



## Letter from the Co-Presidents



### Dear PCFINE Community,

Last year when I sat down to write this column the Red Sox were inspiring us with their late inning heroics. It was fun to follow them and appreciate their determination. This year they can't seem to get their act together and at times it has been painful to watch them play. All organizations have their ups and downs. Right now, as an organization, PCFINE is on an up. It is flourishing and I have been delighted to be a part of it. From my perspective, we are in a position to continue to thrive for quite some time.

I write this article with mixed emotions—it is my last as co-president of PCFINE. Five years ago, in August of 2009, the new PCFINE Board was introduced and Justin and I took on the role of co-presidents. We weren't sure what we had signed up for but we were excited about taking on the job. I find it hard to believe that five years have gone by. I have thoroughly enjoyed my time working with Justin, the board of directors, the committee chairs, and Alice. Not only has this time been productive, but it has also been fun. Now it is time for new leadership. When Justin and I took over it was intended for us to serve a one year term. Five years later we have finally implemented a succession plan.

Sally Bowie will be taking over for me and will be co-president with Justin for one year. Mary Kiely will then take over

for Justin. This marks a very important milestone for PCFINE: a transition of leadership!!! I am excited at the prospect of Sally and Mary taking charge of PCFINE because they will do a terrific job. They both are graduates of the PCFINE training program and they are well known in the community. They understand the way the organization functions and they have served the organization in a variety of capacities. They bring a great deal of energy and enthusiasm along with their skill to the presidency.

I am so pleased with all the exciting things that PCFINE has accomplished over the past five years: the continued evolution of the training program, the excellent brunches, exciting presenters from the program committee, the addition of a listserv, the reworking of the website, and the informative newsletter. We have increased membership and increased member involvement on committees.

None of this could have happened without the help of so many people. There are a few individuals whose names I would like to mention. In particular, I would like to thank Carolyn Maltas for her determination and vision, Joe Shay for his clarity of thinking and technological savvy, Sally Bowie for her never ending passion and commitment to PCFINE, Alice Rapkin for keeping us all organized and on task, and, my partner in crime, Justin Newmark for his wit, sense of humor and his friendship. I will be forever grateful to him for inviting me to join PCFINE and my becoming a part of this wonderful community of therapists.

There are many more people I would like to mention, but I don't have the space to do so.

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Below are some of the highlights of what PCFINE has accomplished over the past several months.

- 1) The March 15 retreat was co-led by Dan Schacht and Jody Leader. The theme of the retreat was 'Visioning the Future'. The main goals coming out of the retreat were to develop a succession plan and to create more learning opportunities for our members. We have established two

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## PCFINE Newsletter

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The goals of this newsletter are two-fold:

- To promote the objectives of the Psychoanalytic Couple and Family Institute of New England.
- To be a forum for the exchange of ideas and information among members.

## PCFINE Board

Co-Presidents	Arnold Cohen, Ph.D. Justin Newmark, Ph.D.
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Treasurer	Sally I. Bowie, LICSW
Liaison to Faculty	Joseph Shay, Ph.D.
Director of Education	Carolynn P. Maltas, Ph.D.

## PCFINE Mission Statement

The Psychoanalytic Couple and Family Institute of New England (PCFINE) is a nonprofit organization offering postgraduate 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 psychoanalytic ways of understanding unconscious functioning in couples and families and systemic insights into the organization and structure of interpersonal conflict.

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

- Train licensed independent clinicians in psychoanalytic 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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## Letter from the Co-Editors



I want to both welcome you to our sixth issue and invite all of you to be active and involved contributors to our future issues. In this issue we are pleased to have a wide variety of interesting and, we hope, useful items. Barbara Kellman shares her insights and knowledge about Collaborative Law. There is an interview with Luanne Grossman about her training in Accelerated Experiential Dynamic Psychotherapy or AEDP. Sally Weylman and Belinda Friedrich offer a synopsis of the PCFINE retreat and Randy Blume reports on the Suzanne lascenza presentation. We also have our usual "What Now?" and Member News sections along with a few other bits of news of interest to our community.

As we move ahead with plans for future issues of this newsletter, I want to be grounded in the belief that: "we all have something to learn and we all have something to teach." This value is one of the things that most attracts me to the PCFINE community. It can also inform how the newsletter welcomes and encourages the sharing of many different viewpoints and perspectives. Attachment Theory, EFT, CBT, DBT, IFS, Couple Coaching, Psychodynamic, Psychoanalytic: the list goes on and on. Despite differences in how we approach the work, we all share an interest in understanding and helping the couples and families with whom we work. This newsletter can become an ever greater means of conversation about and

exploration of the different ways we understand and try to help our clients.

To this end, Eleanor and I want to explicitly invite all members of the PCFINE community to become contributors to this newsletter. If you have been thinking about a particular clinical issue and want to share your current thinking, if you have attended a workshop you want to summarize for the community or if you would like to report on one of the PCFINE sponsored programs, we want to hear from you. Please reach out to either Eleanor or myself if you even have just the beginning of an idea about some way you would like to contribute to the newsletter. In particular we would love to hear from any first-time contributors. If you have a case or clinical issue you would like to see explored in the "What Now?" column or have an interest in being a respondent to one of the cases please contact Randy Blume who is the editor for that column for the newsletter.

Lastly, you will note that with this issue, the PCFINE board has supported the printing and mailing of the newsletter to our entire membership in addition to having the newsletter available online through our website. We hope that this will make the newsletter even more convenient and useful.

**Dan (and Eleanor)**

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Co-Editors, PCFINE CONNECTION

## Update on the Training Program 2014-2015

**Carolynn Maltas**

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We are delighted to have an entering class of 12 students, arriving with a broad and rich spectrum of clinical training and varied experiences. These range from working with veterans suffering from PTSD, to working with mindfulness and other forms of spirituality with cancer patients, from working with the Boston Jewish Film Festival to studying scene and script analysis in the performing arts. We are eager to meet our new students when we start the new training year in September.

Here, briefly, is an introduction to the new class (in alphabetical order):

**Lydia Baumrind, Ed.D.**, an experienced therapist, has been director and staff psychologist for a counseling program, supervisor at the BIP and a college lecturer.

**John Bergeron, Ph.D.**, both trained and worked at the Veteran's Administration Hospital dealing with everything from spinal cord injuries to complex PTSD and AIDS. He also trained and worked at Two Brattle Center, and now is in private practice with a very diverse clientele.

**Elizabeth Gaskill, LICSW**, is a very experienced clinician in private practice, working with couples, individuals and groups. She is also a recent graduate of MIP.

**David Hammond, M.D.**, is a seasoned psychiatrist who is currently in psychoanalytic training while maintaining private practices in Cambridge and Northampton. He has held a variety of positions in psychiatric facilities and is a Diplomate in Geriatric Psychiatry.

**Jenny Heller, M.D.**, is an experienced Psychiatrist and Psychoanalyst who is currently in private practice in Cambridge and Amherst. Born and educated in France, she has a background in behavioral medicine and in consulting with medical practices.

**Vali Kahn, Ph.D.**, is a clinical psychologist in the Program for Psychotherapy at Cambridge Health Alliance (CHA) and in private practice in Cambridge, MA. She holds a teaching appointment at CHA/Harvard Medical School where she consults to the Psychodynamic Research Clinic. She received her Ph.D. from UMass Boston where her research explored the influence of contextual social negotiations of personal and ascribed identities on identity processes in multiracial and bisexual people.

**John Moynihan, LICSW**, holds faculty appointments and B.C. and MIP, teaching about gender-linked and cross-cultural diversity. He trained with NSGP in group therapy and Cambridge Health Alliance in their Victims of Violence program.

**Brent Reynolds, MA**, began as an expressive arts therapist in urban schools. He has been a clinician and associate director of the BIP school program. He has also worked in residential programs and been trained in transpersonal drama therapy and mentalization-based therapy.

**Susan Schnur, Psy.D.**, is an ordained rabbi and a writing teacher in addition to her practice of clinical psychology. She has founded congregations, written for scores of magazines and journals including the New York Times, and studied the psychology of hazing.

**Susan Stone, LMHC**, has been the Director of outpatient services at the BIP and a therapist there specialized in work with young children and their families. She has worked at a number of prominent child-based programs in Boston providing comprehensive clinical services including expressive arts therapy.

