



Letter from the Co-Presidents



Dear Friends and Colleagues,

We are writing this in December 2020. It barely needs saying, but 2020 has been a strange year; indeed the hardest that we can remember. The Coronavirus Pandemic, politics, and social unrest have made 2020 a year we won't forget. We hope these sobering realities spur us to address their impact on our own PCFINE community.

Knowing that this letter will be published in our newly reincarnated Newsletter makes us hopeful for other good things to come in 2021. It's hard to believe that our last Newsletter was published in 2016, and we are excited to see the newsletter start again.

Despite the trials and tribulations that 2020 threw at us both individually and collectively, we are happy to report that PCFINE has been able to pivot quickly and continue to offer programming, training, and community support.

We want to take this opportunity to update you on the successes of the past year, and peek ahead to a brighter 2021.

First of all, our Institute Administrator **Alice Rapkin** has been a rock of stability during this turbulent period. This comes as no surprise to anyone who knows Alice. During last year's "Covid Spring" which seemed to never end, Alice helped figure out how we could keep going when many aspects of our institutional life were upside down. Thank you, Alice, for your dedication and untiring support this past year.

We also want to tip our collective hat to **Linda Camlin** who finished her term as Co-President this past fall. During her time in office, Linda guided PCFINE to greater organizational stability which helped it withstand the strains of the past year. Paul especially appreciated Linda's generosity of spirit that made working with her a joy from beginning to end. We are fortunate that Linda will be continuing in her role as a co-coordinator in the Training Program.

Rachel Barbanel-Fried became Co-President in October 2020.

Dan Schacht has been named President-Elect and will step in for Paul in October 2021.

This past fall we were delighted to welcome our new Treasurer, **Dasha Tcherniakovskaia**, who is taking the financial reins from **Magdalena Fosse**. We were also excited to welcome **Dina Pasalis** as our new Secretary, taking over from **Dan Schacht**.

Our prized **Couple Therapy Training Program** has been thriving even during these difficult times with both first and second year fellowship classes. We've learned as individuals as well as a community how to transition our work, study, and social lives from in-person to online. The Training Committee has been helping faculty review and revise the curriculum to address more fully the role of race and racism in the lives of couples and families and in our clinical work. We want to thank the fellows for their grace, patience and flexibility as we muddled through this particularly difficult transition to online education. Also a huge thank-you to our devoted faculty and consultants as they have tackled these new challenges with aplomb.

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The **Diversity Committee**, our newest committee, is in full swing. This past fall saw an online discussion of the documentary, "Black Psychoanalysts Speak," initiating a conversation about inclusion and diversity at PCFINE. In early 2021, the committee will sponsor a series of online discussions, "Seeing Color," with readings that focus on unconscious bias, white privilege, and the importance of addressing race personally and professionally. They are also planning online discussions about initiatives that individuals can pursue to express their commitment to social justice.

The **Program Committee** spent the first half of the 2019-2020 academic year getting ready for the program co-sponsored with William James College and the Massachusetts Institute for Psychoanalysis (MIP) entitled "Parent-Child Attachment from Infancy

PCFINE Newsletter

Co-Editors	Jennifer Stone, PhD Sally Bowie, LICSW
What Now?	Randy Blume, LICSW
Member News	Dasha Tcherniakovskaia, LMHC
New Members	Rachel Segall, LICSW
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PCFINE Board

Co-Presidents	Paul Efthim, PhD Rachel Barbanel-Fried, PsyD
President-Elect	Dan Schacht, LICSW
Secretary	Dina Pasalis, LICSW
Treasurer	Dasha Tcherniakovskaia, LMHC

PCFINE Mission Statement

The Psychodynamic Couple and Family Institute of New England (PCFINE) is a nonprofit organization offering post-graduate professional training, public education, and consultation to community agencies.

PCFINE was created and is sustained by mental health professionals who are committed to an integrated conceptual model that includes psychodynamic ways of understanding unconscious functioning in couples and families and systemic insights into the organization and structure of interpersonal conflict.

The Psychodynamic Couple and Family Institute of New England endeavors to:

- Train licensed independent clinicians in psychodynamic couple and family therapy,
- Sponsor public outreach and education in areas of significance to couples and families, and
- Offer professional consultation to community-based agencies.

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Welcome from the Co-Editors



Welcome to the re-launch of the PCFINE Newsletter! After a 5-year hiatus, we are resuming publication of our biannual Newsletter, with the intention of connecting all of us to each other and to the many exciting elements of our vibrant organization.

The original 10-issue Newsletter was co-edited by the exceptional team of Eleanor Counselman and Dan Schacht, with contributions from Randy Blume, Rachel Segall, Helen Hwang, and numerous other writers. And, of course, the incomparable Alice Rapkin. The original newsletter conveyed the rich array of stimulating programming, education, and discussions occurring within PCFINE. We are deeply grateful to Eleanor and Dan (and more than a tad intimidated) for showing us what a superb newsletter can be. THANK YOU, ELEANOR & DAN!

