the first person who enrolls won't wander off before the group finally starts.
- unleash your marketing campaign
- enroll the 2 to 4 individuals from your practice
- keep beating the marketing drum
- worry copiously until your start date and then enjoy the ride

The fearful thing about starting groups is that it is probably the most public clinical act you can do as a therapist. You make a big invitation to your party and wait to see if anyone comes. It's miserable to imagine giving it your all and then having to tell people, "no, the group didn't go, not enough people signed up." But if you do the prep work and market wholeheartedly, you can make it work.



Should I Stay or Should I Go? (continued from page 8)

This event was a remarkable testament to the power of group. Participants reported the healing effects of learning that they are not alone. Validation and universality reigned. Many people remarked that they had never had a chance to talk about this topic in a group setting.

After the event, there was a request from several participants to keep this conversation going. The Practice Development Committee responded in two ways. First, a yahoo group was created for those who wanted to discuss this topic further. Second, plans were made for a year follow up presentation "Did You Stay or Did You Go?" Stay tuned for this presentation in the fall of 2014.



ANalyZE This

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

Help — I have a question about group therapy and money! How do you encourage and facilitate open discussions about fees when the group leader's own discomfort with money has created an environment of avoidance?

I currently lead an open-ended psychodynamic interpersonal group for adults. The group has been in existence for three years and membership has fluctuated between four and seven members. For the last three months, the group has consisted of four members who are committed to the group and working hard. All four of these members pay for group through a credit card that I keep on file. When each member started group, they gave me their credit card number and permission to charge the group fee, deductibles, or co-payments every week. The four members of the group all pay different amounts. One of the members uses insurance where I'm an in-network provider. Two of the members use insurance where I am not a provider, so they pay a deductible and then an out-of-network rate, which results in my receiving my full fee. One member has opted not to use her insurance and pays a reduced out-of-pocket fee.

The benefit of having all the group members pay their group fees with their credit cards is that I get paid every week, on-time, with minimal effort on my part. I do my own billing, so this means I don't have to prepare bills for group as their credit card statement serves as their receipt and I don't have to chase people down to collect fees. The downside of having all group members pay with their cards, is that we are not talking about money. I know there is wealth of dynamic information connected with the distribution of therapy bills, discussion of fees, and the process of collecting those

fees. I have come to realize that my credit card system allows me to get paid expeditiously, however, it deprives the group of rich therapeutic material.

Throughout the course of the three years I have been leading this group, I have tried to create and reinforce norms where members feel safe bringing all parts of themselves into group. I am realizing that I have left the discussion of money outside the door.

I have always felt somewhat guilty about having members pay their fee through their cards because I know it robs us of the opportunity to discuss, understand, and process feelings about money — which is often linked to worth, entitlement, rebellion, etc... I think I let my own issues with money lead me to create this system to avoid talking about the sometimes messy business of setting and collecting fees.

This brings me to my dilemma. I am getting ready to add three new members to my group. For a variety of reasons, these three new people do not use credit cards. One pays for therapy in cash and the other two pay with a check. All three will be starting my group soon and have asked to be billed monthly for their fees. This means that some members will be using credit cards, some will be bringing in cash, and others want a monthly bill and will then pay with a check. Also, some members use in-network insurance, some out-of-network insurance, some pay my full private fee, and others a reduced private pay fee. Wow — does this feel messy! I find myself experiencing a high level of anxiety and dread when I think about this situation. My discomfort is so overwhelming that it would almost feel easier to run the group for free, rather than dive into all the feelings that will inevitably come into the room once the "money cat is out of the bag" and members start talking about different rates and payment methods. I have an awareness that my default stance is to want things orderly, predictable, and without conflict — hence setting up a credit card system where I completely avoided talking about money with my clients! I also know through my own

journey, that just because things feel uncomfortable, doesn't mean they should be avoided. Once space is created to discuss difficult subjects, and we allow ourselves to tolerate the discomfort, greater understanding can develop. It just feels really hard to do with money!

My ultimate goal is to make group a safe place for messy, unpredictable, and difficult discussion — including money. My dilemma is how to do this. I welcome your suggestions on the practicalities of

having group members with different fees and payment methods, in addition to your thoughts about the likely feelings evoked by this arrangement. Also, knowing that my own discomfort with money has created this atmosphere of avoidance, how do I become more comfortable

with this subject so that I can lead by example? Lastly, I would appreciate your feedback on how to re-norm this group, so that openly talking about the group fee, and all the feelings associated with this, becomes a normal part of the fabric of the group.