**Amy Taylor, Ph.D.**, is a psychologist and advanced postdoctoral fellow in psychoanalytic studies at the Austen Riggs Center in Stockbridge, MA. She received her doctorate at Duquesne University in Pittsburgh, PA where she became interested in issues related to sexuality and identity.

**John Thomas, MSW**, is a very experienced clinician in private practice and with the BIP. He has also worked in a community mental health clinic, doing therapy, participating in an emergency evaluation team and as a case manager.

Each year we invite, listen to, and try to integrate useful feedback from students and faculty in our effort to continually improve the program. Students characteristically express their appreciation of the training program, and gratitude to the faculty they find so accessible and non-dogmatic. Most recently we have been exploring ways that teachers can incorporate more clinical material, via audio or videotapes, role plays, and case presentations, to actively link theory and descriptions of interventions to actual implementation in couple therapy. We know the new class will benefit from these changes and that we as an organization will benefit from their participation, not only in classes, but in the larger PCFINE community.



## What Now?

The *What Now?* column is 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](mailto:randy@tashmoo.com). Case vignettes and responses range from 500-700 words.

### Dear What Now?

*I need help with a blended family I've been seeing for about a year. The family consists of Sam and Jodi (fiftyish professionals who have been married for three years), Jodi's daughter Minna, 16, and Sam's son, Theo, 15. Jodi has been divorced for a dozen years. Theo, the product of a "three-night relationship" Sam had while on a business trip to Europe, had been living with his mother in Brussels and "visiting" Sam for a week each Christmas and two weeks every summer. This past Christmas, however, Theo arrived with three duffels and reported that he had been kicked out of school and sent to Sam because his mother had "given up." Sam had confirmed this with Theo's mother and had gone about problem-solving the logistics of how to incorporate Theo into his life on a full-time basis. Jodi, who knew twice-a-year-Theo as a quiet, polite boy who wanted to spend every available minute with his father during those visits, agreed that Theo could live with them. She and Sam redecorated the guest room for an adolescent boy, enrolled Theo at Minna's school, signed him up for various age-appropriate activities, and basically added him to their already busy roster. There had been some "adjustment problems," Sam and Jodi*

*acknowledged when they came to see me three months into Theo's stay. Theo had refused to speak English at public school and a local private, international school had been found. There was a huge fee to enroll Theo in the middle of the year, and Jodi, the primary breadwinner, had some resentment about that. Theo refused to participate in any extracurricular activities, so those fees were lost, too. Theo and Minna had nothing to say to each other and did not "act like siblings," and it was assumed that*

### **"every time we make some progress, a new person becomes symptomatic"**

*Minna was jealous of the attention being diverted to Theo. Theo was no longer interested in spending time with Sam and spent all his time in his room doing "something" on his computer. He disrespected Jodi by not cleaning up after himself, rarely showering, complaining about the food, and speaking only in languages she didn't understand. Sam and Jodi were trying their hardest under challenging, unforeseen circumstances, but they needed help. They hoped family therapy would be the answer.*

*We spent a few sessions on their individual histories, the relationship history, shoring up their partnership, practicing assertive communication for use with each other and the kids, strategizing about the implementation of limits and boundaries for Theo, the importance of presenting a united front, their respective feelings about money and how it should be spent, and finding time for romance. Both Jodi and Sam struck me as pleasant, cooperative, and highly motivated. I was looking forward to meeting Theo and Minna and working with them together on what I considered to be a normative adjustment to a major system change.*

*The first family session shook my expectations. Theo sprawled on one of the two sofas, and Jodi and Sam sat on the other, leaving Minna standing awkwardly (a metaphor that did not go unnoticed). I suggested that Theo move his feet so that Minna could share the sofa with him (which he did), but Minna refused to sit near "that smelly, disgusting pig." Given that there was nowhere else to sit, Minna eventually perched on the arm of Theo's sofa. Neither parent said or did anything. When I asked Minna why she was so angry at Theo, she said he had "ruined" her life. Jodi told Minna to "stop acting like a spoiled brat," that there were cultural differences between Europe and Boston, that it was Minna's responsibility to shepherd Theo through the transition. Sam said that Theo probably had "PTSD from living with that flake of a mother of his" and should be given some slack. Minna asked where the slack was for her. She was the one who was traumatized. Everyone was catering to Theo's needs, and now she was grounded for the rest of the year. I asked Minna why she was grounded. Jodi answered that Minna had been caught drinking at school once, come home from parties drunk twice, that they had found an open bottle of their wine in her room, and that more wine was missing from the wine safe. "And you'll never believe who turned me on to wine in the first place," Minna said to me. "The responsible adults you see sitting across from you. Because they were trying to be sophisticated for their precious Theo, and they thought it would make us seem less provincial if we had family dinners with wine. Is it any wonder that I like being buzzed given what you see in this room?" This led to a screaming match between Jodi and Minna. Sam sided with Jodi, and Theo spent the time doing something with his phone.*

*Fast forward through six months. Some weeks I saw the entire family;*

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**What Now?**

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some weeks it was a combination of whoever was available. Theo, the original identified patient, improved significantly. He adjusted to his school, made friends of his own, agreed to pursue extracurricular computer science classes, and seemed to relax once it was formalized that he would continue to live with Sam and Jodi until he graduated from high school. Minna and Theo, who began coming to therapy more and more often without their parents (Jodi had gotten “busier at work,” and Sam had been “grocery shopping and running errands” during our time slot because “somebody has to do it”), are getting along much better now that they are not attending the same school. Although Minna reports that she hasn’t gotten “drunk or puked” in almost a year, she refuses to stop drinking (and has been known to help herself to a glass of expensive wine in front of Jodi) which perpetuates the cycle of fighting with her mother. Since Sam always sides with Jodi, Minna remains in the scapegoat role in the family.

Over the last few weeks the whole family has come to therapy. Jodi has become significantly (and clinically) depressed but has refused to call any of the individual therapists whose names I have given her. Now she lies on one sofa, Sam and Theo sit on the other, and Minna just plops herself on the floor. Obviously, we have explored this metaphor as well.

I understand from both family systems and psychodynamic perspectives what is going on, but I don’t know what my next move should be. Every time we make some progress, a new person becomes symptomatic. It felt satisfying to work with the children, but I am having trouble finding empathy for Jodi. In fact, if I look closely at my feelings, I am feeling angry and beleaguered. I am angry because I was fooled by Jodi, because I can’t stand the way she treats her daughter, because I allowed her to skip so many sessions (and felt relief), and because

her depression feels passive-aggressive and I am stuck having to take it seriously and to possibly issue an ultimatum that I can’t treat the family unless she gets the help she needs.

*This has all been so intense, and I am worried I have lost perspective. What Now, please help with distance and direction.*

Sincerely,

**Angry and Beleaguered**

**Dear Angry and Beleaguered,**

Do not despair. You are doing excellent work with this family, so much so that you have received an honorary membership, all projective identifications included. So first of all, congratulations!

As you suggest, there is no better metaphor for this family’s dynamic than the game of musical chairs playing out on the couches of your office. No matter how the family reconfigures itself, it just can’t seem to find room enough for everybody. A shared, implicit narrative has developed: that of the zero-sum game. In this myth, the family is taxed beyond its resources – one member’s equanimity is purchased only at the price of another’s symptom formation, with the overall level of pathology remaining

**“here is a case where grievance is a defense against grieving”**

constant. Must you accept this narrative? What is it that this family cannot (yet) hold?

The trouble is said to have begun with the arrival of Theo, who disturbed whatever equilibrium the family had previously “agreed upon.” The unplanned child of a “flake of a mother” and an absent father, freshly exiled from school, home, and country, Theo brings with him an attitude of

destructive entitlement (Boszormenyi-Nagi & Krazner, 1986), that is, a felt right to seek revenge for the miseries of his childhood. He refuses to assimilate to his new circumstances, to be polite, to speak English, to participate in extracurriculars or adopt a new standard for personal hygiene because, well, why should he? The whole business is colossally unfair!

Theo’s attitude establishes him as the identified patient, a role he reinforces by claiming a greater share of space in your office, even assuming the position of an analysand on the couch. But as you point out, the family soon passes around this role as Theo’s protest awakens latent resonances in others. Maybe he is not the only one with a gripe about his childhood.

Consider Minna: her parents divorced when she was four (after what period of fighting, tension, or non-relating?). How often does she see her biological father and what is the quality of that relationship? How does she feel about having to accept a stepfather and now a discontented stepbrother? Minna is the next to take a turn at bad behavior, drinking and openly denigrating Jodi and Sam.