Our aim is a more modest one: twice a year, the Newsletter will present a feature article; highlight our much loved "What Now?" column; introduce new Members and Fellows; chronicle our learning activities; discuss clinical

topics of urgent interest to couple and family therapists; and provide some fun. Our Co-Presidents will give us an overview of PCFINE, along with a digest of recent events. There will be a list of PCFINE committees and whom to contact when you are ready to join one. We will highlight upcoming events. We hope you will share your professional and extra-professional news so that all of us can come to know you better.

Essential to this undertaking will be editors Randy Blume ("What Now?"), Dasha Tcherniakovskaia (Member News), Rachel Segall (New Members), David Goldfinger (Cartoon Captioning), Helen Hwang (writer), our Co-Presidents, and of course, Alice Rapkin. *We will need your help, too.* Let us know if you would like to write an article, summarize a PCFINE event, contribute Member News, or anything else.

The Covid era has highlighted what has always been true: we need our Connection to one another.

Read on!

Jennifer & Sally

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Co-Editors, PCFINE CONNECTION

Ten Recommendations to Make Virtual Couples Therapy More Effective: How to Make a Virtue of Virtual

by Joseph Shay, PhD

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All of us are living in this unexpected pandemic universe and, for the couples therapists among us, we are trying to adapt in our professional work to continue to make a difference. It has certainly not been easy, especially initially when I, along with many of you, found the work to be extremely draining and not only less effective but less gratifying than in the office. But I think I share with many of you that we have been able to adapt to the experience, to learn from it, and to provide useful treatment to many couples with whom we've continued our work. During that process, like many of you, I have learned certain lessons which I am glad to share with you in the form of 10 recommendations to consider that may enhance your virtual couples therapy.

1. Trust that couples therapy can be successful done virtually.

Prior to the coronavirus shutdown, I would have quickly told you that virtual sessions for couples would be a watered-down version with little opportunity for significant benefit and less chance for deep work. But, after some trial and error, I learned that I would have been wrong. As most of us have discovered, it is possible to meet virtually and intervene effectively with couples. As suggested above, there may be elements of communication that enhance the craft of virtual couples therapy because they take into account the particularities of the modality and address them.

2. Ask the couple to call in from separate devices, if possible.

When the couple is in the office, it is relatively easy to have them speak to one another instead of always to the therapist. We can ask them to do this directly or signal it

through a physical gesture pointing to the other, or even just by adjusting our gaze. However, in virtual couples therapy we are not only robbed of these options (except for asking it directly) but if both members of the couple are looking at the same screen, the metacommunication is to speak to the therapist. Perhaps half the couples I treat call in from separate devices at my encouragement, even if sitting in adjacent rooms, and this metacommunicates more actively that they should talk to one another.

3. Recognize the loss of the gaze and adapt to it.

One of the single greatest lessons of virtual therapy, because of its absence, is the centrality of the gaze. Yes, we knew we directed our gaze at the person or people in the room, but how aware were we of how much our gaze communicates presence, expresses sympathy and empathy, contains anxiety, and suggests we are ready to move on? Without the gaze as without attendant nonverbal gestures, we mitigate our ability to communicate effectively, to pace the session, or to readily orchestrate the distribution of attention we strive for. The therapist also has less of a feeling for the energy level in the interaction when there is little body language to connote the energy level or engagement level. Here are a few ideas to accommodate to this, many of which you may have already adopted with increased experience.

4. Use speaker view and/or "pin" the couple and ask them to "pin" your video.

There are different viewing options on virtual platforms and, if the couple calls in

from the same computer, the therapist is encouraged to pin the video of the couple which places them full-screen (and please use the Full Screen option) and they stay there. (If they call in from two different computers, then I suggest Gallery View but hide your self-view so it is just the two of them on your screen, and if each hides their own self-view, they are then effectively speaking to their partner and to you.) This simple step more closely mimics what occurs in the office because the therapist is speaking to the members of the couple without being distracted by looking at him/herself, and they are similarly looking at you, full screen.

5. Request, overtly, that each partner talk to their partner directly because they cannot discern from your eye contact at whom you are looking or who should speak to whom.

We sometimes do this in the office but it is more crucial in the virtual arena since our desires cannot be readily communicated non-verbally.

6. Say the names of the couple aloud more frequently than in the office because there is no body language to note to whom you are speaking.

This simple step will also make you more aware of how you are distributing your attention in the session. How you distribute it is, of course, a matter of technique based on your assessment of the needs of the couple from session to session.

7. Keep time aloud since the couple may not have clocks handy.

In the pre-Covid era, most therapists had a visible clock in the office to signal time but in this era we have to compensate for the lack of a visible clock.

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What Now?

The “What Now?” column will be a regular feature in the PCFINE Connection. Clinicians in the PCFINE community respond to complex clinical questions about couple and family therapy. The cases presented are based on a variety of issues submitted by members and disguised and/or fictionalized to preserve the confidentiality of clients. If you have a question you would like considered for this column—or if you would like to become a respondent—please contact Randy Blume at randy@tashmoo.com. Case vignettes and responses range from 500-700 words.