Penny Wise and Pound Foolish

Dear Penny Wise and Pound Foolish

Let me start by saying I'm impressed by your awareness and understanding of the therapeutic potential inherent in dealing openly with money matters in therapy. I also admire your wish not to give discomfort a bad name in your therapy practice. You should know that you are certainly not alone in your discomfort and wish to avoid dealing openly with money in group therapy. Money seems to be much harder to talk about than sex.

First, your initial question, "How do you encourage and facilitate open discussion about fees when the group leader's own discomfort with money has created an environment of avoidance?" Since I have no way of knowing what personal issues cause your discomfort with money, I will share what the more than 25 talks, workshops, and institutes on money and group therapy that I have given have taught me about therapists' countertransference struggles with money. Three emotions stand out: greed, guilt, and unfairness. Therapists who are not in touch with their greed or defenses against it often feel vulnerable when accused of this clinical "sin." They

confuse being for oneself with being selfish. They experience self-interest, which is *not* at the patient's emotional expense, to be something negative. They tend to become defensive and vulnerable to masochistic submission in the face of patients' accusations.

Therapists uncomfortable with their aggression sometimes feel that they are hurting patients by charging for their professional services and, as a result, feel guilty. They may then collude with pathological entitlement by letting patients accumulate large balances or by precipitously reducing a fee without first exploring the many emotional and reality factors involved.

Other therapists devote huge amounts of energy to the unattainable yet alluring goal of being eternally fair—whatever that means. With respect to this wish, therapists are no different than the patient who suggests that “just to be *fair*, why doesn't each of us speak for just 10 minutes,” as if doing so would magically remove all feelings of unfairness from the room. More than a few group therapists can remember dreading when patients they see in combined therapy will someday disclose in a group session that their fees for individual therapy may vary, one from the other.

More than therapists realize, the way money was dealt with as they grew up in their families often has a lot to do with how they deal with money clinically. As you think about it, independent of how much money your family had, did you feel rich or poor? Was money dealt with openly or was it shrouded in secrecy? Was money used to control, to help out, to punish, or to indulge? Were there gender differences with regard to money and its distribution? The answers to these questions may shed some light on your clinical discomfort with financial matters.

Talking openly about money is a cultural taboo in our society. Unless we take active measures to normalize money as a topic for conversation and exploration, it will likely remain an administrative matter, separate from therapy. Thus, it is important to explain in the pre-group screening session that you encourage exploration of money and its many meanings because of the therapeutic value of such discussions.

Therapists often feel that they are being intrusive, insensitive, or nosy if they inquire about patients' finances, and late or non-payment of bills. In order to

oppose and neutralize these feelings that discourage exploration, I remind myself that it is often through money that patients (unwittingly) first bring important parts of themselves into therapy. If I don't notice, attend to, and explore the meaning imbedded in these behaviors, I may actually be neglecting, rather than respecting, my patients. Don't expect patients initially to understand this perspective. However, it has been my experience that as group patients begin to appreciate the therapeutic work accomplished by attending to financial matters, their objection to talking about money markedly decreases. For some, it actually becomes an important and revealing topic.

“...about therapists' countertransference struggles with money. Three emotions stand out: greed, guilt, and unfairness.”

I encourage you to try to relax with regard to your patients' different fees and paying methods. Differences are always more difficult to deal with than similarities. Invite in and promote discussion about these differences. You will be impressed with the productive projective test you have established as patients express their various reactions to these differences. To accusations of unfairness, you might even find yourself calmly saying, “Yes, like life itself, I have been unfair.”

If the above discussion encourages you to change your practice of group therapy with regard to money, and you are concerned about the group's reaction to this change, I suggest you say the following to your group: “I would like to apologize to you. I recently read an article about the many therapeutic possibilities that can result from talking openly in the group about money matters. I now realize that in *not* having encouraged such conversations I have “shortchanged” us all. Going forward, here are some of the changes you can expect. I plan to announce late or unpaid bills at the beginning of each group, not to unnecessarily embarrass or shame anyone but rather to ensure there are no secrets ...”