More recently, Jodi has become the symptom bearer, her protest expressed in sullen, depressive tones. You don’t provide developmental history for Jodi, but would I be wrong to suspect that she too has a few complaints about her childhood? And now it is you, Angry and Beleaguered, pulled into identification, losing your bearings, on the couch (so to speak) and seeking help in these pages.

Well here is a case, by no means uncommon, where grievance is a defense against grieving. Anyone is of course free to protest the past, but rarely do such appeals result in a do-over. As painful as it is to relinquish cherished fantasies of the life one “deserves” (and by unconscious logic, is still owed), grieving creates room for

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

those possibilities that actually exist in reality. In other words, I believe your office is large enough to hold this family (and you!), but not if each person brings along their ‘duffels.’

So how do you go from grievance to grieving? Short answer: with great difficulty. It might help to take an inventory of fantasies by asking each family member the so-called Miracle Question, (i.e., “If you woke up tomorrow morning and, by some miracle, everything good you could ever imagine for yourself had actually happened, what would be different?”). Making fantasies explicit helps to differentiate what is possible from what must be let go. (Example: a patient of mine once began his response to the Miracle Question: “Christina Aguilera is my wife.”) Grieving takes time, heartache, and empathy. It is not to be rushed. I would recommend using an approach of multidimensional partiality (Boszormenyi-Nagi & Sparks, 1984) that is, actively taking each member’s side as they articulate their respective experience. Gradually, you can shift to exploring, in a more reality-oriented way, what vision each person has for this family, given the “facts on the ground.” How would they like things to be with one another?

Thank you for sharing this complex and challenging case. I wish you all the best!

**David Goldfinger**

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**References**

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**Dear Angry and Beleaguered,**

Thank you for sharing this very interesting and complex clinical situation.

Blended families bring their unique issues of combining two pre-established (and now disrupted) family cultures to the therapeutic situation. This family is additionally complicated by the presence of two adolescents—complicated enough in the healthiest of families—and here one of the adolescents has had to make an actual cross-cultural transition. Throw in some possible substance abuse and we can see there is a lot going on!

To organize myself, I find it helpful to start a consultation with the referral question: “please help with distance

*“perhaps you are stuck because your formulation isn’t giving you energy”*

and direction.” So, to refine a bit, you want to address your countertransference and the “direction” of treatment, which I am going to take to mean what to do if your family is not willing to follow your treatment recommendation which, in this case, is your request to Jodi that she seek individual therapy for her depression.

First, give yourself a nice pat on the back (or find someone else to do it for you!) for recognizing that your responses to this family are affecting your formulation of how to work with them and for being willing to look at those internal responses. Give yourself an additional pat on the back for the progress to date and for successfully making alliances with two teenagers.

Next, if you haven’t already done so, spend some quiet moments thinking about what irritates you so much at this time in the treatment and what in your own family history/life experience might be being triggered by this turn of events.

In terms of “direction,” it’s possible that your current formulation might also be imbued with a bit of countertransference: “Every time we make some progress, a new person becomes symptomatic.” This view of the family likely contributes to a sense of weariness, the feeling that you are engaged in an endless game of “whack-a-mole.” Perhaps you are stuck because your formulation isn’t giving you any energy. Additional ways of thinking about this family would help.

I had the great experience this summer of attending one of Tavistock’s institutes in couple therapy. There, Mary Morgan spoke of the idea of the therapist developing a “couple state of mind” for the couple being treated—a sense of their relationship, both conscious and unconscious, that the couple shares. Perhaps it’s time to help this couple to develop a “couple state of mind”—especially since Jodi isn’t accepting your individual therapy recommendation.

It wasn’t clear to me from your description if there was also reluctance on the part of the adults to return to some couples meetings without the children. Since Jodi is refusing individual treatment, and since you have offered us several examples of ongoing conflict between the couple (Sam sits on the couch with Theo in this last session; earlier, Sam doesn’t come to family meetings because “someone has to do the grocery shopping”), it sounds like you can make a case for resuming couple therapy. One could expect that as the kids begin to function more independently the parents could benefit from some meetings allowing them to address how to deal with that. And perhaps the teenagers could be enlisted somehow to support this piece of work.

It’s also important to remember that this couple started their relationship

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## Collaborative Law In Massachusetts: What Is It and When Is It Appropriate?

By **Barbara Kellman, J.D., M.S.W.**  
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Collaborative Law is a formal process used to promote healthy, efficient, and non-adversarial<sup>i</sup> negotiation of divorce and related matters.<sup>ii</sup> Participating lawyers are specially trained to work “Collaboratively”. The training includes learning how to represent the needs and interests of a client while taking into account the needs and interests of the spouse. Attorneys learn to use interest-based negotiation (as opposed to position-based) and to practice and model open and empathic communication.<sup>iii</sup> Both attorneys and parties evaluate all options to see how well each option might meet the interests of both parties.<sup>iv</sup>

### What Else is Different in Collaborative Law?

In Collaborative Law, lawyers act as advocates but the advocacy has resolution, rather than adjudication, as the goal. Central to the process is a Collaborative Law agreement stating, among other things, the intention to reach agreement without court involvement. If the parties are unable to reach resolution without going to court, the Collaborative agreement says that these two lawyers will NOT be the lawyers who represent the parties in subsequent court proceedings. This provides a major incentive to settle without litigation so that the parties can avoid paying for a second set of lawyers for pre-trial and trial proceedings.

In addition to the two lawyers, Collaborative Law cases in Massachusetts include a “coach” who is usually a mental health professional trained in Collaborative Process. The coach spends time with each party before the formal process begins and then he or she acts as a facilitator at

all meetings and assists with communication and interpersonal issues during the process. The coach may also work separately with the parties on the Parenting Plan if that is what the group decides.

For Collaborative Law to work well, the professionals must be committed to building the professional team and the team’s communication in each particular case. In order to model good communication and joint problem solving, the attorneys need to be able to do these things with each other. According to Attorney Doris Tennant, when this happens, the process elevates the conversation and brings out the best in people. For clients this may mean interviewing several Collaborative lawyers and checking with them about their experience with the lawyer(s) with whom the other side is proposing to work.

Collaborative Law meetings have carefully planned agendas so everyone knows what will be discussed and has input into whether they are ready for a particular topic. Attorneys prepare their clients for the meeting because it is central to the process that the parties express themselves and are accountable for their positions. These are not meetings where the attorneys sit and spar with each other. Rather they are meetings where parties are encouraged to speak for themselves and listen to each other; this really changes the conversation.

Dr. Lynn Cooper talks about the neutrality of the coach. The coach is there both to educate the parties about respectful communication and emotional issues and to facilitate a healthy, positive process. The coach and attorneys de-brief after each joint meeting and work together to plan agendas based upon minutes from the last meeting. The coach helps the parties and attorneys to be goal-oriented and maintain forward momentum, and may work separately with the parties on the parenting plan.

### Why Choose Collaborative Law?

- 1. Cost.** Collaborative Law is generally much less expensive than the traditional adversarial approach.<sup>v</sup> Time spent preparing and exchanging formal documents for court, waiting time in the courtroom, and time-consuming elements of posturing, delaying tactics, and strategic withholding of information, are eliminated.
- 2. Relationship.** Collaborative Law promotes healthy, clear communication between the parties. This is incredibly helpful for individuals who will be co-parenting. Having individual counsel present at each meeting is especially useful to parties who are fearful of speaking up for themselves or feel constrained by history from strongly presenting their own needs and interests. Counsel helps the parties formulate their positions and express them usefully.
- 3. Control, Timing, and Privacy.** When a judge decides a family law case, s/he has great discretion. Although Child Support and Spousal Support are both more predictable than they used to be, judges can still deviate from guidelines and statutes. The Parties do not get to choose their judge, and they must work with the court’s schedule when preparing for a hearing, which occurs in an open courtroom.

The timing of Collaborative Law meetings is up to the Parties and they make their own decisions within the broad bounds of the law. A Collaborative Law process might take as few as four months or as long as a year with ten or eleven meetings. In cases that do reach resolution, it is usually a matter of months—for example, there is one pre-meeting with the coach and each of the parties (no attorneys), several five-way meetings and in the

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interim there may be several three-way meetings where parties and coach work out the parenting plan.

**4. Looking Forward.** Collaborative Law is an affirmative process that supports Parties in moving forward in their lives and not looking back to lay blame and punish the other. It is intended to be a creative learning experience, which supports each party in taking responsibility for the future, and hopefully learning new ways to communicate as a co-parent.

