



Letter from the Co-Presidents



Dear PCFINE Community,

“You Can Call Me Al”

Do you remember that song from Paul Simon’s *Graceland* album? That title came to mind when I thought about the main topic of consideration in the PCFINE community this past year. After a lengthy, spirited, heart felt discussion, the PCFINE Board voted to change the “P” in our name from Psychoanalytic to Psychodynamic. It’s now official. The vote was not unanimous but it was decisive. The majority of voters felt that “psychodynamic” was both more inclusive and more accurate in describing the diversity of approaches that is our hallmark.

The other focus of our attention has been our Committees — Program, Newsletter, Brunch, Membership, Ongoing Learning, Training. We heard from our Year I Representative to the Board, Kevin Kozin, that the students didn’t really know about the PCFINE committees and would appreciate a description of their functions and their needs. So, the call went out from each of the committees, asking for involvement from any interested PCFINE members. Two committees stepped forward with pressing needs for greater participation — the Program Committee (rivkayp7@gmail.com, shphillips1@aol.com) and the

Newsletter. The work of these two committees has been extraordinary and deserves our fullest support. We urge anyone interested and willing to help to sign up, jump in, to the vital life of PCFINE.

In addition, a new committee is in its infancy. In fact, it’s really a pre-committee. Its mission is to bring 21st century technology to PCFINE and to explore its uses in our teaching and in our outreach. Belinda Friedrich (bfriedrichlicsw@gmail.com) has kindly agreed to be the contact person for interested members.

Every now and then it’s important to remember that all the work we do in and for PCFINE — faculty, consultation group leaders, committees, Board officers — is all unpaid. The only paid person in all of PCFINE is our indispensable Alice Rapkin, who keeps us all afloat. We exist and function and thrive only through the hard work of volunteers. Please consider helping out the two committees mentioned above, each of which presents the public face of PCFINE to the rest of the world. They each need more troops to carry out their missions.

InCarolynn Maltas’s report on the faculty lunch, held on 1/24/16, you will find a review of the PCFINE activities of the past six months, the Brunches, the Conferences and the Ongoing Learning offerings, past and upcoming.

Last, but hardly least, I want to welcome my new partner in crime, Mary Kiely. She is everything one could wish for in a co-leader. She is smart, eager, thoughtful and wise. And although we will never reach Justin and

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Arnie’s manic highs, Mary brings humor and wit to the leadership, for which I am eternally grateful.

Sally (and Mary)

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Co-Presidents, PCFINE



PCFINE Newsletter

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The goals of this newsletter are two-fold:

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

PCFINE Board

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Treasurer	Magdalena Fosse, Psy.D.
Liaison to Faculty	Joseph Shay, Ph.D.
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PCFINE Mission Statement

The Psychodynamic 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 Psychodynamic 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



With this issue we welcome Helen Hwang to the Newsletter committee as a general staff writer. Helen has written a number of fine reports on PCFINE activities and we look forward to her continued contributions. As you look through the various reports in this issue, I hope you will be struck by the number and variety of learning opportunities that the PCFINE community offers. For a relatively small organization, we do a lot! It has been a busy year for sure, with the training program, the many other educational events, and even a name change.

In this issue we highlight the increasing presence of social media in the lives of clinicians. The "What Now?" consultation question is intriguing and raises a clinical dilemma that would have been unheard of back when many of us were in graduate school. And Rachel Barbanel-Fried's feature on the complications that social media introduce is timely and relevant for most of us. I hope that Barbara Keezell's interview with Bob Schulte, the founder and director of the Red Well Theater Group, will whet your appetite for the May 14th presentation of *Dinner with Friends*. I'm a longtime Red Well "groupie" as I find their play and discussion format an enjoyable and effective learning experience.

We often hear nice things said about the newsletter and are appreciative of such comments. However for the newsletter to continue to thrive, it must be a shared community enterprise. We need YOU to write for the newsletter! There are opportunities for each issue: reporting on brunches or other programs, responding to a What Now? question, or writing a feature. Write a letter to the Editors. Do something that hasn't been done before such as review a book or movie that you have found relevant to couples or family therapy. We've enjoyed poems by several members. Please don't wait to be asked; we love it when someone asks if they could write something or serve as a reporter for an event!

The best way to write is to turn off your inner editor and just write. You can edit later. A colleague of mine has published 29 (yes!) books over the course of her career. She writes for one hour every morning. She just writes what comes to her mind. The editing comes much later. Every one of you has something to say. Let us hear from you.

Eleanor (and Dan)

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Co-Editors, PCFINE CONNECTION

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. Case vignettes and responses range from 500-700 words.

Dear What Now?

I have a major dilemma. The couple in question, Edward and Liza (mid-forties professionals, married ten years, two kids), came to see me about a year ago because Liza had threatened to take the kids and move in with her parents in Florida if Edward didn't come clean about the affair she knew he was having. She chronicled her evidence in the first session: They hadn't had sex in 8 months. She remembered the exact date because it had been their tenth anniversary, and her parents had paid for a beachfront hotel in Newport and flown up to be with the kids so she and Edward could get away. She also remembered that Edward had wanted to send some “work emails” after their romantic dinner, and she'd had to “shame him” into the aforementioned sex by crying that she felt unloved. She said that Edward had become secretive about his incoming calls and texts and had password-protected his phone. He suddenly had “work” to do on the computer every night just when Liza was going to bed. He had developed an interest in walking the dog for up to an hour after work even though the dog was old and happy to be let out into the backyard a few times a day. Liza wanted Edward to confess so she could get angry, forgive him, and then move ahead — either with the marriage

or with separation. It was the limbo she found intolerable.

Edward emphatically denied that he was having an affair. They were both so busy with their respective jobs, their kitchen renovation, his mother's breast cancer diagnosis, the kids' activities and sports, and, now, couple therapy that there wasn't any time for an affair, he insisted. He was home every single night. He really did have work to do most evenings because his job was very demanding. Everybody password-protected their phones these days. And the dog liked going for walks! He was concerned that Liza had become paranoid.

A pattern quickly emerged: the more

“Liza wanted Edward to confess so she could get angry, forgive him, and then move ahead.”

Liza attacked, the more Edward denied. The more he denied, the more she attacked. But they wanted to stay together, so we dug in and began the work of therapy. We explored their family histories, their relationship histories, their history as a couple. We examined their attachment styles, how and why they might be feeling insecure in the relationship. They showed up every week and did the “homework” I assigned. They hired a college student to babysit and starting going out on “dates” every other week. They even had sex a few times. They seemed pleased with their progress, and I had started wondering if they were ready to cut back to every other week. It was near the end of one of those sessions that Liza snuggled up to Edward and called him “my Mr. Meerkat.”