Jerome S Gans, MD, CGP, DLFAGPA



Dear Penny Wise and Pound Foolish

Don't be too hard on yourself. Many therapists have a great deal of difficulty when it comes to setting fees and determining how to collect them. For instance, some therapists will not accept

insurance at all. Others will do so but require the patient to complete all insurance forms. Still others will fill out the forms themselves. Some will require co-payments in advance, some will ask for payments to be made at the end of the month, and others will not set an established policy but will accept payments on an irregular basis. Nothing is inherently wrong with having different fees and different systems for different clients in group. If we are comfortable with varying fees for individual clients, why aren't we comfortable with it for different group members? Whatever the “logic” of our decisions, the underlying dynamic issues within each therapist results in his/her judgment being influenced in unconscious ways. None of us are exempt from these processes. That being said, let's look at some of the more particular issues that we might consider in the circumstance you've raised.

Since the four current members of the group pay different amounts, I'm inclined to ask you to consider how you came to set it up that way. One would expect that particular concerns about money and your relationship to the payments were implicated in doing so. However, even if you were to say that you always charge all group members the same amount, we still might wonder why. Dynamic issues are involved either way. The effect of your decision, and the effect of not discussing fees in the group, has resulted in there being a secret kept between yourself and individual members of the group. In the long run, keeping secrets in a group can have a stultifying effect and/or lead to a disruption in the group process when the group members learn of the secret. There may be angry outbursts, directed towards the leader, or it's possible that the group members will feel free to withhold other matters from the group, having been given tacit permission to do so. The result can be a tendency towards sterility in the group.

You've also indicated that the credit card payment system you use is very convenient and time-saving but that it deprives the group of a rich source of therapeutic material. You are correct when you suggest that you have left the discussion outside of the door, but it's not inherent in the method by which you collect fees. It's a function of not having raised the subject of fees, and money in general, in the group. There are few issues that come up in group that have as much potential as does money. Issues around money can be related to worth, entitlement, rebellion, etc. It's important that you develop a comfort level around your own relationship to money before

(continued on page 12)

Come One, Come All, Whenever!

Ann Koplów, MSW, LICSW

In August 2011, I was given a mission: to be a “change agent” at Beth Israel Deaconess Medical Center’s large Primary Care Practice. My assignment was to shift the behavioral health treatment paradigm there from individual therapy to group work, in order to increase patient access to behavioral health treatment and to leverage the small number of clinicians working within the practice.

With any systemic change, there is inevitably resistance, and I was warned that the doctors and the patients would most likely view group therapy as a less desirable treatment choice than individual therapy.

So what did I do, with that prodigious task ahead of me? First, I identified the observable and incontrovertible needs of the practice. Then I worked at developing group solutions that would match these needs, without exceeding available resources.

The most obvious needs were these:

- A large proportion of patients at the practice reported symptoms of depression or anxiety.
- There was a long wait time to see a therapist for individual therapy—sometimes six weeks to two months.

As a result, I decided to offer a “quick-access” group that could hold the different needs of a varied population, offering coping strategies for dealing with depression, anxiety, and stress.

My ideas for this group model were also informed by the group solutions I had observed and practiced. These included my years of learning at NSGP—participating in conferences and training programs—and also my twelve years of experience working at (and for part of that time, directing) a group-based psychiatric day program. It was at the psychiatric day program that I witnessed, day after day, people with very different diagnoses coming together to work on symptom reduction in groups. The norms at that program included a brief-treatment model as well as a diverse group of participants. Also, because of my life-long history of dealing with medical issues, which gave me a natural “patient perspective,” I wanted to offer groups that were “patient-centered,” ones that met more of a patient’s needs, including scheduling and attendance realities.

As a result of all these factors, I eventually envisioned an “open access group” which people could attend as they chose, with a structure that could hold whoever had chosen to attend each session. In addition, I wanted to integrate treatment

modalities I had seen work so well at the psychiatric day program: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Narrative Therapy, and, yes, even elements of Psychodynamic Therapy—with its emphasis on the here and now.

Sound kooky? Unconventional? A mishmash of techniques? A festival of non-commitment?

Well, this group model is happening, right now. Every week, I facilitate four different sessions of the “Coping and Healing” group workshop, with members exercising complete control over when and how often they attend. I have to admit: sometimes, when I see a particular combination of people coming together for a session, I’ll think “Can this really work, with THIS bunch?”

So far, so good.