**Why Not Choose Collaborative Law?**

- 1. Spouse Abuse or Neglect.** In a case of serious spousal abuse there must be careful consideration of the history and nature of the abuse and whether or not it will be and feel sufficiently safe and comfortable for the abused party to sit and communicate constructively with his or her spouse.
- 2. Party's History of not Speaking Up for Him or Herself.** Absent abuse, it still may not make sense if one party is shy, introverted, reticent, or otherwise would have difficulty carrying on a reasonably balanced conversation even with the help of counsel. On the other hand, the Collaborative process can be incredibly empowering for a shy individual with skillful support from counsel and coach.
- 3. Personality Disorder.** If one or both of the parties has a personality disorder, he and/or she may not have the flexibility, honesty, or openness necessary for the process to work. This may be hard to assess from the beginning but may be an area where the Coach can help. Relatedly, if there is too much rage or anger for the parties to be together productively in conversation even with the help of professionals, Collaborative Law may not make sense.

- 4. Lack of Trust.** Collaborative Law requires voluntary disclosure of all relevant financial and other information. If one party does not believe that the other will disclose as agreed, this may not be the right process. On the other hand, it is important to teach clients that they don't have to completely trust in each other, which is unrealistic for most people as their marriage ends, but do need to trust in each other's commitment to the Collaborative principles as reflected in the written agreement signed by all participants.
- 5. Cost.** While much less expensive than litigation, Collaborative Law may be more expensive than Mediation, since it involves three professionals (two lawyers and a coach) in every meeting. The processes are similar in aspirations — full disclosure, promotion of open, healthy non-adversarial communication, control over the process, eliminating formal court preparation—but one involves lawyers and a coach in every meeting and the other usually involves only the mediator.
- 6. Very Process Intensive.** The beginning or convening of a Collaborative Case is quite process intensive. Each party learns about the process, reads the Collaborative Agreement and meets separately with the coach. At the first meeting significant time is given to process so that everyone is clear about what is expected of each participant. Parties need to be able to tolerate and appreciate the convening process.

In conclusion, while this article ends with a “why not use it” list, the real message is that when a committed professional team comes together with people who want to learn to work this way, the process can be very positive, effective, and transformative for the parties and their children (and for the professionals too!).

Interviewees for this article:

- Doris Tennant, J.D.**  
dtennant@tlawgroup.com
- Lynn K. Cooper, Ed.D.**  
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**Footnotes**

- i In traditional adversarial law each party retains an attorney and the attorney is ethically bound to zealously represent her/his client regardless of the needs of the other party. To some attorneys this means eschewing reasoned discussion, sending multiple requests for documents, taking multiple depositions, and relying on the court to decide all aspects of the case (or at least threatening to rely on the court, which can lead to pressured last-minute, hostile discussions of important issues). This approach can be expensive (two attorneys each billing by the hour for time including waiting in court and long depositions), alienating, and lengthy.
- ii **Divorce Law Basics** To get divorced in Massachusetts a couple with children must address: (1) custody and a plan for parenting of children; (2) housing and living expenses for both parents and children; and (3) division of assets. Every divorce agreement (called Separation Agreement) or Court Order provides in detail for each of these areas and addresses other topics, including health and life insurance, and education. There are official Guidelines for Child Support and now a specific law regarding Spousal Support or Alimony. These come into play in the second category: housing and living expenses mentioned above. Child Support and Alimony are also affected by each other (if Child Support payments are high, there may be less need for Alimony in some circumstances and vice versa).  
The parenting plan (or physical custody arrangement, a term which is out of favor) is highly relevant to Child Support. The division of assets—which must be done ‘equitably’ (loosely translated as fair and reasonable for the specific family’s circumstances) is also linked to the Child Support and Spousal Support payments (if any) because if one party has more assets and if the assets include a home that is paid-for or assets which produce income, then he or she may need less support.
- iii For example, a client’s interest might be in getting his fair share of the value of the marital home and his strongly held position might be that the only way to do so is to sell the home. In a Collaborative

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## Crossing Boundaries: Integrating Couple Therapy with Sex Therapy

**A Presentation by Suzanne lasenza, Ph.D.**

**By Randy Blume, LICSW**  
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Fur mitts, anyone? Suzanne lasenza, Ph.D. knows how to tease her audience. And how to put out. On April 12, 2014 she titillated and ultimately satisfied the fifty-seven mental health professionals attending PCFINE's all-day program at the Macht Auditorium entitled "Crossing Boundaries: Integrating Couple Psychotherapy with Sex Therapy."

PCFINE first hosted an lasenza presentation in 2010 when the Program Committee became aware of her unique and creative use of CBT, contemporary sex therapy, and psychoanalytic understanding in treating same sex and heterosexual couples. At that point she had co-edited two anthologies of writings about lesbians, feminism, and psychoanalysis and had just had "What is Queer About Sex?: Expanding Sexual Frames in Theory and Practice" published in *Family Process* (ref?). Her program was so well-received that the Committee couldn't wait for an opportunity to bring her back. According to Susan Phillips of the Program Committee, the reviews of the Esther Perel program highlighted the need and wish within the community for additional training in the treatment of sexual problems in couple therapy. That feedback, combined with the Committee's interest in how couples' trauma histories impact their sex lives, was just the opportunity they needed.

In Justin Newmark's introduction, he described lasenza as someone who "thinks about things the way we think about things; she's thoughtful, grounded, flexible, and practical." In addition to her private practice in

Manhattan, lasenza is on the faculty of several institutes and programs. She is a confident and dynamic speaker who uses humor liberally. She began by speaking about "desire disorders" as the "biggest problem" she sees in the couples she treats. She explained how to conduct a sexual history (instructions were also given in a

***"be aware of which models of human sexual response...the couple and the therapist are using"***

handout), and, more importantly, to be aware of which models of human sexual response members of the couple and the therapist are using. She gave a history of sexual response models from Masters and Johnson's linear model ("genital phase functioning with orgasm as the goal of sex") to Helen Singer Kaplan's addition of sexual desire as the first phase of the cycle to Joanne Loulan's nonlinear female sexual response cycle which incorporated "willingness" (willingness offers trauma survivors "a sexual option that includes control, volition, and a way to communicate a cognitive or emotional desire...when their bodies cannot") to Rosemary Basson's circular sexual response cycle. She told the audience to "ask couples what model of sexual response they are using" in order to determine if the problem could lie within the model as opposed to the individuals.

In addition to the didactic piece, lasenza presented a case of her own involving polyamory which led to animated discussion with the audience. There was video of group couple therapy with trauma survivors. And then there was a sample of "instructional" video material lasenza uses with her clients. That's where the fur mitts come in—though, in the interest of full disclosure, lasenza did not actually show that segment (sorry for teasing). Instead, she showed very

graphic (though clinical) clips of genital stimulation. In the interest of full disclosure, this writer, who had thought she was comfortable talking about sex with clients, realized that she was very uncomfortable watching an explicit sexual video on a large screen in a room full of colleagues. In general, there seemed to be markedly less eye contact among the audience during and after that video. Though lasenza did her best to move us forward, it appears that some of us only made it to second base when it comes to integrating sex therapy with couple therapy. Program Committee, take note. We're willing to try more.



### **Collaborative Law in Massachusetts: What Is It and When Is It Appropriate?** *(continued from page 8)*

negotiation, the parties and lawyers would openly brainstorm and explore all possibilities for meeting the interest of sharing value fairly—including selling the home, renting the home, one party keeping the home and paying off the other with another asset, borrowing money, and so on.

- iv I interviewed two of my colleagues who are very experienced Collaborative Law practitioners for this article: Attorney Doris Tennant and psychologist Dr. Lynn Karen Cooper who serves as a coach. They can be contacted at: [dtennant@tlawgroup.com](mailto:dtennant@tlawgroup.com) and [lynn@lynkcooper.com](mailto:lynn@lynkcooper.com) for more information about Collaborative Law.
- v In one Collaborative case I represented the husband after a long-term marriage. There were complicated family trusts, one minor child, and two working parents who were highly motivated to co-parent. The case was resolved in just over one year and cost each party approximately \$10,000. No coach was involved because the parties were particularly able to communicate respectfully and chose not to spend the additional funds.