It didn't really seem worthy of exploration, but we had a few minutes left, so I asked about “Mr. Meerkat.” Liza told the story of how they had seen meerkats at the San Diego zoo

when they were dating and had fallen in love with the small, gregarious creatures. It became their private language of endearment: he was Mr. Meerkat and she was Ms. Meerkat. They even referred to their house as The Burrow. They seldom spoke “meerkat” now that they had kids, but Liza had been feeling affectionate in that moment, and Edward had hugged her in response.

I went home and made dinner. I should have been pleased to end the day on such a high note, but something about “meerkat” was bothering me. It wasn't until I was checking my personal email before bed that I made the connection.

You see, What Now, I have a dirty little secret: I am on an online dating site. I was married briefly, in my twenties. It didn't work out, but we parted amicably and the whole process gave me the confidence and credibility to be a couple therapist — for which I'm grateful. But I've been single for twenty years, and I really want to meet someone, so my New Year's resolution was to put up a profile. Naturally, I've been careful. I don't state my profession or any other identifying information. My photos are discrete. In fact, some of them are not entirely current, shall we say, and I was definitely thinner when they were taken. So you wouldn't recognize me unless you knew you were looking at me. I even have a separate email address I use for corresponding with potential dates.

And there have been dates! I've had dinner with a few men, and I'm communicating with a few more. Which is how I recognized Mr. Meerkat. We've been emailing for over a week! His user name is actually “mistermeerkat.” His pictures show him in sunglasses and baseball hats, but it is definitely him. Obviously I would never date a married man, but his profile says he's single, never married, no kids. I can't believe how stupid I've been — about everything!

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What Now?*(continued from page 3)*

Liza's paranoia is justified, and Edward is defensive for a very good reason. I know what to do about my relationship with "mistermeerkat" (disappear from online dating immediately), but I don't know what to do about the therapy.

Now what, What now?

Sincerely,

Shocked and Sullied**Dear Shocked and Sullied,**

No wonder you're confused! Therapy is a challenging activity when the clinical and the personal collide.

First, ask yourself if it's appropriate to keep working with this couple. That may well depend on the content and character of the messages you and Edward exchanged. Lists of favorite movies? Then it's more likely the therapeutic relationship can survive. Soul-baring confidences and declarations of passion? Less likely.

If you feel you can continue as Edward and Liza's therapist, you'll need to deal with the information Edward has (inadvertently) disclosed. What you do depends on your confidentiality policy. Do you always, never, or sometimes share one partner's secrets with the other? Hopefully you've put your approach in a written statement that your clients sign. If not, this would be a great time to create such a document; confidentiality complications come up again and again in couples therapy.

If you keep secrets private, tell Edward what you know and recommend that he (or you) bring up this issue when you three next meet. If he's uncomfortable working with you after he realizes you two have communicated through a dating site, or if he's unwilling to share this with Liza, it's probably best to terminate therapy with a generic reason ("I don't believe I can be of further help") and offer referrals. While some therapists will work with couples when there's an undisclosed affair, this is not for the faint of heart.

If your policy is to share everything, or if Edward agrees to disclose his online dating, then it's time to bring Liza up to date. Step carefully. Edward is doing...something. But it's not clear what. Maybe he's using dating sites to get attention. Maybe he's going on dates. Maybe he's having extramarital sexual relationships. Don't jump to conclusions; describe only what you know.

Liza entered therapy wanting Edward to confess; now she'll get what she asked for. As with many granted wishes, the results may be messy. The news could hit particularly hard if

"As with many granted wishes, the results may be messy."

recent relationship improvements have softened her fears. Learning of Edward's correspondence with you may make things even worse, and she'll probably want details. Share this information calmly and openly to model productive communication in an affair-like situation.

It would be understandable if Liza stops couples therapy, or at least stops working with you. Still, a strong alliance on her part could allow therapy to continue. This means wading into the whirlpool of helping a couple deal with secrets and betrayal. That's too big a topic to cover here; a good resource is *Helping Couples Get Past the Affair* by Baucom, Snyder, and Gordon.

Whether or not the therapy survives, I urge you to be gentler with yourself. You have not been stupid. Trust, by definition, involves risk. Cynicism provides protection, but at great cost. Your clients and your potential partners will be better off if you meet them with optimism and an open heart. Plus, you've been doing great work. These folks come regularly, follow

your suggestions, and report progress. Edward may well love his wife, be happier with his marriage, and still be interested in other partners. Research suggests this is a common pattern; it doesn't reflect shortcomings on your part.

Perhaps your assessment of your work is influenced by the shame I hear in the phrase "dirty little secret." Relax. Online dating is the new normal, launching a third of recent marriages. Block "mistermeerkat," stay on the site, and stick to your New Year's resolution.

There's much to ponder here. Take a few deep breaths, congratulate yourself for seeking consultation, and move forward.

Eric Albert, LMHC

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Dear Shocked and Sullied,

I can very much understand your surprise and shock at the discovery that you were talking to a client online. What a statement about our modern world of internet connectedness!

First, I think it would be helpful to think about whether or not you wish to continue working with this couple given your discomfort with and reaction to having "secret" information. There would be no shame choosing to conclude the therapy (in a reasonable period of time) knowing you helped the couple through a very disruptive state of emotional upheaval and that they now seem to feel more satisfied in their relationship and connection.

Furthermore, many schools of couple therapy would assert that treatment cannot be advanced or effective when undisclosed secrets exist.

If you do decide to continue your work with this couple, you then have to decide whether or not to disclose your "secret." If you do disclose, what will happen to the treatment and your current working alliance with

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What Now?*(continued from page 4)*

both members of the couple? Will each view you differently in the transference? Will they be able to trust you? What will the therapeutic gains and losses be? And, most importantly, do you feel capable of navigating those very complicated transference and countertransference issues?

It would be interesting to consider what might happen in the therapy if you held your secret and did not disclose this information. You now have very helpful and important information that you can use to aid this couple and to deepen your work with them. Because Edward's secret is known by you, and because Edward may subliminally sense this, he might become defensive in sessions. Or, he might feel safe in this "holding environment" and be able to talk more honestly about his secret at some point in the near future. If Edward senses you will not be rejecting, shaming, or abandoning — and that you can help the couple get through this — he just might let something slip that you can use to bring the "secret" to the forefront of the treatment in an empathic and attuned way.

If this secret is later disclosed, the discovery will not only be shocking for Liza (like it was for you) but also very challenging for both Liza and Edward to work through. But you now have more tools and more affective ways to attune and respond to both partners' feelings about the disclosure. Your own reactions to Edward's lies, as well as your feelings

about "mistermeerkat's" online persona (with whom you enjoyed chatting), can enhance your understanding of how Liza might feel.