What makes it all work, no matter who shows up for a session? These elements, I believe:

- A detailed orientation session, which I conduct with each new member.
- A take-home packet, which has the information covered in the orientation session, including the group agreement, informational readings about CBT, and a description of the structure for each group session.
- A weekly homework assignment and log, to maintain consistency and connection, no matter how often somebody attends.
- A consistent and yet flexible structure, which leaves space for people to express where they are, state their needs and goals for the session, work together to identify common themes in the room, focus and work on a particular theme, and get some closure on the work they’ve done together.
- Starting each session with a mindfulness exercise.
- Removing any barrier to flexibility of attendance by transforming the “single member group” eventuality into something positive and special: a “personal training session,” still using the established structure.

Each time I orient a new person to the group and I’m explaining the unusual, unconventional aspects of this group model, I half expect challenges or misunderstandings about how the group works. But somehow, each time, it seems to make intuitive sense to people, who often express gratitude for the flexibility of access and choice.

To end this article, I’d like to quote from the first page in the orientation packet, “The Top 10 Things to Know about ‘Coping & Healing,’” which is also the

group agreement. When I introduce item #8 in that list, I often say, “This is a distillation of everything I know about groups, into one paragraph.” And here it is:

8. One of the most powerful things about working with a group is the realization: “I’m not the only one who feels and thinks this way.” You might also feel different or alone at times. If you do, know that you’re not alone with that, either.

People—no matter what their prior experiences with or assumptions about groups and no matter what kind of symptom relief they are seeking—seem to understand that, too.



Analyze This!

(continued from page 11)

you will be able to deal effectively with the group about similar issues.

The fact that you are adding three new members to the group and that you are also contemplating a different payment system with them is a wonderful opportunity to begin thinking more carefully about your own, as well as the group members’, relationship to money. When you express concern that the new members are asking to be billed monthly for their fees, you implicitly suggest that you have an obligation to comply with the wishes of members rather than setting rules for yourself for your own reasons.

But if you do decide to make a change in the payment policy, it will be useful to announce it before the new members enter the group and to explore the group’s feelings and reactions to the announcement. The discussion will surely continue after the new members arrive, especially once the old members notice the ways the new members are now handling payment. Rather than seeing the change in policy that you are implementing as an added dilemma, it can be seen as an opportunity to put on the table and work through a complicated issue which has already existed in the group for quite some time. Your raising the money issue can serve as a model for the group and help make it a safe place for the “messy, unpredictable and difficult” discussion you anticipate.

Lawrence Kron, JD, PhD



“What Does The Affordable Care Act Mean For My Practice?”

(continued from page 7)

- of BA-level and MA-level services, to fully-integrated BH services coordinated with primary care, pediatrics, gerontology, neurology, oncology, and other specialties.
- The requirement that all providers, including those whose practices may be entirely self-pay, be connected via EHR (electronic health records), hopefully by the start of 2017. Here Dr. Eisman pointed out that a primary mandate for the Behavioral Health Task Force is preparing guidelines for clinicians' connections to healthcare systems. This would address questions about which patient information may be excluded (i.e. remain truly private) and which must be shared.
 - “Alternative payment methodologies” will almost certainly not include payment-by-unit-of-service (“fee-for-service”/FFS), but may include ‘limited FFS,’ capitation, ‘risk-adjusted capitation,’ global payments, and quality bonuses. These structures will not affect payment for a few more years, but they are approaching.

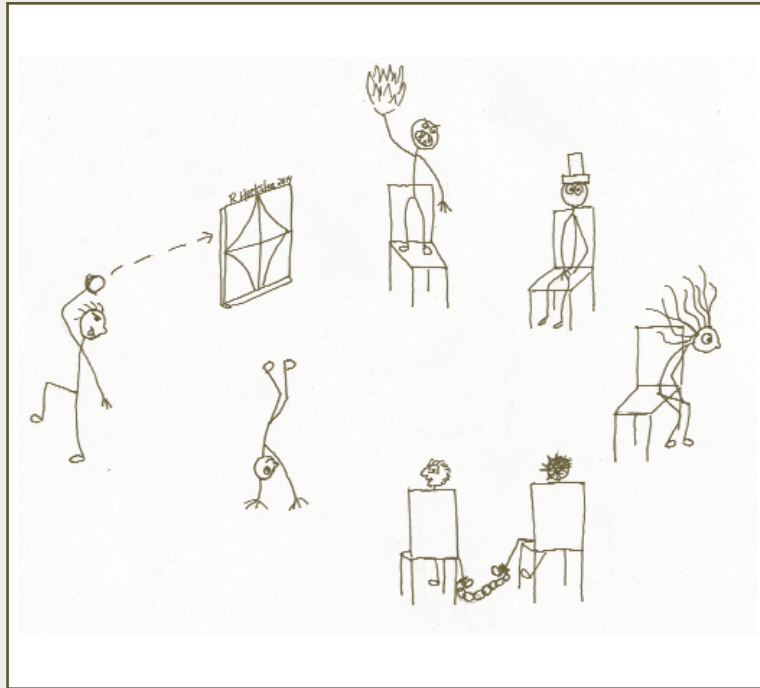
What Do You Do?