Dear What Now?

I had seen Barry and Marla, a professional couple in their mid-forties, for six sessions when the pandemic lockdown ended in-person therapy. They had been married for fifteen years and had an eleven-year-old daughter and an eight year-old son. The presenting problem was Marla’s “profound disappointment” that Barry wanted to quit his software job to start a custom hot sauce business. She was upset and angry. Though she made a good living now, she had grown up with financial insecurity and viewed Barry’s desire to give up his career as the beginning of his “descent into mediocrity.” She had ceased finding Barry attractive as a sexual partner, and she was questioning whether she wanted to remain married to him at all.

Barry’s response to Marla’s antagonism was to dismiss it. Though “disheartened” that she didn’t believe in his hot sauce idea, he insisted they loved each other and were NOT getting divorced, that Marla was “just being dramatic.” Marla quietly and witheringly explained why Barry was a “patronizing prick.” Barry responded by pulling her close and nuzzling her neck until she quieted.

We quickly identified their pattern: Barry would alienate Marla by doing something he knew she would hate. Marla would threaten divorce. Barry would woo Marla until she softened. At home, these episodes usually ended with passionate sex. I saw their capacity for repair as hopeful, and we got to work exploring their attachment histories, their communication styles, and their marriage and lifestyle goals and dreams. When the world went virtual, they declined to continue remotely but promised to keep practicing the skills they had learned in therapy.

***“I fear I am a coward...
I dread our next session.”***

Fast forward six months to an email from Barry. He and Marla were having trouble “communicating” and needed my help. I emailed them the telemedicine informed consent, and we reconvened by video.

They logged in from the kitchen table. Marla said she needed to vent, and she needed my help making the “supercilious sycophant” understand. Her voice rose as she spoke. Barry had left his job, and she was now the only person in the family with an income. That meant Barry had to pick up the slack so she could work. He could not lounge on the couch eating (cannabis) gummies and playing video games while their children ran wild and the household fell apart. Did Barry comprehend that Marla was tired of being married to a child? That she really would leave?

By this point Marla was shouting, and, when she finally took a breath, I heard a little voice yell, “be quiet, you loud idiots!” Very calmly (because I was decidedly not calm), I asked Marla and Barry where the children were. Barry turned the laptop so I could see that the kitchen was open to the living

room and that both kids were on the couch. I opened the chat function of the telemedicine program and typed that I needed them to move somewhere private. They replied (verbally) that the kids were watching a movie and “not paying attention.” That was when the daughter started walking toward the computer and asked who they were talking to. “Our therapist,” Barry said, as I toggled off my camera. Barry turned the daughter around and led her back to the couch. “Are you getting divorced?” she asked. “If you don’t want us to get divorced,” Marla yelled across the room, “give us fifteen more minutes to finish our appointment!”

I fear I am a coward, What Now. I logged off before turning my camera back on and sent an email telling them I understood how hard it was for them to find privacy during this profoundly challenging time. I would be happy to continue working with them if/when they could guarantee that the kids couldn’t see or hear us. They replied that they would log in from their car in the driveway next week. They said I owed them fifteen minutes since I had been the one to leave the session early. They said the pandemic was very stressful and they expected me to be more empathic to their situation. I haven’t replied yet.

I know that with time and privacy I can help this couple. But helping them would mean doing a different kind of work. Now that their children have witnessed our session and I have witnessed how they speak in front of and to their children, we would have to address it. And I would have to address my own anger about being put in this position because, frankly, I am furious. I dread our next session. What now?

***Sincerely,
A Very Troubled Teletherapist***

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What Now?

(continued from page 4)

Dear A Very Troubled Therapist,

What an unfortunate set of circumstances for the five of you. It seems there are several key issues to address before and IF this work can continue.

The first, of course, is anger—yours, theirs, and the children’s. You feel used, and that is an awful feeling. As you rightly point out, until that feeling is resolved you will not be able to fully engage with the couple. It is unclear if Marla really wanted to resume therapy or if she were just looking for validation (by venting) that she, as the sole breadwinner, was being unduly burdened with household chores. Barry’s passive tactics to mollify her are clearly no longer working. And the children are living with the fear that if their parents divorce it will be their fault.

"Everyone is struggling with the way the pandemic has upended our lives, professionally and personally."

If you decide to have a next session, I suggest you model for them how adults manage anger appropriately. Be clear and direct that you felt misled by them and that it is your professional responsibility to do no harm. Consequently, you could not ethically allow the session to continue within earshot of the children. That is why you ended it early. You do not owe them the fifteen minutes, but you do owe them an explanation regarding your behavior.

Along with addressing the anger, there needs to be some forgiveness. Everyone is struggling with the way the pandemic has upended our lives, professionally and personally. We are all learning how to navigate teletherapy in real time. Entering this couple’s home—even virtually—took you out

of your comfort zone. Own your mistakes, and reestablish yourself as the person in charge. Set ground rules for going forward. Some therapists have found that having couples on different screens and in different rooms gives them a bit of space so they aren’t crowding each other out.