## PCFINE Open House

By Sally Bowie, LICSW

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On Thursday evening, April 3rd, PCFINE held an Open House at Lesley University. We had no idea what to expect in terms of attendance. PCFINE members had been encouraged to alert colleagues, students and trainees, wherever they encountered them, and, if possible, to personally escort interested parties. Alice Rapkin had done her usual, thorough canvassing of the mailing list, the membership roster, the three institutes and the training directors at clinical programs around the city. When the evening arrived, we had a warm and lively group of about 30 people, 11 of whom were brand new to PCFINE, 2 of whom were adjunct members who hadn't been through the training.

After a half hour of animated socializing, Joe Shay welcomed all in attendance. Justin Newmark gave a brief history of PCFINE, its origins and its mission. He likened the earliest gatherings to an AA meeting – “Hello, I’m Justin, and I’ve been seeing couples without having any training to do so.” Linda Camlin spoke warmly about her experience as a student, about the open, non-hierarchical discussions during which students and faculty alike puzzled out the mysteries of couples work. Then Joe showed an episode from the TV show *Modern Family*, providing everyone with a printed family tree of the three complex marriages and families who would appear in the video. Following this, three discussants, Jennifer Stone, Carolynn Maltas and Andrew Compaine, offered comments about each of the three couples. Jennifer shared her clinical thinking about building hypotheses about her couple as well as the family, the questions she would be considering and revising as she spent time with her clients. Carolynn, in wonderfully characteristic style, chose to discuss the family as a whole, rather than an individual couple within it. Andrew focused on issues that were particular to the gay couple



Rapt audience



Carolynn teaching

presented and issues that might masquerade as gay issues but were, in fact, more universal. The comments from the three discussants were illuminating, intriguing and diverse and showed both the range of clinical thinking within the PCFINE faculty as well as the shared generosity and openness of inquiry.

The presentations were followed by a half hour of question and answer from the audience, including a fine elucidation by Justin of the challenges and benefits of moving from an individual therapy model to a couple or systems model. At the end of the program, there was much enthusiasm in the room and much interest in PCFINE from those new to it. Andrew commented that, at the very least, this was a terrific exercise for us to articulate what is so interesting, so useful, so valued about what we do.

As always, much credit for the evening’s warmth and success goes especially to Joe and to Alice, and certainly to all who spoke so beautifully about our beloved PCFINE.



## Save the Date: October 26th Fall PCFINE Brunch

*High, Low, Dosey Doe: Working with Various High and Low Affect Pairings in Couple Therapy*

Presenter: Rachel Barbanel-Fried, Psy.D.  
Discussant: Jennifer A. Stone, Ph.D.

Please be sure to cancel if your plans change and you are unable to attend. Often there is a waiting list for brunches, and notice of your cancellation will allow someone else to attend.



## Tribute to Gerald Stechler, Ph.D.

**Presented byCarolynn Maltas, Ph.D., at the Annual Spring Meeting of the Division of Psychoanalysis (Div. 39), APA, in New York, April 24, 2014.**

Much of what I say here about Gerry is drawn from conversations with his students, colleagues, and friends, as well as notes posted on the internet about him after his death. It revealed such a positive use of the internet, creating a virtual community of people sharing their memories of Gerry and their grief.

Dr. Gerry Stechler died peacefully at home on December 18, 2013, after a courageous battle with cancer. Born in New York City in 1928, Gerry graduated from the Bronx High School of Science, the University of Chicago, Columbia University (Phi Beta Kappa), and Yale University (Ph.D. in Psychology, 1956), where he first began observing babies. His career spanned almost 60 years as a researcher, clinician, teacher, and theoretical analyst, with special interests in infant development, the integration of psychoanalysis and family systems, the therapist's affects, and couple and family therapy.

Gerry's analytic career actually began at Yale, where, significantly, Roy Schaefer was his clinical supervisor for Rorschach testing. Even before he received his doctorate, he was hired in 1954 as a research psychologist for the Boston University Longitudinal Study of Mothers and Infants, led by Drs. Louis Sander and Eleanor Pavenstedt, psychoanalysts who could not get research funds for their study without a psychologist trained to do testing of the mothers and newborns. This was the first psychoanalytically oriented long-term project studying infants and caretakers.

Gerry was at Boston University School of Medicine for his entire career, as Professor of Psychiatry since 1968; Chairman, Department of Child

Psychiatry (1972-1983), and Director of Child and Adolescent Services at Charles River Hospital in Wellesley (1983-1988). He helped to found the Massachusetts Institute for Psychoanalysis (MIP) and the Psychoanalytic Couple and Family Institute of New England (PCFINE); and was an active member of Section VIII, Couple and Family Therapy and Psychoanalysis, of Division 39 of APA.

Gerry was a leader in the psychoanalytic and psychology communities in Boston. He published many papers, on 28 of which he was first author and many more that he co-authored. At the Boston Psychoanalytic Society and Institute (BPSI), Gerry was one of the first psychologists to receive permission to get analytic training there, graduating in 1964. For years, he taught the child development sequence at BPSI where he was prized as a master teacher, as was true in the many and varied settings where he taught.

Regarding his role in MIP, Jonathan Slavin notes that in 1985, when most psychologists were still barred from training in psychoanalysis, many psychologists were wary of starting an independent psychoanalytic institution, perhaps fearful of the power and authority of the "official" institutes. Gerry, having completed his training in psychoanalysis, was not one of the wary types. He played a fundamental role in every aspect of the founding of MIP, especially the curriculum. He was ready to get MIP established (no matter what "the powers that be" thought), to provide the thinking of how to do things differently so that analytic candidates were empowered to be true adult learners. He stood for serious educational principles and rigorous thinking in every sphere. What mattered most at that time was his openness to entertaining new ideas. MIP's revolutionary comparative educational philosophy and program could not have been accomplished

without his capacity for understanding our psychoanalytic traditions and also not being afraid to think new thoughts. Gerry was rightfully elected to be one of the first presidents of MIP, and his guidance through the rocky early start-up process was essential.

Gerry was a very active and influential member of Section VIII of Division 39. He was the fourth president, chair of Education and Training for the section, and also Representative to the Division 39 Board from the section. Like the founders of the section, he was a strong believer in integrating psychoanalysis and systems theories, about which he has written and talked extensively including on numerous Section VIII panels. He was also interviewed by Cindy Baum-Baicker, current Section VIII president, for the Wisdom Project and she contributed one quote that reveals so much about him. Speaking to her of spiders, he said: "The most important thing is their agility. They've constructed this universe, and they have total agility around it. And pity the poor fly who is trapped in one corner of this, waiting to be eaten. And that's the way most of us are in our lives. We're trapped in one corner of our own universe waiting to be eaten. And what you have to learn and master is the ability to feel comfortable anywhere in your own interior. This is *emotional agility*. Applied to affective states, trauma and toxicity result in a narrowing of the emotional sphere...the self is narrowed and defensive, projective stances are erected, etc."

Along with Ken Reich, and a few others, including me, Gerry was one of the founders of PCFINE. He and Ken, as chairman of the board and president respectively, were tireless in the first years, energetically raising money, developing a board, and supporting the development of its two main branches, (1) its couple therapy training program and (2) SOFAR, Strategic Outreach for Families of All

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**Tribute to Gerald Stechler, Ph.D.***(continued from page 11)*

Reservists. Ken has described a typical “Gerry moment” when, after presenting their work on SOFAR at a panel of the American Psychoanalytic Association in the early years of the Iraq war, they asked for support and involvement from its members. A number of senior analysts stood up and said they would do nothing to help the families of these soldiers, as they were anti-war during Vietnam and this war in Iraq felt the same to them. Out of an uncomfortable silence came Gerry’s strong voice challenging the group. He said, “You don’t have to help us, but don’t do nothing. Do something. If you don’t like what we’re doing, go out and protest. Just don’t sit there and say you’re not going to help.”

I personally worked closely with Gerry for over 15 years at PCFINE, particularly after the two parts separated, and he became more involved in the teaching program. He was a beloved teacher, generous with his time, funny, yet sharply observant, extremely open to having his ideas challenged, and empowering others to think for themselves. In fact, Gerry continually resisted saying to the students what he might do in any specific clinical situation, and to their frustration would not agree to the students’ requests for a list of “Gerryisms.” He feared that his words or behaviors would become reified, whereas his intention was to guide therapists to make their own interventions, consonant with their personal styles and informed by greater awareness of their own internal experience of being with a particular couple or family. This gradually became more and more a hallmark of our teaching model, to guide students to become their own best therapeutic selves, not to become like someone else. As a teacher, Gerry was also an extraordinary listener. One of his long-term students, Andrew Compaine, said: “He heard through ears that were attuned to both the suffering and the self-protection; the present and the

past; the personal and the universal; the system and the individual. He heard the concerto, the rich harmonies, where most of us are used to tracking the melodic line. And, as a listener, he met this music with compassion, with respect, with a sense of wonder... And he let himself associate and respond personally to the music he heard.”