The most nuanced area of discussion had to do with ways behavioral health clinicians can become both more visible and more useful to medical systems. This topic called into question the perceived value of many of our traditional in-session pursuits: to facilitate intimacy, insight, communication skills, resource-building, and strengthening of self-structures, self-differentiation, and executive processes. The new behavioral health environment will be looking for clinicians who are more conversant with medically-oriented practice: helping clients with sleep dysfunctions, chronic pain, complicated pregnancies, chronic illness, and psychosomatic aspects of certain medical conditions (e.g. obesity, skin, gastro-intestinal, muscular tension, headaches). These foci are a somewhat distant cry from the work that first attracted us to our field. What should we discard from our familiar traditions? What is worth saving? These questions will challenge us as much as they challenge our patients to change. More than is usual in our work, we will all be required to adapt together.



Caption This!

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



Drawn by Renee Hoekstra

Winners for the Fall, 2013 cartoon

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



Fourth Runner up:

“A buffet of defenses.” —Scott Rutan

Third Runner up:

“So, in our first group meeting, seems like folks are feeling a bit defensive.”
—Bet MacArthur

Second Runner up:

“Why is it so hard to give up defenses? Because some work so well!”
—Debra Filiurin

First Runner up:

“Inky and Stinky, the group contract says you are supposed to talk about your feelings NOT act on them.” —Steve Haut

The winning caption:

“It is amazing how much you can learn about someone from how they say hello.” —Julie Gardner Mandel

Progress Notes

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

📌 **Shoshana Ben-Noam** was a Chair and Panelist at a panel entitled "Women and Leadership—Catching up with the 21st Century: Implications for Group Therapy" at AGPA in Boston in March.

📌 **Steve Cadwell** recently published a book of poems and photos, *poEMEMoir*, which developed into a one-man-show of stories, poems, photos, song, dance and fabulous costume changes. The piece chronicles the arc of his experience in the first generation of gay men, about gender, sexuality, shame, and the healing power of group therapy! He had his debut to a sold-out audience in Concord and many NSGP'ers attended and says "A grand time was had by all."

📌 **Tyler Carpenter** recently reviewed a new publication on ethics in prison psychiatry for *PsycCRITIQUES* and a manuscript on the reintegration of a Swedish prison cohort. He is presenting on his work consulting with a Chinese CAPA student doing a music therapy study in a Beijing prison in April at the Annual SEPI conference in Montreal where they will be using a live Skype link.

📌 **Suzanne Cohen**, a Licensed Nia Instructor, is co-leading a movement class with Claire Willis, sponsored by Facing Cancer Together. It combines yoga and Nia movement for people affected with cancer and caregivers. Suzanne is now on the staff of FCT. She is also leading a Nia workshop at the 11th Annual Young Adult Program Conference at Dana-Farber Cancer Institute in March.

📌 **Eleanor Counselman** was recently elected to serve a two-year term as President-elect of the American Group Psychotherapy Association. She will then become President for 2016-18. She has a chapter called "Attachment Group Therapy" in *The Encyclopedia of Theory in Counseling and Psychotherapy*, edited by Edward Neukrug, and a chapter called "Powerful Therapist Reactions" in the upcoming *Complex Dilemmas in Group Therapy*, 2nd edition, edited by **Lise Motherwell** and **Joseph Shay**. Eleanor gave an all-day course on "Attachment Group Therapy" to the Northern California Group Psychotherapy Society in October, taught a workshop called "Affect in Supervision" in November for the EGPS in New York, and presented "Helping Stuck Couples: An Attachment Perspective on Negative Cycles" at the Harvard Medical School/Cambridge Hospital "Treating Couples" conference in November. On the personal side, last summer she and her husband took a wonderful hiking trip in the Canadian Rockies.