Your dread will impede your ability to align with Barry and Marla. If you can’t get beyond that feeling, then I recommend not resuming therapy with them. Marla could benefit from some individual work, as could Barry. Individual therapy might be a less volatile place for one or both of them to start.

Finally, while your belief that you can help them is crucial to the treatment, it might also be blinding you to how dysfunctional their relationship is and how entrenched they are in their patterns. From what you’ve reported here, I find little to support your optimistic outlook that the marriage can be saved. Maybe everyone needs to step back and decide what they really want before you can proceed with certainty that you are all on the same page.

Maggie Mulqueen, PhD
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Dear A Very Troubled Therapist,

Oh, boy. Your couple brings back so many memories of my own work, some pretty recent, all painful. I suspect a great many of your colleagues (myself included) would feel much of what you feel—fearful, angry, overwhelmed, wanting to flee, dreading the next episode, wishing you’d gone to law school, even dental school. This is not to deny that your (our) own history plays a part in the particular quality and intensity of your reactions—which, of course, it always does—and that some “reflective” activity on your part might well give you needed emotional distance from

the situation. Why am I so angry, you could ask yourself. Am I feeling powerless? Incompetent? Does conflict unsettle me? Am I identified with the innocent children? Why did I need to flee? What feelings were stirred in me that felt otherwise unbearable? As for your concern about the kids, I would tread carefully. If you are able to help the couple, you will be helping the kids.

"I cannot charge a patient for my inability to bear a difficult moment."

I find myself not liking either of these people very much. I’m turned off by the way they relate to each other and by their indifference to how it impacts the kids. I don’t work well with people I don’t like, so my first order of business would be to develop an empathic connection to them, to look beneath how they present in order to understand with what each is struggling. The more I am able to understand the roots of these struggles, the more likely I am to feel WITH and FOR them as opposed to feeling ABOUT them.

In order for me to do this, I must know those aspects of their backgrounds that appear to have been activated in their relationship. What accounts for their longings? Their fears? What is being sought, and what is being avoided? And how are these findings the natural and understandable outcome of their histories? In short, I have to get to know them.

Regarding their demand for the shortchanged time—I would honor it. I cannot charge a patient for my inability to bear a difficult moment. My guilt and embarrassment cannot become their burden to alleviate. I need to take responsibility for ending the session prematurely—but NOT in a self-flagellating way. A supervisor of

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Introducing PCFINE Training Fellows

YEAR I FELLOWS

Kathy Bolgatz, MD

Kathy is a psychiatrist in private practice in Winchester, where she uses psychodynamic, relational, and mindfulness approaches to psychotherapy, with medication management as needed. She also has a keen interest in group psychotherapy. Originally from Kentucky, Kathy came to this area for a psychiatric residency following a mid-life career change. Kathy enjoys walks with her husband, reading histories, and gardening.

Tracy Clemente, LMFT

Tracy's 9-year career as a psychotherapist includes working closely with Dept. of Children and Families, in a nonprofit organization, working in integrated primary care, observing relationships in confined spaces (correction facility), and she is trained in EFT and EMDR. Tracy is taking on more couples in her caseload. She enjoys systems theories and works with people of all ages and backgrounds.

Madeline (Maddie) Freeman, LICSW

Maddie spent 2 years at Cambridge Health Alliance working with low-income and medically complex older adults. She now works in a psychodynamic, relational group practice in Cambridge and Boston. Maddie grew up in a co-housing community and, as a result, loves running therapy groups. She is passionate about musical theater and is co-editor of NSGP's newsletter.

Christine (Chris) Kaplan, LICSW

Chris has practiced clinical social work since 2003. Experienced in both family systems and psychodynamics, Chris conducts psychotherapy with individuals of all ages, couples, and families at her private practice and through Clinical Alliance Services. Chris utilizes CBS and DBT skills in her work, and she is certified in Brief Strategic Family Therapy.

Stella Kleinbock, LMFT

Stella immigrated from the former Soviet Union 3 decades ago, and was a software engineer before earning her Master's degree in Marriage and Family Therapy. Stella's current clinical work is at the NeuroPsychology Evaluation Clinic in Brighton. Stella has received advanced training and is pursuing certification in sex therapy and Emotionally-Focused Therapy. She enjoys treating individuals as well as couples and families.

Jeffrey Lucero, PMHNP-BC

Jeffrey is a psychiatric nurse practitioner providing medication management and psychotherapy for children, adolescents, and adults in his Melrose and Cambridge practice locations. Jeffrey has obtained advanced training in psychodynamic forms of therapy from local psychoanalytic institutes. His interest in family and couple work has grown through his clinical work as well as through his own growing family.

Liza Berkowitz Mazo, LICSW

Liza specializes in trauma, perinatal mental health, and infertility. She has a private practice in Jamaica Plain and consults to IVF patients using ovum/sperm donors or gestational carriers. Before starting her private practice, Liza worked in hospital clinics and at the Middlesex County Juvenile Court Clinic. Liza enjoys baking, tending her vegetable garden, playing the piano, and chasing her young sons.