Finally I want to speak of his impact on all these institutions and people just by being who he was, a man of decency, conscience, integrity, open-mindedness, humor, and great compassion for the human condition. He taught us all to look squarely at ourselves, to learn from our own difficulties and to use them to help others. Justin Newmark points out that Gerry didn’t just teach this—he lived it. He encouraged us all to let ourselves resonate with other people’s pain, to understand the logic of how and why they have protected themselves and constructed their reality accordingly. He shared his own difficult countertransference reactions and never set himself apart from the suffering of the people he worked with, always in touch with his own personal history of loss and trauma.

In the end, much of what he taught was around grieving, that people need to be held emotionally as they face their losses. He may have been particularly adept at this as he said that he had always lived with the awareness of his own death, which only intensified his appreciation of life. He said he did not see them as separate, but that grieving and saying goodbye must happen continuously in life. And if you are doing the work of grieving as you go, there is nothing to fear about death. He so clearly demonstrated this to everyone around him as he gracefully met the death he had been expecting.

Gerry is survived by his wife Antonia Halton; daughters Amy and Nancy,

four grandchildren, and a great-granddaughter. His first wife Ellen died in 1977. He also survives in the hearts and minds of all of us who loved him, learned from him, and allowed ourselves to be changed by being in relationship with him.



## Spring 2015 Program

On Saturday March 21, 2015, PCFINE will offer a morning conference entitled “*Couples on Fire: What Should I Say and Why Should I Say It?*” As all couples therapists know, we are often besieged by high-intensity, high-conflict couples or couples in acute crisis who often require rapid intervention. All therapists know how difficult it is to intervene at such times not only because of the charged affect in the room but also because of our own adrenalized emotional reactions. When in these situations, do our therapeutic models help us make sense of what is happening and, moreover, do they actually help us decide what to say?

To address these issues, Joe Shay will present brief video vignettes of couples in conflict from *Who’s Afraid of Virginia Woolf*, *Before Midnight*, and *In Treatment*. These clips will be discussed by several members of our PCFINE faculty including Roberta Caplan, Diane Englund, Jerry Gans, David Goldfinger,Carolynn Maltas, Justin Newmark, Mark O’Connell, Susan Phillips, and Jennifer Stone. The focus will be on what therapists might actually say in such high intensity situations and the therapeutic models upon which these interventions are based. Simply put, how does our theory influence our technique?

Please join us on March 21st!



## The PCFINE Retreat

By Belinda Friedrich, LICSW

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&

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Arriving at 8:30 a.m. on Saturday March 15th, many PCFINE members wondered “Why am I here early on a Saturday morning, to go to this retreat? Is it that delicious fresh fruit salad bowl? Is it meeting with interesting colleagues?” Others, when arriving, discussed whether it is fair to call these events “retreats,” as the word suggests a spa day, meditation, or renewal, not the possibility of “work.” How would this morning actually feel at the end? With these questions percolating, about thirty people attended this year’s annual PCFINE retreat, organized by two co-chairs, Jody Leader and Dan Schacht. Attendees included leadership, faculty, graduates, and current and potential future students of PCFINE. All brought enthusiasm, participation and dedication.

After an ice breaker opening, the day broke down into two main exercises. In the warm-up, each attendee paired with someone new to her/him and discussed the question, “What would you be doing now, if not a therapist?” Next, the first central activity of the retreat focused on aspects of attendees’ current practice as couples therapists and PCFINE’s roles in meeting members’ current needs. Attendees were asked to form two



Our leaders: Jody Leader and Dan Schacht



Upper left, clockwise: Joe DeAngelis, Susan Phillips, Jennifer Stone, Sally Bowie, Arnie Cohen, Dian Englund

concentric circles, and then to sit, in facing pairs (the similarity to a speed dating format did not go unnoticed in a couples therapy crowd). The first round of pairs were asked to address a specific question, and then the circles rotated to create new pairings, continuing over a series of five total questions. Questions included: *What do you use to find relief when facing a particularly hot clinical situation? What could PCFINE offer to facilitate this effort? What makes you say “yes” to volunteering, and what makes you say “no” to volunteering? If you had two subjects you would like to have CE programs on, what would they be?*

For the second main exercise of the retreat, the entire group reassembled to engage in an extensive brainstorming session. The task centered on imagining specifically what PCFINE would look like in 2024 and how we would look back on the PCFINE of 2014. The discussion included many passionate ideas for the development of new endeavors and the deepening of cherished values.

The priority theme of the event this year was leadership: how to encourage leadership volunteers to come forward in the PCFINE community and how to cultivate additional leaders and transition to a new leadership helm, as the current leadership prepares to shift

towards retirement. Another central theme was expanding the PCFINE community. With current membership at about 150 and with this year’s lack of first year class, attention was paid to broadening outreach to increase students and membership. A third optional year for training was also proposed as a possible idea.

At the end of the morning, a “door knob” vote on the many priority areas was taken. The highest ranked priority items included the development of consultation groups with an affect focus, and coordinating support for “hot case” discussion for PCFINE graduates. There was also considerable interest in developing a way to honor the work of Gerry Stechler and his mission, including the idea of an annual conference in his name. It was agreed that a leadership committee would be created to address issues of selection, mentoring and election of the next generation of PCFINE. This was then followed by a wrap-up, and a quick identification of volunteers for structured future working groups to focus on specific goals identified.

In the wrap-up a feeling of curiosity and uncertainty surfaced, as the ideas were lofty and the transition of leadership is near. Can new initiatives

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## Reflections from a PCFINE Student

By David Ward, LCSW, LADC, CGP  
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As an independently licensed clinical social worker, alcohol and drug counselor, and certified group psychotherapist in private practice, I found participating in the Psychoanalytic Couple and Family Institute of New England (PCFINE) program to be very helpful in advancing my knowledge and experience with couples and family therapy. I began thinking about getting post-graduate training after reviewing my practice and training with couples. Most of my experience in couples therapy over the years came from minimal training in day long or weekend workshops, supervision, and trial and error experience. In graduate school, I tried to take courses in couples therapy; however I wasn't able to, unless I chose to be in the family therapy specialty track. I chose to specialize in group therapy instead, and felt irritated I was spending all that money and couldn't take the classes I wanted.

After doing more post-graduate training in group therapy through the Northeastern Society for Group Psychotherapy, (NSGP), in Boston, I met many colleagues who were part of both NSGP and PCFINE. I began talking with them about the couples training program, and how similar groups and couples work were. I liked the fact the program was taught from a psychodynamic, family systems, attachment theory and interpersonal neuroscience perspective, both in person and through the readings, which were excellent. I found it to be manageable with it being once per month, as I have a full practice, and travel from out of state. The other professional students of the program became a group of colleagues to learn with and from.

There was a safe, open atmosphere in the group, and both students and faculty had a willingness to discuss and explore our transference and counter transference with couples. The program

## End of Year Party



Susan Phillips, Randy Paulsen, Steve Krugman



Sally Weylman, Magdalena Fosse, Susan Abelson

consisted of great faculty, with one instructor teaching a focused topic each month for the morning portion of the program. In the afternoon, we broke up into small groups of three with another faculty member whom we had for the whole year. This was to have case consultation, which was an invaluable part of the program. Also, another benefit of the program was if you missed a class, you were able to still hear the didactic portion which was recorded and put on Drop Box. Overall I found PCFINE to be an excellent training program and community of colleagues that increased my knowledge, experience, and confidence working with couples and families.

### What Now?

(continued from page 6)

with an already "full house." They have no experience as a couple without the distraction of children around. They could benefit from some sessions in which they are allowed to talk about what their empty nest will be like. Another possibility is to consider this transition as influencing Jodi's depression; if she is grieving over the upcoming transition of her family from four to two, she may feel that having her own private therapist would be "banishment."

It sounds as if there are still numerous issues between Minna and Jodi, but sometimes one has to address issues in the order that they are presented, and couple therapy could be a direction that would help to address these other issues.

Thanks for the opportunity to consult on this interesting situation.