Although I can appreciate how you might now see Edward as an untrustworthy liar (and it is probable that Liza would see him the same way), this may not be simply a matter of Edward pulling one over on you (or on his wife). What might Edward's fears of being "caught" be about? What is his self-perception? Is it possible that he may be struggling with impulses he can't control, fears about needing attention and "stroking" from women to feel that he is a

"What a statement about our modern world of internet connectedness!"

sexual man? Does he believe he can fulfill Liza's longings for an idealized Mr. Meerkat? And what of Liza? Understanding more about what makes her feel close to the gregarious, playful, and presumed loyal Mr. Meerkat would be fruitful. Your heightened curiosity and deeper understanding of how each partner imagines the pleasurable relationship of meerkats inhabiting a burrow will enhance your work tremendously. In the long term, you may be the best person to help Edward and Liza work toward a more intimate, honest, and trusting relationship.

And, finally, about you and your perception of having a "dirty little secret" and feeling "sullied" by it... Is it shame you are feeling? If so, what might this be about? It does not appear to me that your secret is "dirty" at all. You are a single woman who, like many other single adults, is seeking partnership. You found Mr. Meerkat enjoyable to chat with online. Perhaps you found him desirable, attractive, and/or exciting — which may now feel very uncomfortable but which is also helpful information for you. An analysis of your reactions to this discovery would be helpful — not only to free yourself from the "shock" of your newfound knowledge but also to more deeply understand Edward, Liza's attraction to him, and the couple dynamics and interactions you have observed for a year.

Whether you decide to stay or go, you have helpful information and can make an informed decision.

Good luck.

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Affect-based Couples Case Consultation

by **Helen S. Hwang, Ph.D.**
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On November 8, 2015, the PCFINE Brunch Committee hosted Eleanor Counselman, Ed.D., whose presentation entitled: "Affect-Based Couples Case Consultation" introduced PCFINE members to an experiential model of consultation that can be instituted in both leaderless (peer) and leader-led consultation/supervision groups. Dr. Counselman informed us about a consultation model that involves the therapist tuning into the couple's communications that may be occurring at a nonverbal, micro-level and are often overlooked or forgotten by the time of consultation. This intriguing modality has us put aside more conventional ways we have been taught in supervision to "hear" what couples are "saying." By playing off of the associations of others in the consultation group, members then collectively help to further refine what is unspoken, and not as yet fully formed. This could be summed up exquisitely in what Dr. Counselman stated: "We want to get at the music and not so much the words."

Drawing from a deep well of experience as both a supervisor and supervisee, Dr. Counselman began her presentation by sharing her thoughts, ideas, and feelings about supervision, and how supervisory needs may change over the course of one's career. Dr. Counselman shared her experiences of "bad" supervision with the pathognomonic feature of painful shame from the tenor of a right way, or a wrong way, to respond to a patient. (We can all relate to this.) As Dr. Counselman stated, a lot of "communication" gets lost when trying to present material only in a logical format. She posed the question: "How do we teach this work as both an art and as a science, to honor both the subjective and the objective?"

Dr. Counselman further stressed that there are universals in supervision; no matter the extent of experience, no one is too old to feel uncomfortably exposed when troubling cases are taken to a supervisor and exhibited. In the context of five years of training in Emotionally Focused Therapy (EFT) which in addition to didactics involved role-playing and other experientials, she poignantly shared the vulnerability she felt in video-taping her "worst cases" and presenting them for supervision. Shudders...Dr. Counselman spoke about power and authority's omnipresence — that even

"How do we teach this work as both an art and as a science, to honor both the subjective and the objective?"

when it is a consultation, it is never just a level playing field.

Next, she discussed "interpersonal neurobiology," noting the power of early implicit learning and the right brain to right brain communication that is part of any relationship (within a couple and between couple and therapist). Dr. Counselman emphasized attending to the nonverbal field of couple therapy, giving the example of a somatic experience in which she experienced "smelling overripe fruit" with a couple whom she then began to understand as dealing with aging and feeling past their prime.

Dr. Counselman then discussed how affect-based consultation groups actually work, noting healing qualities already in play by virtue of it being a group. The group officially begins with a member who presents a small amount of information about a couple. This is important because the goal is to try to enter the experience in a way that runs antithetical to the more linear

way we are used to. As Dr. Counselman stated, "Take your left brain off-line." This involves staying with your own experience and not working so hard, to in fact be present temporarily with a different state of consciousness. The presenter shares feelings, associations, sensations, dreams, images, etc. about the couple while the other group members listen. Then the group members respond with their affective experiences, that may manifest in imagery, physiological sensations and reverie; some time is given for them to percolate. The presenter listens, further associations are shared, and finally the presenter offers more details of the case, which now encompasses and enrobes the layers and matrix of collective association; this typically results in a richer more complex picture of the couple.

Dr. Counselman's presentation then led to the actual demonstration of this group whereby eight volunteers from the audience formed a fishbowl group, while the rest of us observed. Dr. Counselman, acting as facilitator, posed the following question to the member with a case that felt "hot": "When you think about the couple, what comes up for you?" As this was the first time many of the members engaged this way, it was challenging to drop down into an associative state, and it is noteworthy to wonder what the resistance may be about. Dr. Counselman encouraged the group by stating: "You're driving on the left side of the road, not the right."

Not surprisingly, many interesting associations to the material arose, as members' associations also played off one another. Furthermore, a parallel process was noted, meaning associations of one member to his/her experience in the group reflected an uncanny understanding of a member of the couple. One of the more noteworthy collective creations was that of a sadness, which reflected

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Working with Couples Who Have Experienced Trauma

By **Toby Coltin O'Leary, LICSW**
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On January 31, members of the PCFINE community gathered for a presentation by Laura Barbanel, Ed.D., and Belinda Friedrich, LICSW, entitled, "Working with Couples Who Have Experienced Trauma." Laura Barbanel, Ed. D. served as the moderator. The consideration of the impact of complex trauma on our clients offers a deep and important pathway towards making meaning of our clients' inner lives and their couple's interactions. This presentation touched off a lively and wide ranging conversation.

Dr. Barbanel, a psychologist practicing in Brooklyn, New York who specializes in trauma, began by offering the theoretical underpinnings of trauma, and case examples from her practice to illustrate. She believes that we, couples therapists, see mostly those who are suffering from complex trauma, versus single episode trauma in our practices. Complex trauma is described as possibly the single largest public health problem, and is a predictor of psychological and physical illness, crime, and shortened lifespan. Of all sources of trauma, that of interpersonal trauma by a person close to us is the most damaging. Unhealed trauma; with its accompanying coping responses of fight, flight, attach, submit, and freeze, repeatedly present challenges as we strive to help clients bring increased connection into their lives. As Dr. Barbanel emphasized, "Connection is curative."