Joseph (Joey) Prever, MSW

Before studying social work, Joseph was a high school teacher for four years and then a software developer for ten. He currently practices individual and couples therapy at a group practice in Needham and as a postgraduate fellow with the Psychotherapy Institute of Back Bay.

Laurie Stein, LICSW

Laurie hails from New York City, where she lived most of her life, trained as a clinical social worker, and worked in private practice. There she undertook intensive training in psychoanalytic psychotherapy. Laurie and her family relocated to Providence, RI where she re-established her private practice and continues to treat adolescents, young adults, and adults in individual, couple, and family modalities.

YEAR II FELLOWS

Kasia Coulter, LMHC

Kasia has over seven years of experience as a mental health clinician in a variety of settings. She works with individuals and couples using primarily cognitive behavioral and family systems approaches. As a fellow in the Psychotherapy Institute of Back Bay, Kasia is building the skills and experience base required for psychodynamic practice. She sees clients at PIBB and at Riverside Community Care Center in Newton. Kasia is married and a mother of three grown children (20, 21 and 25). She loves to exercise and to involve herself with anything related to construction and remodeling.

Adeline (Addy) Dettor, MSW

Addy is originally from rural Vermont, and she and her partner currently live in the Cambridge area. She enjoys reading and cooking as relaxing hobbies, and singing and hiking as enlivening ones. She has felt drawn to the art and profession of psychotherapy for years and is delighted to add couple and family work to her interests.

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Introducing PCFINE Training Fellows*(continued from page 6)***Sherry Dickey, PhD**

Sherry moved to Massachusetts in 2018, after living in Texas her entire life. She completed psychoanalytic training at The Houston/Galveston Psychoanalytic Institute (now called CFPS) in 2004. She has been in private practice for 30 years. Sherry has two grown, married children and 3 grandsons. One set lives in Massachusetts and one in Brooklyn, hence her move east. Sherry plays the ukulele and is an avid gardener.

Meredith Goldsmith, LICSW

Meredith has been a social worker in Massachusetts for 20+ years. In her former life, she worked as an ESL teacher, an HR Business Partner for a multimillion-dollar corporation, and as a facilitator/trainer in the Office of Diversity and Civil Rights for a public transportation agency. In addition to her formal training, Meredith holds certificates in group psychotherapy and psychodynamic psychotherapy. Meredith has previously lived in NYC, Spain and Italy

Krissy Goodman, LMFT

Krissy has her JD, making her one of several PCFINE members with law degrees. More recently, Krissy earned a Master's degree in counseling psychology and is licensed as an LMFT and LMHC. She has lived on the west coast, in the middle of the country and now divides her time between Boston and the North Shore. She enjoys living close to the Atlantic ocean and her family.

Barbara Kellman, MSW, JD

Barbara has both a social work degree and a law degree, and she has practiced family law and mediation, and health care law for the past 34 years. She has also received training in family therapy, couple therapy, IFS and DBT. Currently, Barbara provides couple and individual therapy under the auspices of the Psychotherapy Institute of Back Bay, and she practices mediation through SneiderKellman PC. She lives in Brookline with her husband and two cockapoos.

Elizabeth (Bizzy) Lucey-Lenahan, LCSW

Bizzy recently earned her social work degree from BU. She has worked in the areas of residential treatment, eating disorders and trauma. She too is providing therapy through the Psychotherapy Institute of Back Bay, as well as at Children's Friends and Family. Bizzy is also a yoga instructor. Along with her passion for yoga, she enjoys camping, playing cards, drinking coffee and spending time with her niece and nephew.

Alistair McKnight, PsyD, LMHC

Alistair is from England and received his graduate training at the University College London. In 2005, he moved to Boston and continued doctoral work at BGSP before becoming a graduate of the ATP program at BPSI. In June, 2019, Alistair graduated from BPSI as a full-fledged psychoanalyst. He has a private practice in Cambridge. Alistair is an editorial associate for the *Psychoanalytic Quarterly* and an active reviewer for the *International Journal of Psychoanalysis*. He loves to cook, enjoys woodworking and woodcarving, and practices yoga but has little time for hobbies as he and his wife, Danielle, had baby Winnie in April of 2020.

Committees And Contacts

PCFINE committees are always looking for your ideas and your participation. Please contact the chairs to share your thoughts or to join. They will be glad to hear from you.

Brunch Committee Chairs:

Penny Moore and Magdalena Fosse
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Diversity Committee Chair:

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Technology Committee Chair:

Joe DeAngelis
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Member News

■ **Nina Avedon**—Two of my poems were published in the October, 2020 issue of *Leon Literary Review*, an online magazine, and another one of my poems was just accepted for publication by *JAMA* for their poetry and medicine column for their online and print March 23, 2021 issue. I cited PCFINE in response to *JAMA*'s request to provide a professional affiliation. I hope the publicity is followed by a flurry of interest in our organization.