📌 **Bette Freedson** will be a presenter at the MA NASW symposium in April, speaking on the topic "Enhancing Your Practice and Your Clients' Lives with Groupwork." She is also expecting her first book, *Soul Mothers' Wisdom/Seven Insights for the Single Mother*, to be published in 2014.

📌 **Jerry Gans** will be leading the National Instructor Designate Institute section and will be co-presenting an Open Session on "Humor in Group Therapy, No Laughing Matter" at the 2014 Annual Meeting of AGPA. Jerry also wrote the lead article in the January 2014 issue of the *International Journal of Group Psychotherapy* entitled "What an Understanding of the Dynamics of Gossip Has to Teach About Group Dynamics and Group Leadership."

📌 **Nancy Goldner** has published *Living Solo: A Practical Guide to Life On Your Own*, a self-help book now available at independent bookstores and online. On the same topic, she gave a clinical presentation at the December NSGP Breakfast Club entitled: "Attachment Theory and Living Solo: Single Adults" that highlighted the important role group psychotherapy plays in the physical and emotional well-being of single people.

📌 Last fall, **Karin Maria Hodges** taught "Psychotherapeutic Interventions" and "Tests and Measurements in Psychology" at Antioch University New England. She also launched her private practice treating children and teens, and offering parent support and psychotherapy groups, and consultation to K-12 schools. She and her husband are enjoying time with their son and considering adding a second pet!

📌 **Barbara Keezell** led a two-day Institute at this year's AGPA conference entitled "Projective Identification and Countertransference." She also participated in the Redwell Theatre's performance of *The Great God Pan* at the same conference. In addition, she served as co-chair, along with **Theresa Bullock Cohen**, of the local arrangements task force for AGPA's conference in Boston.

📌 In October, **Larry Kron** led a discussion at a meeting of the Rhode Island Chapter of the ALS Association on the subject of "The Impact of ALS on Family Relationships." In March, he presented a workshop at the AGPA conference in Boston on "Money and the Therapist's Countertransference."

📌 **Oona Metz** enjoyed leading a workshop at EGPS last fall and ran her first AGPA two-day Institute in March. She gave talks about her Divorce Support Groups in January and February, continues to run women's groups and is pleased to be doing more supervision of groups in her private practice.

📌 **Lise Motherwell** has been reelected as Treasurer of AGPA for the 2014-2016 term. **Joseph Shay** and she have a new edition of their co-edited book, *Complex Dilemmas in Group Therapy: Pathways to Resolution* coming out in June, 2014. Many NSGP clinicians have made contributions to the book, which includes chapters by **Scott Rutan, Eleanor Counselman, Bob Weber, Marsha Vannicelli, and Libby Shapiro**. As part of the Leadership Track at AGPA, Lise presented "Less Lonely at the Top: Strengthening Ties and Group Leadership Skills" with organizational consultant Gretchen Schmelzer.

📌 **Joe Shay** presented "Formulation and Interpretation in Action" to the MGH/McLean Residents and also to the Boston Healthcare for the Homeless Program. Joe also presented "Betrayal in Relationships: Infidelity and Couples Therapy" to the PCFINE second year class followed by "Couples Gone Wild: The Top 10 Complications in Couples Therapy," which he also presented at the Annual AGPA Conference. He will present this last offering at the Annual NSGP Conference in June, where he will also lead the second year of a two year Experience Group. Joe led off the Annual PCFINE Faculty Dinner with a presentation entitled, "Fifty Shades of Infidelity: Well, One Anyway." And in April, at the PCFINE Open House, Joe will chair a panel entitled "Are We Modern Enough to Treat the Modern Family?" In May, he will be the keynote presenter at the Carolina Group Psychotherapy Society where he will present "Projective Identification Goes to the Movies."

📌 Last Spring at his University's reunion, **Bob Weber** and his classmates gave a panel discussion entitled, "Positive Aging: Talking to Our Parents, Talking to Our Children, Talking to Ourselves." In October and February, he presented Haber Lectures on the topics of loss, grief, and resilience for the MGH Senior HealthWISE program. In January, Bob led the NSGP Breakfast Club discussion, "Is There a Place for Spirituality in Group Therapy?" and at the March 2014 American Society on Aging's National Conference, Bob was honored as the recipient of the Society's FORSA Award (Forum on Religion, Spirituality and Aging) for his contributions to the exploration and integration of religion, spirituality and aging and for his impact on meeting the religious and spiritual needs of older adults. He and his co-author, Carol Orsborn, have begun to market their book *The Seeker's Guide to Aging: A Spirituality for Baby Boomers*.