Belinda Friedrich, LICSW then offered a rich and detailed case presentation of a couple in the midst of a marital crisis with whom she had worked. Both partners presented with signs of complex trauma along with histories of mental illness and substance abuse. A fairly recent crisis with severe symptoms, combined with defenses of

anger and shame, led to a cycle of shame, blame, and isolation. During the course of couple's treatment, Belinda used referrals to other therapeutic modalities, including individual and group experience where the family could learn to better manage shame and increase esteem, which facilitated awareness of defensive coping strategies in the couple work.

Over the course of treatment, old beliefs that attachment was not safe began to be replaced by an increase in trust. Belinda believes that individual

"Unhealed trauma; with its accompanying coping responses of fight, flight, attach, submit, and freeze, repeatedly present challenges as we strive to help clients bring increased connection into their lives."

sessions with each member of the couple to help them better understand how their trauma history shaped them, were crucial to the success of the treatment. This was a case which also illustrated themes such as the destructive power of keeping secrets, and the challenge of revealing them, for those whose past sense of safety might depend on silence. Informed by her understanding of the nature of trauma, Belinda was able to provide a range of curative strategies and skills that included: hope, psychoeducation, affect regulation, and a slow and steady refocusing on the goal of reconnection.

The audience was then invited to respond. The usefulness of combining both couple and individual work within the couples' therapy touched off a lively discussion of the parameters and tensions related to "bending the frame." One advantage mentioned

was that this model can help to slow down the process. If an important role of therapy is to provide a safe way to tolerate emotions and vulnerabilities, then adding individual work can help to increase empathy, and when necessary, to provide a place to assess safety.

Belinda wondered if perhaps the flexible model might not be as useful with clients who have a history of sexual abuse, due to the complexity of the issues, but added that each case is different. She believes that in the case she presented, the individual work was crucial to addressing the husband's shame. Another respondent commented that if there is not the trust to do the individual work separately, then doing individual therapy with the partner in the room can offer similar benefits. Participants agreed that continuing to hold the frame of the couple, even when doing individual work, is essential.

Returning to the issue of secrets, whether or not to share them is a case by case decision, and being clear about our policy helps add to a sense of safety. One participant spoke about using a signed form, another about clarifying verbally with clients that "I will use my best judgments as to whether or not I share a secret." In terms of privacy versus secrecy, is it best to reveal everything? The therapist can model it's alright to be private, or model empathy, for example, "just because it's true, doesn't necessarily mean it's helpful." Eric Albert added that he administers a domestic violence assessment tool in individual sessions when this is indicated.

The theory and role of unhealed trauma, as it relates to the disconnection our patients can experience, provided a stimulating jumping off point for yet another dynamic presentation.



Faculty Lunch

By **Carolynn Maltas, Ph.D.**

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Despite the snow and wind, over 20 members of the Faculty, Board and Committees gathered on January 24th, at the cozy restaurant Rangzen in Central Square. This party is by now an established, and eagerly anticipated, coming together of these groups, to celebrate who we are, share ideas about where we would like to go and be entertained and challenged by one of Joe Shay's provocative video presentations. All this, after feasting on the spectacular buffet, which seems larger and better every year.

Carolynn Maltas, Director of Training, reviewed the current two years of the Couple Therapy program and summarized information from the Chairs of the Program, Brunch and Ongoing Learning Committees, as well as the Newsletter. The Program Committee has been incredibly busy since last spring's Couples on Fire Program, bringing in Janina Fisher to address the Legacy of Trauma, and offering several exciting programs later this year, including Michele Scheinkman and the Red Well Theater Group. This year the Brunch committee decided to focus on affect in couples and couple therapy and offered three well-regarded Brunches on related themes, generously hosted by Susan Abelson. The new Ongoing Learning Program, expanding learning opportunities for members, offered two four-week classes and a half day workshop last winter and spring, and an ongoing writing group all of which have been well-attended. Another four week course is beginning shortly and we are in the planning stages of reading groups, and several more short courses.

Carolynn and several others on committees asked for those present to think seriously about a wish list of things they would like to participate in, as teachers and/or as learners, and several ideas were generated,



Front row: Joe Shay (seated), Jennifer Stone, Alice Rapkin, Mary Kiely, Ruth Chad, Linda Camlin, Magdalena Fosse, Stephanie Adler, Shelley Brauer, Justin Newmark.

Second row: Deborah Wolozin, Richard Schwartz, Risa Weinrit, David Goldfinger, Diane Englund, Jerry Gans, Keith Irving.

Third row: Roberta Caplan, Jacquie Olds, Sally Bowie, Carolynn Maltas, Steve Krugman, Susan Abelson, Luanne Grossman.

including some Film Nights. There was a special request for people to offer to write something for the Newsletter, as Dan Schacht and Eleanor Counselman have put so much work into developing this wonderful contribution to the PCFINE community.

Live entertainment was then provided by singer-songwriter (as well as faculty and committee-member) David Goldfinger and his able assistant Debbie Wolozin. His song about the travails of couples was an instant hit and much appreciated. Joe Shay then followed with a wonderful collection of video clips that prompted discussion of how therapists decide when or if to actively intervene in an interaction or give advice and opinions. A lively conversation ensued, making us all aware of how much we enjoy hearing one another's views, and wishing for more opportunities. Thanks go to all who make this event and PCFINE such a success.

New First Year Trainee

(Received too late for the Fall issue due to an incorrect email address)

Katie Naftzger, LICSW, is in private practice in Newton Highlands. Her training included The Brookline Community Mental Health Center and Children's Hospital, Boston. Although Katie enjoys seeing a wide variety of people, she specializes in issues related to adoption and/or race. She primarily sees adopted teens, young adults, couples and families. Katie runs a therapy group for young adult Asian adoptees, and offers online and local groups to parents of adopted teens.

Katie is a participating therapist in A Home Within, a national organization which provides pro bono therapy to those in foster care. She is involved with several national organizations such as the Korean-American Adoptee Network Conference, Vietnamese Culture Camp and Families with Children From China.

Currently, she is working with Jessica Kingsley Publishers on a book for parents of adopted teens.