■ **Sally Bowie**—At the end of June, 2020, I retired after a 53-year career as a therapist. Because of Covid, it was an intense, interesting, and unexpected way to end my practice, all done virtually. My reward was the birth of our first grandchild that same month.

■ **Shelley Brauer**—I had planned to retire in March 2020 and was in the process of terminating with my patients. Once it became clear that it made more sense for me, as well as for my patients, to continue meeting through the disruption of life the pandemic had created, I postponed my retirement. I wrote a flash personal essay called "The Click of a Mouse" to capture the experience of ending over Zoom. Termination "take two" is scheduled for this March, and I know the essay I wrote in anticipation of the end will resonate equally the second time around.

■ **Ruth Chad**—I am working on a book of poems.

■ **Eleanor Counselman**—In November 2019 I was awarded the American Group Psychotherapy Association's Distinguished Fellow designation, AGPA's highest honor. In May 2020 I received a Lifetime Achievement Award from the Northeastern Society for Group Psychotherapy (NSGP). I just completed four years as President of the AGPA and look forward to having more time for PCFINE involvement again.

■ **Lisa Davis**—I am pleased to have been elected a Member at Large on the DIV39 (Division of the APA) Board (Section VIII) beginning January 1, 2021. Section VIII is dedicated to promoting the understanding and treatment of the psychological needs of couples and families, within a psychoanalytic framework. I was the recipient of a Scholar Award from Division 39 a few years back, which provided me with access to a scintillating group of psychologically-minded professionals.

■ **Magdalena Fosse**—I am anticipating the release of my book *The Many Faces of Polyamory: Longing and Belonging in Concurrent Relationships* by Routledge in March 2021.

■ **Jerome Gans**—My book, *Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples*, will be published by Routledge Press in the summer of 2021.

■ **Susan Hurwit**—Before the pandemic, I performed my story "The Space Between Human Beings" at 15 storytelling venues and competitions in the Boston area (and won a few). The story was in part a re-enactment of play therapy with a young boy with Autism. I had an article entitled "Finding The Perch: Psychotherapy During Mutual Uncertainty and Grief" published on www.psychotherapy.net.

■ **Keith Irving**—I wrote a paper, "The Role of Humor in Priming Intersubjectivity," that appeared as the lead article in the July 2019 edition of *Psychoanalytic Psychology*. More importantly, in June 2020, my son, Duncan, and I set out for Austin, Texas, on an extraction mission to bring my daughter, Lizzie, and her dog, Lila Bean, home. It was impossible for her to fly or drive back east on her own. So, I rented a 30' RV and, with Willie Nelson's "On the Road Again" blaring, we covered 4200 miles in 8 days. We

were self-contained and on lock-down, with my wife, Linda, and our dog, Nora, holding the fort at home. All told, there's just nothing like a desperate mission of a road trip that ends well during a pandemic.

■ **Barbara Kellman**—I was a co-presenter at the Annual Institute of the Massachusetts Council of Family Mediation of a talk entitled "When Living Together is the Best Option: Helping Clients Build a Sturdy Framework so Things Don't Fall Apart." We addressed legal and communication issues related to couples who are either choosing to live together before or instead of marrying as well as couples who must live together during or after divorce for financial reasons.

■ **Penelope Moore**—I wrote January's featured paper on the BPSI website, entitled "Incest From a Young Age....Lasting a Lifetime."

■ **Irene Piryatinski**—I just became a board-certified neuropsychologist and expanded my practice.

■ **Daniel Schacht**—I have tried to manage pandemic stress by listening to more Reggae and Jazz as well as by doing more drawing and journal writing.

■ **Joe Shay**—I had an article entitled "Terrified of Group Therapy? Investigating the Obstacles to Entering or Leading a Group" accepted for publication in an upcoming issue of the *American Journal of Psychotherapy*. I will also be chairing an Open Session entitled "Shame and Humiliation in Group Therapy: Be Careful What You Wish For" at the February 2021 AGPA annual conference. At the same AGPA conference, I will also serve as the Co-Chair of the Institute Committee. Finally, in April 2021, I will lead a weekend Experience Group in Portland, Maine, for a group of senior clinicians who have been meeting for more than 30 years.

■ **Alexandra Vozick Hans**—I was promoted to Assistant Clinical Professor In Psychiatry at Tufts University School of Medicine.

New Members

PCFINE welcomes these new members to our community. Three have introduced themselves below. We look forward to getting to know each and every new member.

Gina Arons, PsyD
 Gloria Barbacoff, LICSW
 Marion Cohen, PhD
 Jennifer Dotson, PsyD
 Lea Gardner Elkin, LICSW
 Judi Garland, PhD

Gloria Barbacoff, LICSW

I live on the North Shore in Nahant but my private practice is located in Boston where I see mostly adults and some adolescents in individual and couple treatments. Trained as a clinical social worker (Smith College 1983), I learned psychoanalytically based psychotherapy. More recently, I graduated from MIP's General Training Program in 2019 where I developed a strong theoretical base in Self Psychology. I think about people, treatment, and theory from a holistic perspective. My creativity is expressed through painting and comedy.