📌 **Marianne Zasa** is closing her clinical practice at the end of June. She will miss the work with clients but is excited about discovering new interests in this next chapter. She hopes to see many of you at NSGP events in the future.

Congratulations
to **Cecil Rice** for his award from Harvard Medical School for outstanding teaching over 20 years.

📌 **Scott Rutan** will be leading the Advanced Training Workshop in May for the Canadian Group Psychotherapy Association in Toronto. Scott, **Joe Shay**, and Walter Stone have just published the 5th Edition of *Psychodynamic Group Psychotherapy*.

📌 In October, **Sharan Schwartzberg** was a guest group leader at the Mid-Atlantic Group Psychotherapy Society Fall Conference in Maryland. She also published an article, "Principles of Occupational Therapy Group Outcomes Assessment in Mental Health" in *Occupational Therapy in Mental Health: A Journal of Psychosocial Rehabilitation and Research*.

📌 **Elizabeth (Libby) Shapiro** and **Rachel Ginzberg** contributed a new chapter in **Joe Shay** and **Lise Motherwell's** 2nd edition of their book, *Complex Dilemmas in Group Therapy*, entitled, "Extraordinary Circumstances in Group Therapy."

📌 **Marsha Vannicelli** presented a workshop at the American Group Psychotherapy meeting in Boston entitled "Ending: When the Going Gets Tough." In addition, this spring she will have an article in the IJGP entitled "Supervising the Beginning Group Leader In Inpatient and Partial Hospital Settings," as well as a chapter in *Complex Dilemmas in Group Psychotherapy* by **Lise Motherwell** and **Joe Shay**: "Managing Substance Abuse Issues in Groups? Not Specifically for Substance Abusers."

NSGP Foundation Poker Party



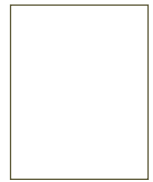
Donald Wexler, Joel Krieg, Kathy Ulman & Marc Bolduc



Kathy Ulman & Marc Bolduc



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



Group Therapy: “What’s Affect Got to Do with It? Connection in Group Therapy”

NSGP’s 33rd Annual Conference!
 June 6, 7 & 8, 2014

2014-2015 NSGP Events Calendar

Mar. 23, 2014	Breakfast Club 11-1:30 –with Maxine Sushelsky, LMHC <i>What’s Grief Got to Do with It: Traveling through Loss with Clients</i> Hosted by Julie Anderson –Brookline
Apr. 13, 2014	Breakfast Club 11-1:30 –with Joel Krieg, LICSW <i>Transitions in Group Leadership</i> Hosted by Joyce & Walker Shields –Belmont
June 6-8, 2014	Register Early! Register Online! What’s Affect Got to Do with It? Connection in Group Therapy 32nd Annual Northeastern Society for Group Psychotherapy Conference
Sept. 21, 2014	Breakfast Club 11-1:30 –with Renee Hoekstra, PsyD <i>Adolescent Groups in Private Practice</i> Hosted by Arnie Cohen –Newton
Oct. 26, 2014	Breakfast Club 11-1:30 –with Ann Koplou, LICSW <i>Come One, Come All, Whenever!: Open Access Groups at a Hospital Primary Care Practice</i> Hosted by Marsha Vannicelli & Larry Kron –Cambridge
Dec. 7, 2014	Breakfast Club 11-1:30 – with Tfawa Haynes, LICSW <i>Shades of Black: Challenges and Revelations that Arise in Running Groups of Marginalized Populations</i> Hosted by Scott Rutan –Chestnut Hill
Jan. 11, 2015	Breakfast Club 11-1:30 –with Sara Emerson, LICSW, CGP, FAGPA <i>How Much Is Enough? Termination from Group Therapy</i> Hosted by Eleanor Counselman –Belmont
Mar. 22, 2015	Breakfast Club 11-1:30 –with Ari Shesto, PhD <i>Intro to Acceptance Commitment Therapy (ACT): Dose of Science, Pinch of Mentalization, and Liberal Measure of Good Old Therapy</i> Hosted by Jim Leone –Belmont
Apr. 12, 2015	Breakfast Club 11-1:30 –with Jennifer Leigh, PhD <i>Emotionally Focused Therapy for Couples in a Time-Limited Group: Fostering a Secure Bond between Partners</i> Hosted by Walker & Joyce Shields –Belmont

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