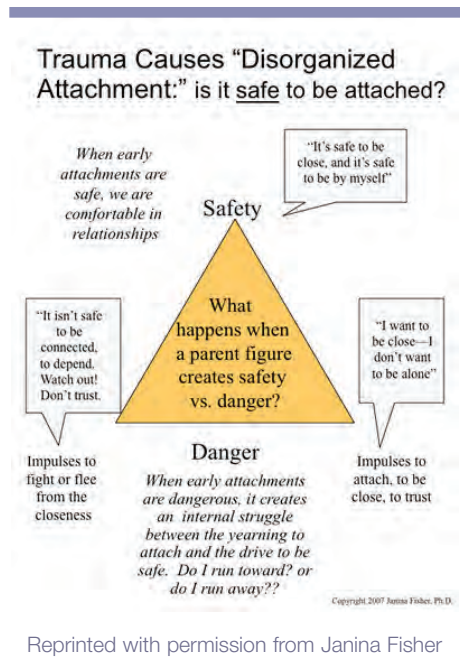
When Intimacy Feels Unsafe: Healing the Trauma Legacy In Couples Therapy

By Rivka Perlmann, Ph.D.
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A sold-out audience gathered at the Macht Auditorium on October 24, 2015 for a day-long program with Janina Fisher, Ph.D. to learn about the impact of trauma on adult romantic connections. In vivid language, and with the help of visual aids, we received a crash course on attachment theory, trauma treatment, and lessons from contemporary neuroscience. There were two goals: the first was to highlight the relevance of all these approaches for couple relationships where there is trauma. The second was to introduce us to Sensorimotor Psychotherapy, a body-centered talking therapy and to demonstrate its usefulness in working with couples where one or both members suffered trauma. Finally, in the afternoon we were treated to a live demonstration of Dr. Fisher's skills with a brave couple who came up from New York to be interviewed in our presence.

When assessing the distressed couples who show up in her office Fisher quickly discovers the vestiges of failed early attachments and their aftermath. Down to earth and direct, probing yet sensitive, Fisher will typically ask in the first interview not 'do you have a history of abuse or neglect' but, rather, 'did you ever see your parents frightened, or were they ever frightening to you?' In this way she aims to get close to the heart of their experiences as children: that if you do not feel safe with those you need and love early in your life, you're likely to bring an attitude of weariness, even fear, to your subsequent love relationships. Many of her questions thus lead a couple to begin to see not each other as the villain but rather the trauma history of one or both of them as the culprit for their relational difficulties. Illustrating how past links to present, she'll often use visual aids

such as the diagram below, to educate the couple.



The imprint of trauma lives on in the body. Thus long-lasting responses to trauma result not only from events evoking experiences of fear and helplessness, but from how our bodies interpret those experiences. We remember trauma less in words and more through our feelings and in our bodies. Working first with Judith Herman in the 1980's and later with Bessel van der Kolk in the 90's, drastically altered how Fisher approaches work with individuals and couples who come to her with a legacy of trauma.

More recent developments in neuroscience — writings by such researchers as Alan Schore, Daniel Siegel and others — further solidified her belief that for therapeutic work to be effective it has to be body-based. Since so much of the trauma memory is embodied rather than inherent in the telling of the events, a therapy that invites people to narrate the events will not only be insufficient, but can also

activate emotions that are too intense for the person to bear and digest. This over-activation of the system results in what Fisher refers to as the system, i.e. the person, being triggered. The relational failure — the disappointment, criticism, or other negative signal from the partner — is construed as a danger signal. The body automatically and viscerally responds to all such signals as it had in the distant past. The sensations and feelings of the moment — shakiness in the body, a sense of collapse, a state of acute loneliness and depression — are the "body memories" or "feeling memories" activated by the negative interaction with the partner.

Alternatively, trauma triggers can also result in a complete shut-down of the arousal system, reproducing in the person a detached, numb, unfeeling state, also acutely painful. In her meetings with a couple, Fisher will use a light touch when saying to the couple how their marriage vows need revision to include a phrase stating "I take you with your nervous system." She will explicitly ask partners which style of reactivity they think typifies each of them, and convey that the same person can alternate between the two types. She will explain to the couple that once their brains are triggered by such body memories, their thinking capacities will have been hijacked and would be temporarily unavailable. They are then apt to either over-react or under-react; they are not in their wisest selves. Both reactions represent a failure of affect tolerance. Now, as we all know, triggers abound in couple therapy. Her goals with a couple, Fisher said, is to end up saying to each other: "oh shit, I was triggered" as opposed to "you hurt me"... "you made me feel like you don't care"... "you're a 'jerk'." If you had parents who were available to help you in despairing moments, you evolved an implicit belief that this was possible. And consequently, when a partner fails

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When Intimacy Feels Unsafe: Healing The Trauma Legacy In Couples Therapy

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you, it doesn't feel catastrophic. Rather, the hurt is short lived, the relational failure easily soothed by corrective interaction with your partner and your own self regulating capacities. If, however, you're easily and intensely triggered by relational failures, your "body memories" may lead you to construe the partner and the partnership in more despairing terms. We waited eagerly for the Sensorimotor Psychotherapy segment of the day to begin.

Developed in the 1980's by Pat Ogden, Ph.D., Sensorimotor Psychotherapy is a somatic approach that draws from psychodynamic psychotherapy, gestalt therapy, cognitive behavioral therapy, as well as other body based approaches. A typical session begins as would most psychotherapy sessions: with a patient's narrative. However, rather than focusing on the events themselves, the Sensorimotor psychotherapist works with the encoding of the event (i.e., the effects of the memory in present time), helping people become mindful of the persistent physical, cognitive and emotional responses evoked by the narrative. When the therapist focuses on helping the patient become curious about the ways in which the trauma has been encoded in mind and body, the result is two-fold. First, the emphasis on mindful curiosity is often containing and regulating in itself. Second, mindful curiosity fosters a dual awareness: experiencing the affects and simultaneously observing them. Experiencing a traumatic activation while simultaneously observing oneself doing so, has the potential of lessening the intensity of the reaction and enabling the thinking self to come on board.

Since many of us wished for a more extensive discussion of the principles of the Sensorimotor approach, I'd like to direct attention to Janina Fisher's website which contains a wealth of resources, among them a

downloadable pdf titled "Sensorimotor Approaches to Trauma Treatment."

So what does working somatically with couples look like?

Take a strong stand that intimacy is contingent upon feeling safe. Interrupt accusations or devaluing comments as these increase blame and shame which decrease safety. Help couples modulate arousal in response to partner by placing the blame on the trauma: "if it weren't for that damned trauma, you would feel safe together even when one of you is a jerk!" Help

"We remember trauma less in words and more through our feelings and in our bodies."

the couple learn to use the language of triggering, so they can discuss their actions and reactions without shame and blame: "when you were late, I got triggered — I was so alone and so scared." Normalize being triggered by one another — it decreases feeling threatened, and instills a no-fault attitude. Name what you see in the body: "seems like your eyes looked away when she said that." She's fond of using the Couples Dialogue exercise (what we call the Active Listening exercise) and is an active teacher and coach on how to speak so that the listener can really hear, and how to listen so that the speaker feels genuinely mirrored. Fisher believes that the therapist's job is that of coach and affect-regulator.