Lea Gardner Elkin, LICSW

I live and work in Lexington, and I am married to a psychologist. We have 2 sons, one of whom is going into the 'family business' and is now working for Elliot Mental Health. I got my degree at Washington U. in St. Louis, and trained in trauma theory. I also trained at Cambridge Family Institute in systemic theory and women's psychological development. I have been in private practice for 30+ years, specializing in trauma, initially with abused children and families, which has morphed into primarily working with trauma, loss, chronic illness and bereavement.

Benjamin Herbstman, MD
 Robert Levin, MD, MPH
 Jordana Nolan, LMHC
 Irene Piryatinsky, PhD
 Margaret Sablove, EdD

Ben Herbstman, MD, MHS

My private practice is in Cambridge near Central Square. I graduated from the MGH/McLean Adult Residency Training Program in Psychiatry in 2013 and completed psychoanalytic training at the Boston Psychoanalytic Society and Institute in 2019. I am an Assistant Psychiatrist at McLean Hospital and a Lecturer, part-time, at Harvard Medical School. In my private practice, I work with individuals interested in psychoanalysis and psychoanalytic psychotherapy, and with couples and families. I developed my interest in psychotherapy for couples and families as a staff member at McLean Hospital's Gunderson Outpatient Program and have provided family consultations at McLean Hospital's Pavilion program.

In This Mood—Title After Robin Becker

Loss bares its bones,
 your thin hand veined and trembling—
 a fern in sharp wind.

My face mask blunts the scent of lilacs,
 willow leaves lance pollen-green air—

snowdrops open into reluctant spring.

Moonlight reveals the wounds of day,
 high winds shatter another tree—

cherry blossoms land silently.

Ruth Chad

Originally published in *Muddy River Poetry Review*, MRPR#23, Fall 2020

PCFINE Upcoming Event

Saturday
 April 10, 2021

Mark Your Calendars. "Parent-Child Attachment from Infancy through Adolescence: A Relational Lens for Prevention and Treatment in Pediatric and Mental Health Settings." Co-sponsored by PCFINE, William James College, and MIP. Program details and registration information will be coming soon.

Letter from the Co-Presidents*(continued from page 1)*

through Adolescence: A Relational Lens for Prevention and Treatment in Pediatric and Mental Health Settings.” The program, originally planned for March 14, 2020, was fully subscribed but was canceled in the final hour due to Covid. Fortunately, they are now planning for a rescheduled online version which will take place (save the date!) on Saturday, April 10, 2021.

The committee broke new ground in December 2020 with PCFINE’s first webinars. These highly successful programs focused on couples exploring consensual non-monogamy and gender identity. They are currently planning programs related to the impact of race in clinical work with couples and families.

The **Membership Committee** has had several new initiatives. They are working to introduce new members to the PCFINE community. On hold is their plan to reach out to community mental health organizations and large mental health practices to raise awareness of PCFINE as a resource for their clinicians who work with couples and families. They surveyed interest in developing Affinity Groups within PCFINE and will be facilitating the formation of several Affinity Groups in the coming months—more details will be forthcoming.

The **Ongoing Learning Committee** has had a busy year. ONGOL organized 6 online discussions focused on treating couples virtually and on the impact of racial awareness in our work. The *Reading Together* series continued online and even branched into poetry. ONGOL presented a workshop on Planning for the Unexpected, which helped members develop practical plans for their sudden absence from work. To help us deal with negative feelings, including our own, ONGOL presented “Bringing Light to the Dark Side.”

ONGOL’s Family Interest Group (FIG) continues to offer family therapy learning opportunities for PCFINE members. Twice they have offered a

“nuts and bolts” family therapy class, and a case consultation group for family therapy has begun. They will offer a family therapy observation opportunity in 2021.

The **Brunch Committee** has been particularly hard hit by the pandemic as one of its core missions is to gather us for lively conversation and good food. Nonetheless they will be offering some lower calorie meetings online in 2021. In the previous academic year, their Shifting Frames series explored risk-taking in couple therapy. They also hosted a presentation on disturbing affect, troubling assumptions, and existential decisions. Their January 2021 brunch focused on racial differences in couple therapy.

Meanwhile, over the past six months the **Board of Directors** has been prioritizing our need as a predominantly white organization to address issues of racism, diversity, equity and inclusion. The Board assembled a Task Force and hired an outside consulting firm, VISIONS Inc. to conduct an assessment and to offer recommendations and further training. You may be contacted by the Task Force and/or the consultants as they gather information about how PCFINE can best move forward in its commitments to anti-racism, diversity, equity and inclusion.

Phew! If you’re still reading this, we don’t need to point out the obvious: PCFINE is a thriving community of learning. We hope you’ll join our work as we grow together.

**Gratefully,
Paul and Rachel**

Paul Eftim, PhD
peftim@gmail.com

&

Rachel Barbanel-Fried, PsyD
rbarbanelfried@yahoo.com

Co-Presidents, PCFINE

**What Now?***(continued from page 5)*

mine once suggested something along the lines of, “I need to figure out why I did what I did, and I will.” I have used that phrase during some of my own acting-out moments, and it shows that I am committing myself to the same goal that I am asking of them—that we all deepen our understanding of ourselves.