Yours,

**Deborah Wolozin**

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### The PCFINE Retreat

(continued from page 13)

happen, as the leadership transition takes place? The need for participation of new volunteers seemed to be at the core of this question. How do new candidates believe in what they can bring to PCFINE, and get encouraged to step up to take this program forward into 2024? What is the legacy of PCFINE, and how will this be protected and secured over the course of transitioning leadership? What new initiatives are important to bring to this program, to secure its necessary thriving growth and adaptation to change? The year ahead will further test and tackle these interesting issues.

## My AEDP Training: An Interview with Luanne Grossman, Psy.D.

By Eleanor F. Counselman, Ed.D.,  
Co-Editor

### **EC: What is the full name of the training program and what did it involve?**

LG: It's called Accelerated Experiential Dynamic Psychotherapy (AEDP). Though it's not a very lyrical name, it's a good description of the therapy approach. Its roots come from short-term psychodynamic psychotherapy, but with an experiential, and I would add relational, focus. Diana Fosha, Ph.D. who developed AEDP often says patients want an experience not an explanation. In other words, many patients have lots of explanations for their difficulties. They've gained insight and they understand their early family history, the acute traumas or developmental traumas that have affected them. Yet many report having this understanding while little changes in their life. AEDP focuses on facilitating a relational experience of secure attachment and on actively seeking out a new experience of self.

I completed an Immersion Class which is Level I in AEDP training. AEDP is always taught through a combination of didactic teaching, viewing videotaped therapy sessions, and experiential exercises. There are two more advanced levels of formal training necessary to become an AEDP therapist including clinical supervision of videotaped treatments and writing a final paper.

### **EC: You are a very experienced therapist. What made you decide to enroll in more training?**

LG: I have been very persuaded by the power of relationships to facilitate change. It's why I am so invested in couple therapy: within the relationship, there is always the potential that old patterns will emerge, but there is always the potential for new experience and this is very powerful. We all know

how familiar patterns of relating develop; we are trained to notice these patterns—this is transference. But I wanted to know more about working with even the slightest moments of new experience that signals change. Relational psychoanalysis was theorizing about this: implicit knowing; right-brain to right brain experience; moments of change, etc. but AEDP offered a model of therapy where contact between therapist and patient is pursued in the service of a secure attachment and affective experience (often reflecting attachment capacity and rupture) is closely tracked and thoroughly processed. Increasingly, my work with couples reflects this close tracking of affective contact and disruption. My focus is often on small moments – the moment-to-moment relational experience.

### **EC: What did you like? Was there anything that you didn't particularly like?**

LG: When I first encountered AEDP, I was profoundly affected by actually seeing the videotaped work. I could feel the immediacy of the therapeutic experience - it was alive and happening in the moment. True, active engagement happened from the first moment of the first session. It was an experiential process from the beginning. Plus, the focus of the work was not the exploration of problematic dynamics, but the exploration of moments of new relational experience. I liked that. At the same time, I've struggled with some aspects of AEDP such as how directive the AEDP therapist can be or how prescribed some of the responses seem to me. But, as I've done throughout my career, I look for those aspects of a theory or clinical approach that helps me in the work I do. I take what I can use. I've done the same with AEDP.

### **EC: How do you expect to integrate this training and what you have learned into your ongoing clinical work?**

LG: AEDP changed my work almost immediately and I keep working to integrate what I've learned so far. In working with couples, it's helped me focus on the immediate affective experience, to help the couple slow down enough to notice what they're feeling moment to moment, to monitor their internal experience, and to communicate their awareness to their partner. The immediate, felt experience of the couple is my focus as much as the broader issues and systemic dynamics the couple is presenting. I am also better at noticing very small moments of change in either one of the partners or in the couple. Overall, it's helped me be more attuned, and I take more time to process the changes that occur.

### **EC: Anything else?**

LG: The theory of AEDP speaks to the innate human capacity to heal within the experience of a secure and connected relationship. I think we'd all agree with that. But what I found so valuable in the AEDP training is the focus on specific interactions that facilitate this experience. AEDP therapists learn to be attuned to the verbal and nonverbal attachment-related cues. They make their experience of the interaction explicit—their experience of the patient and the ways they feel affected by the interaction. They actively focus on the affects signaling what they call the self-at-best rather than the anxieties, insecurities, and protective affects that psychotherapists are typically trained to explore. They spend significant time on these self-at-best experiences, processing and deepening that experience of safety and connection. The patient then has an experience of their own potential to feel safe, connected, more open, and more giving. This translates easily to my work with couples and it's been very useful to me to integrate aspects of AEDP into the work I do.

Luanne Grossman  
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## Committee Reports

### The Nominating Committee

The Nominating Committee met on 6/1/14. Present were Justin Newmark, Arnie Cohen, Belinda Friedrich, Diane Englund, Mary Keily and Sally Bowie.

The Nominating Committee is responsible for presenting to the Board for approval a slate of candidates for the Executive Council. Although it is not the Nominating Committee's responsibility to present candidates for the Committees, we felt it was advisable for the Head of each Committee to have served on that Committee for at least one year before being selected as Head by the other members. The exception is the Nominating Committee where the past President(s) will become Head upon completion of his/her/their term and members will be chosen by the board.

The PCFINE Board consists of the Executive Council—President (or Co-Presidents), Secretary, Treasurer, Liaison to the Faculty and Student Representative to the Board—and the Heads of each Committee. The Committees are: Education, Membership, Program, Newsletter, Brunch, Nominating, Continuing Education, Website/Listserv/Tech.

Voting members of the Board are the Executive Council and the Heads of each Committee.

We considered and would recommend to the Board the following term structure:

- President (or Co-Presidents) ELECT — 1 year (The Co-Presidency model was favored but not required)
- Full Presidency—3 years, with selection of new President(s) ELECT after 2 years
- Past President(s)—1 year in advisory capacity, and as such, Past President(s) serve as Head of the Nominating Committee.

- Secretary, Treasurer, and Liaison to the Faculty—2 year terms for each.
- Student Reps (one each from Year I and Year II)—1 year term (selected by the students).

**Arnie Cohen**

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### Continuing Education Committee

One of the outcomes of our Spring Retreat was to form a task force that would look into what the membership would like to have by way of on-going educational offerings beyond the formal training program. A group of us met once since and came up with a list of tasks involved in planning such continuing educational activities. Susan Abelson recently sent out a survey asking us to rank our preferred formats for further learning: short term seminars, couple case conferences, peer consultation groups, study or reading groups—these were some of the ideas proposed. Susan and Carolyn have also been trying to find out who would like to offer to teach on a topic of their choice. Linda Camlin and Jennifer Stone are gathering information on what other institutes in town have done to satisfy their membership's desire to continue learning. Our wish is to make happen a range of activities for deepening our work with couples and families. Anyone who would like to get involved in getting stuff off the ground is invited to join the group.

**Rivka Perlmann**

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### The Outreach Committee

The Outreach Committee was created out of issues and concerns that arose during the last PCFINE retreat. It has two aims: one, to connect to other organizations that do work similar to that of PCFINE, and two, to develop more internal diversity within PCFINE.

Susan Shulman met with Christopher Clulow in London this summer and talked about possibilities for collaboration with PCFINE. By publicizing Tavistock courses in London and also their web-based courses, Tavistock might interest PCFINE members in traveling to London and/or taking their courses on the web. Christopher Clulow and a colleague have developed a 20-session couples therapy program to address depression and another time-limited program on parenting together. He participates in an ongoing 10 member Developmental Seminar looking at Alan Shore's work. Susan and Chris discussed international conferences which Div 39 may already know about, as well as a Canadian, a French and a Northern California organization for couples therapy.

Deborah Wolozin and Wendy Caplan contacted Josh Miller at the Smith College School for Social Work to learn more about Smith's ongoing efforts and successes in diversifying their community. We have been reading, *Racism in the United States: Implications for the Helping Professions* and emailing thoughts, experiences, observations and insights with each other. The social work school has a consultation service available. Deborah, Wendy, Vanessa Gamble and Roberta Caplan went together to see the play, "Smart People," designated by the playwright as "a romantic comedy about racism."

**Wendy Caplan**

[wscaplan@aol.com](mailto:wscaplan@aol.com)

## Member News

■ **Alan Albert**—I have had a book of poems accepted for publication by WordTech Press in 2015. They have published a bunch of outstanding writers in the last few years, and I'm very pleased they chose my manuscript. The title of the book is *Fragments of the Natural*. This is a collection of 50-60 poems written over the course of several years. I've been looking for a publisher for a while, which is in itself a piece of work, and I finally found one that went for it! It's very exciting, and I'm very happy about it.