The explicit goal is to learn how to communicate without dysregulating the other. Once partners learn the Couples Dialogue, mindfulness and somatic interventions can begin to be effective. Fisher invites the partners to be watchful of their own and their partner's bodily reactions. If dysregulation is noticed in one or the

other partner, she will intervene by asking "what is happening in your bodies right now?... How might that tightness be affecting your listening ability?" ... "Wow! No wonder this type of discussion has been so triggering!" Fisher will actively teach couples how to calm their bodies when trying to talk: "What happens if you take a breath? Let your shoulder relax a little? Lengthen your spine just a tiny bit?."

Without touching patients Fisher will demonstrate gestures and body movements that help calm the body or express something without words: "Pause for a moment and breathe...put your hand on your heart, the other hand stretched out in a stop sign...just for one second look at your partner...the next time things start to heat up...remember the message from your nervous system...and use a few deep breaths to slow yourself down and remind yourself how we have to have a calm body to work things out." Whenever possible, Fisher tries to keep the focus on the emotional and somatic. For example, if a couple is discovering that grasping each other's hands helps them to feel suddenly much closer, she might say: "Yes it feels good, doesn't it? Allow yourselves just to enjoy that feeling of your hands together. Set aside all the issues for a moment and just concentrate on that feeling you both want in your relationship."

There was a hush in the room when Dr. Fisher introduced the couple who sat in the front row of Macht throughout the morning and through lunch. Their charm and insight captivated us all. Fisher's warmth and skill was on full display and she helped us see the wisdom of the questions she posed and the lightness of the interventions she employed. The partners' curiosity about each other, their capacity to feel and to reflect were an awesome sight to behold. We left the Macht invigorated and wishing for more.

To “Like” or Not to “Like”

By Rachel Barbanel-Fried, Psy.D.
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Recently a patient appeared in my list of “People You Might Know” on Facebook. Shortly after that I saw another patient in a set of wedding party photos along with a friend of mine; both were friends of the bride. These are only two examples of how the use of social media potentially impacts clinical work with patients. The questions and issues that arise mirror those that are commonly encountered in traditional clinical practice. What is the right thing to do in these situations? What are my ethical, clinical, personal responsibilities? The contextual duality of social media and mental health care makes these questions particularly challenging to answer.

Digital technology has introduced many clinical, legal and ethical issues for therapists, and social media is just the newest technology to come into focus. Some clinicians use email to communicate with patients, some are clear that email is not to be used. Some therapists are comfortable using text messaging with clients, others wouldn’t dream of doing so. There are therapists who blog or use Twitter, and more platforms are coming down the pike everyday. Social media is a constantly evolving space with many different elements, but I believe that our biggest requirement is to be clear about our boundaries and expectations.

As of January 2014, Facebook has over 1.19 billion users; many of those users are therapists. Facebook was initially a forum to share personal information with friends. However, as social media has become more central to the way that we communicate, more and more businesses are using Facebook as a way to market to consumers. After all, the vast majority of people search online for information they need. Businesses are creating Facebook pages and ads to get their

message out and promote interest, and this is increasingly true of therapy practices as well. People are increasingly likely to look up and even find their new therapist through an online search.

Older adults are increasingly utilizing the internet to get the information that they need or want, such as address or directions, and younger people are putting more and more value on transparency. This means that millennials are quite likely to search out and see what they can learn about a

“Instead of assuming anonymity or tabula rasa I now expect that clients who come to see me have done their due diligence to find out who I am.”

new therapist prior to calling or meeting for the first time. This may mean checking a website for reviews or to read publications, including doctoral dissertations. Someone who is even a little adept and wants to know more can find quite a lot of information with relative ease. As a result, instead of assuming anonymity or tabula rasa I now expect that clients who come to see me have done their due diligence to find out who I am.

With any new medium, there are pertinent questions about its therapeutic suitability, and they will continue to evolve as our use of technology does. Many of the questions that arise are similar to other clinical concerns, while others are specific to the electronic medium. Currently, the most complete guidelines are the Code of Ethics outlined by the American Counseling Association (find it at ncblpc.org).

After the two incidents mentioned earlier, I decided to make a

professional Facebook page. A professional page is different from a personal profile. Having a professional page may reduce some of the potential problems that arise from sharing information on a personal profile. Of course what each individual deems “personal” is distinct and each user’s privacy settings may be set accordingly. I thought about my privacy settings; were they strict enough? Facebook has many different privacy settings that can be modified, and they change frequently and therefore need to be checked regularly. I changed my personal profile to a name that includes part, but not all, of my full name. I made these changes to try to separate the more public profile from aspects of my life that I hoped to keep more private.

Shortly after creating my new Facebook page I had a client who was moving to NYC. She was very anxious about many things, including starting with a new therapist. Previously when I was on vacation she would use my website as a sort of transitional object, looking at it to remind herself of our sessions and to remind herself that I was going to return. Around the time of our ending our work together she found my professional Facebook page and she began to check it regularly. She told me that she found it when she began to refer to some of the articles that I had posted. She told me that in light of our work ending, she was particularly glad to know that I had a blog and a professional page. That way she could “follow” me without having to fear that she was impinging on my personal space. She could continue to “hear my voice” by accessing my website, blog or Facebook page when she needed to. I learned a lot from this incident, in large part because we were able to talk about what the meaning was for her and make clear what the boundaries and expectations were.

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Red Well Revealed: An Interview with Bob Schulte

By Barbara Keezell, LICSW, CGP,
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The PCFINE Program Committee is pleased to present a Red Well Theater Group production of *Dinner with Friends* on Saturday, May 14th. Here Barbara Keezell interviews Bob Schulte, the founder and director of the Red Well Theater Group.

Barbara: Can you give us some backstory on how the Red Well Theater Group came to be?

Bob: I had an epiphany while planning a group therapy conference, back in 2002. The play 'ART' very unexpectedly came to my mind as a possible plenary idea. Its simplicity in conveying interpersonal and group themes was appealing and I was familiar with play reading from my prior career as a theater director. Serendipitously, there was another therapist colleague, John Dluhy, whose own theater career as an actor had yet to be fully realized. As director and actor we became a sort of work couple, pursuing our theatre ambitions together, part-time, in the service of our professional development as clinicians. I feel grateful to John and very fortunate to have such talented, creative partners in the work of the Red Well Theater Group. We are a cadre of Washington, DC area group therapist colleagues who share a love of theater and a commitment to dynamic group therapy training.

Barbara: How did you choose this particular play for the PCFINE audience?