I could ask the couple if my actions have undermined their confidence in me. I might even add that they would be justified in wondering if they can count on me to hang in there with them. Raising these questions would likely—and paradoxically—enhance their confidence in me. I would also validate the legitimacy of their wish (demand?) that I be more empathic given the stresses they are enduring, and I might say that pandemic stress is causing all of us to act in uncharacteristic ways of which we might not be proud. Including me.

This is certainly a challenging case, but you still have hope for a successful treatment (good for you). I am interested in what, in your experience with them, gives you that hope. If the hope is connected to some positive interactions you’ve had, recalling what has been successful could be a guide going forward.

Best of luck,

Justin Newmark, PhD
justinnewmark@gmail.com



Ten Recommendations to Make Virtual Couples Therapy More Effective: How to Make a Virtue of Virtual

(continued from page 3)

8. Invite conversation about the physical background of the couple with the goal of adding dimensionality. Rather than avoid discussion of the changes in the therapy space, invite conversation about them by inviting commentary about the setting in which the couple appears. This loss of dimensionality is evident in the two-dimensional virtual space and to the extent that we can notice it, we may also be able to transcend it.

9. Be more self-disclosing to enhance presence. Consider being more self-disclosing about your own virtual background and also about the experience of this new modality on you. Since I am practicing from my home, I am more comfortable sharing personal stories about my personal experiences during Covid than in the office. My rule of thumb remains the same in or out of the office: any self-disclosure should be meant to promote the treatment of the couple, including the all-important alliance. My goal is to make myself more three-dimensional to enhance potential effectiveness.

10. Use humor to enhance presence. Indeed, the use of humor seems even more important in this virtual format precisely because it connotes and creates presence that has the possibility of crossing the virtual divide. For this reason, when opportunities for humor occur, I am more likely to take them than in the office itself.

In addition to the above suggestions, I have learned that, despite my initial skepticism, it is even possible to begin a couples therapy virtually which I have done now in a half-dozen instances. No, it is not ideal, but if the therapist begins with an overt acknowledgment of the predictable drawbacks, encourages the couple to offer feedback to allow for midcourse

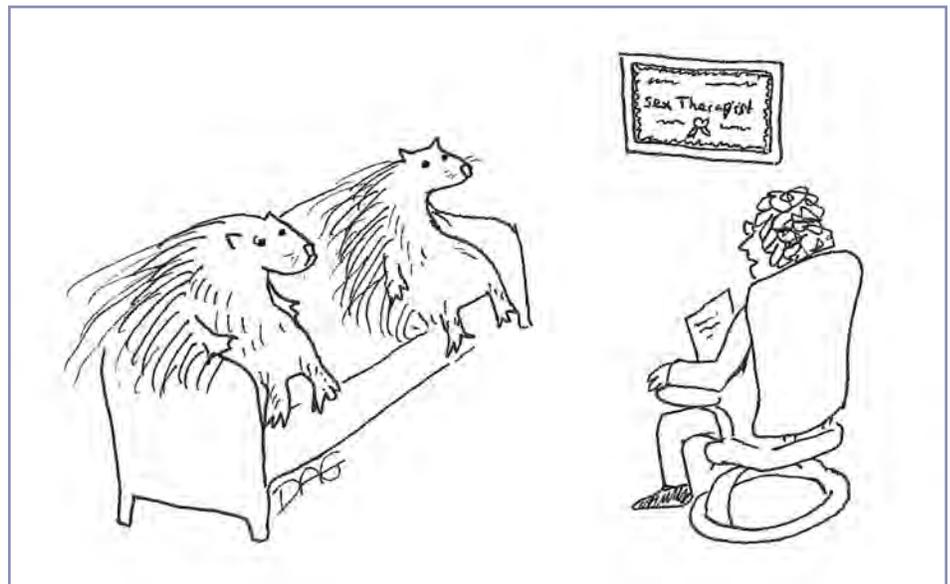
corrections, and applies some of the above recommendations, then the therapy can proceed. Yes, different to be sure, but potentially very helpful especially given the alternative which is no help at all.

In March, 2020, when the pandemic started, most of us were scared and confused and momentarily deskilled, which are painful places to live. We knew that the couples whom we

were treating were sharing many of our feelings and this created its own bond that, in itself, was conducive to allowing our work to proceed. Very gradually, we practitioners along with our couples found a way to engage with one another in this strange universe, and we might all share a moment of pride in this unexpected achievement.



Cartoon Caption Contest



Cartoon by David Goldfinger

Send your captions directly to David Goldfinger at davidagoldfinger@gmail.com. Two weeks after this Newsletter's publication, David will post all entries received to date on the PCFINE listserv for members to enjoy. (Entries may be submitted after that but will not be posted.) The winning entries will be announced in the Newsletter's next issue. Judging will be based on the creativity, humor, and originality of captions. Enjoy!