■ **Eleanor Counselman**—In March the American Group Psychotherapy Association held its Annual Meeting here in Boston. I taught a workshop on "The Secure Base: Attachment in Group Psychotherapy." I also served as discussant for the Red Well Theater Group production of "The Great God Pan," relating the themes in the play to trauma, attachment, and group therapy. In my new role as President-Elect of AGPA, I'm learning about national mental health care policy and will be representing AGPA at the Rosalynn Carter Mental Health Symposium in November.

■ **Jerry Gans**—My oldest daughter got married in May. Nancy and I celebrated our 50th wedding anniversary in June. I read four good books on vacation: *American Bloomsbury* by Susan Cheever; *The Boys in the Boat* by Daniel James Brown; *The Goldfinch* by Donna Tartt; and *The Good Soldier* by Ford Madox Ford. I will be one the presenters at the Harvard Course on Treating Couples, November 7-8. The title of my talk is the "Do's and Don'ts of Couple Therapy."

■ **David Goldfinger**—I led the demonstration group for the Northeastern Society for Group Psychotherapy conference in June, titled, "Required, Permitted, Forbidden: The Legacy of Early Attachments on Psychological Freedom."

■ **Anita Hoffer**—I had an article accepted for publication entitled "Celebrating Sexuality as We Age: The Key to Vitality. LPN Stands" for the *Quarterly Journal of the Life Planning Network*. I have two classes scheduled for presentation at the Cambridge Center for Adult Education on Feb 5th and Feb 11th: (1) "Celebrating Women's Sexuality Later in Life: a Workshop for Women" and (2) "50 Shades of Grey: Appealing or Not?" I am attending the annual conference of the Sexuality and Aging Consortium at Widener University in September, 2014.

■ **Justin Newmark**—I will be doing Grand Rounds at the Boston Inst. of Psych. in Jan. The topic will be: Understanding and Treatment of Infidelity in Couples.

■ **Jacque Olds and Richard Schwartz**—We just launched a new invention to help people who don't get enough bright light during the day, and are prone to low moods during the dark seasons (winter blues). It is a wearable light tracker named SunSprite, which is now out being used in the world. It is available through Amazon (next week), and at our website, [www.SunSprite.com](http://www.SunSprite.com) It can be particularly helpful when someone knows they are prone to SAD but doesn't keep using their light box, or doesn't have one. The light tracker can be used outside in the sunlight, or in front of a light box, and lets the user know when they have gotten the "right amount" of light, based on 30 years of SAD and light research.

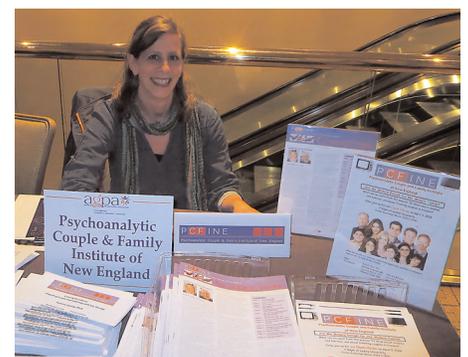
■ **Ken Reich**—The most important news I can report is that I became a grandfather a few weeks ago. On a lesser note I'll be teaching an elective course on couple therapy this fall for candidates at BPSI titled "A Psychoanalytic Approach to Understanding Change in Couple

Therapy" and had a paper accepted at the International Family Therapy Association meeting in Malaysia this spring titled "The Therapeutic Action of Hope in Couple Therapy."

■ **Sophie Ricks**—I've just started a new job at Fenway Health as a therapist— I'm grateful to be applying what I learned at PCFINE to my work with couples and individuals here!

■ **Dan Schacht**—I have been an avid supporter of my local library, eagerly making my way through Richard Stark's 24 novels featuring Parker, an unrepentant professional thief operating in the 60's and 70's—a true guilty pleasure of amorality, street-smarts and cunning.

■ **Rachel Segall**—I went to the Networker Conference in Washington, D.C. in March, where I was particularly taken with Rick Hanson's session entitled "Hardwiring Happiness: From Passing States to Lasting Traits," which focused on taking in the good in a more impactful way to combat the negativity bias we tend to have. Over the summer I read Sonia Sotomayor's book, *My Beloved World*, and I celebrated my 20 year anniversary with my husband by going on an incredibly relaxing Mediterranean cruise!



Rachel Segall at the PCFINE booth at AGPA

■ **Steven Varga Golovcsenko**—I am doing more and more couple and parenting work, in addition to psychoanalysis, psychotherapy, and medication management. I am also

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## Letter from the Co-Presidents

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- committees to address these issues and they are fully underway. The nominating committee is being chaired by Sally Bowie and the continuing education committee is being chaired by Rivka Perlmann. Dan and Jody did a wonderful job leading the retreat; many thanks to them.
- 2) The April 3 Open House at Lesley College was a fun evening. We presented a video clip of Modern Family and had a few of our faculty comment on the clip. Joe Shay, Carolyn Maltas, Justin Newmark, Jennifer Stone and Andrew Compaine all contributed to the success of the evening. We had around 30 people attend and were able to recruit a few students for our training program.
  - 3) On Saturday morning April 12th Suzanne Iasenza, Ph.D. presented on "Crossing Boundaries: Integrating couple psychotherapy with sex therapy." Dr. Iasenza has presented for us before and like the last time her presentation was terrific. Approximately 60 people attended the presentation. She offered three different models of sexuality including; Masters and Johnson, Loulan, and Basson. As usual the program committee did an outstanding job putting the day together.
  - 4) On May 18th the brunch committee organized a presentation entitled "Wedded to Monogamy: Issues Around Non Exclusivity In Intimate Relationships." About 30 people attended the presentation at Susan Shulman's home in Arlington. Our gratitude goes to Andrew Compaine and Magdalena Fosse for their excellent presentations.
  - 5) On June 1 the newly formed nominating committee met to create a structure for succession. Justin Newmark, Diane England, Belinda Friedlich, Sally Bowie, Mary Kiely, and Arnie Cohen

formed the committee. After much discussion we began to organize a structure for terms of office and a succession process.

- 6) On June 12 the newly formed continuing education committee met to address the concerns of creating more educational opportunities for PCFINE members. Present at the meeting were: Susan Abelson, Linda Camlin, Arnie Cohen, Phyllis Cohen, Carolyn Maltas, Rivka Perlmann, Susan Phillips, and Jennifer Stone. We came up with two initial tasks: first to create a survey to be sent out to the membership, and, second to learn about the formats used by other organizations for learning.

It's been a great run and I look forward to my continuing involvement in PCFINE.

**Arnie (and Justin)**

**Arnie Cohen, Ph.D.**

[arniecohen47@gmail.com](mailto:arniecohen47@gmail.com)

&

**Justin Newmark, Ph.D.**

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Co-Presidents, PCFINE

## Member News

(continued from page 17)

seeing more and more college students with depressive and bipolar illnesses.

■ **Risa Weinrit**—On May 7 I presented a paper called "Tomboys and Girlyboys: Some Reflections on Gendered Self-States" to the Rhode Island Association for Psychoanalytic Psychologies. It was fun.

■ **Debbie Wolozin**—I have been elected to the post of President-Elect of Section VIII, Couple and Family Therapy and Psychoanalysis. Section VIII is a section of the Division of Psychoanalysis (39) of the American Psychological Association. While I am letting folks know this, I will also put in a plug to consider joining Section VIII, at [www.sectionviii.org](http://www.sectionviii.org). It's a friendly, thoughtful group, and it's already well seeded with PCFINE members. Since I'm already on a roll, plugging, I will continue, and also encourage folks to consider attending Division 39's yearly April meetings, which are interesting and fun, and occur alternately in Manhattan, NY and somewhere else in the US. The next meeting, April 22-26, 2015, will be held in San Francisco...A great place to "have to" go for business!!

## PCFINE Calendar of Events

- Oct. 26, 2014 **Brunch.** "High, Low, Dosey Doe: Working with Various High and Low Affect Pairings in Couple Therapy"  
 Presenter: Rachel Barbanel-Fried, Psy.D  
 Discussant: Jennifer A. Stone, Ph.D.  
 Location TBA.
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- March 21, 2015 **Morning Conference.** "Couples on Fire: What Should I Say and Why Should I Say It?" with Joe Shay, Ph.D.