Bob: Authentic emotional communication and creative collaboration are vitalizing processes in successful intimate relationships. This truism was "in play" from the beginning of the script selection process. Susan Phillips, my contact at PCFINE, and I entered into a long-distance



Dinner with Friends rehearsal

Belinda Friedrich, Eleanor Counselman, Barbara Keezell, Ron Goldman, Justin Newmark, and Bob Schulte.

collaborative partnership, searching together for a play that would be intellectually and affectively compelling for an audience of couple therapists. We each recommended titles, read plays, and even scouted out current productions. We were thrilled to discover *Dinner with Friends*, by Donald Margulies.

Barbara: How is your process of preparing a play reading similar or different from the traditional way a play would be rehearsed?

Bob: Theatre has its own way of staying experiential and not being too didactic or intellectual. In the theatre I would say to the actor, "Don't tell me, show me." In the RWTG, however, the actor is part-performer, part-therapist, and part-audience. So, we have to find a way to allow the therapist-actor an authentic experiential encounter with the play and also provide an opportunity to reflect and make meaning of their experience. When we reach performance time, we extend the same invitation to the audience to be in meaningful dialogue about how the play was experienced and then relate this to their practice of psychotherapy. For me, the process of

enactment, reflection, and meaning-making is the essential commonality between theatre and psychotherapy.

Barbara: What can you tell us about the play and the program you have planned?

The play opens in the fashionable Connecticut home of Karen and Gabe. They are giving a dinner for their married best friends Beth and Tom, which Beth attends alone. By dessert time, it emerges from the devastated Beth that Tom has left her for another woman. Gabe and Karen are heartbroken, having expected "to grow old and fat together, the four of us."

When a couple is struggling with infidelity endless questions emerge in search of deeper truths. "Why?" "Are you in love with him/her?" "What do we tell our friends?" Our educational program features a theatrical case study of two married couples coping with the shock of betrayal and its cascading effect on their many entwined relationships—self, spouse, children, family, friends, and neighbors.

A clinical commentary relevant to couples therapy and an audience discussion follow the play reading. *Dinner With Friends*, winner of the

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Cartoon Caption Contest



Cartoon by David Goldfinger

Submissions for this cartoon should be sent **directly** to David Goldfinger at davidagoldfinger@gmail.com. Two weeks after publication of the newsletter David will post all entries received to date on the listserv for everyone to enjoy. (Entries may be submitted after that but will not be posted.) The next issue of The PCFINE Connection newsletter will announce the winning entries as selected by the newsletter staff based on the creativity, humor and originality of the submissions. Have fun, be creative and enjoy!



Cartoon by David Goldfinger

Fall 2015 Cartoon Caption Winners

With thanks to all who contributed captions, here are the three winners selected by vote of the editors and the artist.

- #1 **Lawrence Kron:** "I can see that you still have feelings for each other."
- #2 **Susan Phillips:** "Soon you'll be able to do this exercise on your own."
- #3 **Carolynn Maltas:** "He does make some sacrifices to be with me."

Affect-based Couples Case Consultation

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something really important in the couple. The discussion was then opened up to the entire group, with one observer wondering whether one can really get a picture of the couple from this. Dr. Counselman noted that the model is a tool to a type of narrative dialogue from which material that is embedded and left out can be illuminated. Dr. Counselman interestingly noted that in more longstanding affect-based consultation groups, much deeper personal associations arise, which intuitively makes sense and also sounds very fascinating.

Reflecting the needs of supervision changing over time, perhaps Dr. Counselman is speaking to our need to be creative. We observed the consultation group creating something which hadn't been there before, and it was tangible. In this state of being open, which Bion speaks of as "the waking dream state," we are always dreaming, it's just we aren't aware of it. The stars are "there" during the day, but we only "see" them at night. In an Affect-based Couple's Consultation Group, material that is more deeply embedded can be illuminated and light can be cast on what is not yet symbolized, and therefore not yet lived.



Member News

■ **Eric Albert** — Three great recent reads: 1) *Doing Dialectical Behavior Therapy* by Kelly Koerner. DBT helps clients prone to emotional dysregulation: those with high sensitivity, high reactivity, and a slow return to baseline. That describes many people in distressed relationships, so I read a lot of DBT books. This one is wonderful: clear, compassionate, good-humored, and packed with clinical examples. 2) *Social Constructionism, Third Edition* by Vivien Burr. In therapeutic approaches where therapist and client co-create meaning (relational psychoanalysis, solution-focused therapy, etc.), thorny philosophical issues arise. This well-written textbook surveys a range of such issues and some ways to deal with them. 3) *The Music of Joni Mitchell* by Lloyd Whitesell. Highly recommended if you're a big Mitchell fan who knows some music theory. This academic analysis of Mitchell's songs will deepen your understanding and appreciation of her work.

■ **Roberta Caplan — Carolynn Maltas, Rachel Barbanel-Fried** and I will present the panel "When the Parent is a Psychotherapist" at the APA Div. 39 Spring Meeting in Atlanta. All 3 of us are members of Section VIII (Couple and Family) as well as PCFINE.

■ **Eleanor Counselman** — In February I became President of AGPA for the next two years. I feel excited and honored to be in this role. Two PCFINE members, **Joe Shay** and **Barbara Keezell**, were elected to the AGPA board, and I'm so glad to be working with them. I gave my Presidential Plenary "First You Put the Chairs in a Circle; Becoming a Group Therapist" during the AGPA Annual Meeting in New York.

In September I facilitated a weekend group of therapists in Maine who have been meeting three weekends a year for over 25 years!

In October I taught a training weekend for the Washington School of

Psychiatry National Group Psychotherapy Institute Training Program. My topic was "Are You There for Me? Attachment in Group Psychotherapy."

In November I presented at a PCFINE brunch. My topic was "Affect-based Case Consultation."

In January I attended a two day seminar on leadership sponsored by the American Association of Society Executives.

I have a chapter called "Tears in Therapy and the End of Life," in a new book, *When Therapists Cry*, edited by Amy Blume-Marcovici.

And best of all, in January our second grandchild, Olivia Catherine, was born!

■ **Jerry Gans** — In October, our third grandchild, Jack, was born.

In the Fall I gave two Grand Rounds: at the BIP. I spoke on "Saying Hello to the Stranger: The Initial Session."

At the University of Texas at Southwestern I spoke on the "Dos and Don'ts of Couple Therapy." In Dallas, I also ran a videotaped demo group — here are the youtube links to the group and its discussion —

<https://youtu.be/LpvG33A2QjY> and <https://youtu.be/KLqmfBSOXnM> —

of psychiatric residents playing their challenging patients. I was the invited speaker at the Austin Group Psychotherapy Society's Fall Conference where I spoke on "Money and Group Psychotherapy" and "The Difficult Patient in Group Psychotherapy."

I presented a Distance Learning event for AGPA on my book, *Difficult Topics in Group Psychotherapy*. I have submitted for publication a paper entitled "Our Time Is Up: A Relational Perspective on the Ending A Single Psychotherapy Session."

■ **Suki Hanfling, LICSW. AASECT** — I have 4 upcoming presentations this spring. They are: 1. "Enhancing your Sexual Relationship; Tips for Couples

after Prostate Cancer," March 7th, for the Prostrate Cancer Support Group at BIDMC; 2. "Maintaining Your Sexual Relationship with Parkinson's Disease: Is It Possible?" May 22nd for the Parkinson's Center, BIDMC, at the Leventhal-Sidman-JCC, Newton; 3. "Talking with Individuals and Couples about Their Sexual Concerns; Enhancing the Conversation Comfort Zone" for the Dept. of Psychiatry & Behavioral Medicine, Lahey Hospital Medical Center, Burlington; and 4. "Talking about Sex: Strategies from a Sex Therapist" April 8th & 9th for the Harvard Medical School/ Cambridge Health Alliance Conference on "Sex, Sexuality, and Gender: Identity, Theory, and Clinical Practice" at the Boston Park Plaza Hotel.

Dr. Jan Shifren (OBGYN from Mass General) and I were co-editors (and helped write) the 3rd edition of the Harvard Medical School booklet: *Sexuality in Midlife & Beyond*, which was recently published.

This past spring I gave talks for the following groups: Massachusetts Mental Health, CHA's Psychiatry Dept., The MA & R.I. EAP Groups, and The Private Practice Colloquium of the North Shore, MA.

■ **Barbara Keezell** — I was elected to the Board of the American Group Psychotherapy Association. Additionally, I am excited to be participating in the Red Well Boston group's performance of *Dinner with Friends* for PCFINE on May 14th.

■ **Barbara Kellman** — I just took a trip to Cuba with 12 other people with a group led by Vanessa Greene of Global Arts and Media out of South Carolina. I recommend going soon if you haven't been because the country and the people are in a great transition and in five years the existing and old life (made excruciatingly difficult by the embargo) may have been swept away by a flood of American and European hotels and restaurants and cruise

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Member News*(continued from page 14)*

ships. Met lovely people. Vanessa emphasizes her relationships in the AfroCuban community and has a number of other interesting contacts. Happy to talk to anyone who is interested. In my professional life, I continue to do divorce law and divorce mediation and spent this past year taking Family Therapy Intensive with **Liz Brenner** and Couples Therapy with **Corky Becker** and **Liz** to learn more theory about working with couples in mediation. Excellent courses!

■ **Kevin Kozin** — I'm presenting at the 2016 NASW Symposium on Friday, April 8th entitled "Understanding the Practical, Legal, and Psychological Dimensions of Divorce" along with Heidi Webb, EdM, JD, Consilium Divorce Consultations. From the symposium booklet: "This dynamic presentation explores the legal landscape of divorce while providing strategies to help clients achieve goal clarification and work on the psychological struggles inherent in the process."

■ **Barbara McQueen** — In June of 2015 I led a day long experience group at the NSGP conference entitled: "Creating Connection through Sharing Experiences of Vulnerability and Shame." Next month I will be co-presenting a workshop at the White Privilege Conference in Philadelphia on white privilege and the clinical practice of social work.

■ **Ken Reich** — In April, **Holly Friedman Housman** and I will be offering a MIP elective titled "Psychoanalytic Perspectives on Couple Therapy."

Also, as co-chair of the International Relations Committee of Div 39, I am in the process of organizing a panel for the April 2017 Div 39 meeting with Iranian Psychoanalyst on "Psychoanalysis in Iran: Does Free Association Reflect Our Mind or Our Culture?" The program for New York City is in the early planning stage for Boston as well.

■ **Joe Shay** — I presented "Why I Love Group Therapy Even When It Sends a Shiver Through My Heart" at BIP Grand Rounds.

At the annual PCFINE faculty luncheon, I presented "That Ain't the Way to Do It: Is There a Place for Staking Out a Side?"

In February, at the AGPA conference in New York, I led an all-day workshop entitled "Couples Gone Wild: The Top 10 Complications in Couples Therapy."

Then, in March, I led a weekend Experience Group in Portland, Maine for a group of senior clinicians who have been meeting for more than 25 years.

Finally, I was elected to the Board of Directors of the American Group Psychotherapy Association.

■ **Lisa Slater** — I am pleased to announce the launch of The Stechler Child and Adolescent Therapy Fellowship at MIP starting in September and geared towards early and mid-career mental health professionals. The philosophy of the program includes a strong emphasis on including parents in their child's treatment, attending to parental difficulties in co-parenting, and teaching candidates how to do so. In that respect it may be of special interest to the PCFINE community. The program is the culmination of many years' work and is unique to the Boston area, adhering to a psychodynamic approach but one strongly informed by contemporary relational and developmental thinking.

■ **Marsha Vannicelli** — I have recently completed a chapter "Groups for Adolescents in Partial Hospital Settings" for the forthcoming *Handbook of Child and Adolescent Group Therapy* edited by Craig Haen & Seth Aronson.

In February I presented a half day workshop with **Jeffrey Mendell, M.D.**, entitled "Endings: All that Was,

or Might Have Been" at the annual meeting of the American Group Psychotherapy Association. This highly experiential workshop explored the many aspects of endings in our personal and professional lives.

■ **Deborah Wolozin — Phyllis Cohen, PsyD**, and I are 2 of 4 presenters, (and she is also the moderator), on an upcoming panel at the APA's Division 39 (Psychoanalysis) meetings in Atlanta, GA, this April. Our panel is titled, "To Tell the Truth? The Whole Truth? And Nothing But?: Secrets and Couple Psychotherapy".

Also, as of January 1 of this year I am the President of Section VIII, (Couple and Family Psychotherapy and Psychoanalysis), within Division 39. (There are a bunch of PCFINERS who are also board members of Section VIII, and members, including Phyllis, who is President Elect.)

■ **Judi Zoldan** — I'm presenting on couples on three occasions in April. Workshop at Therapy Training Boston on April 1, 2016

For same-sex couples, the psychological and political are inseparable in this time of unprecedented change. This workshop reaches out to the edge of theory, practice and socio-political reality to provide effective interventions to foster and maintain same-sex couples.

NASWMA Symposium on April 7, 2016

"Moving Beyond Acceptance: Effective Clinical Practices with Same-Sex Couples in the Age of Marriage Equality" — Judi Zoldan, LICSW, Private Practice, Trainer: Internal Family Systems Couple Therapy and Rick Miller, LICSW, Private Practice.

NASWMA Film Discussant *Revolutionary Road* on April 24, 2016
<http://www.naswma.org/events/EventDetails.aspx?id=773610&group=>

To “Like” or Not to “Like”

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Social Networking has many benefits and uses that we will continue to discover as we evolve as users and as the medium evolves into its next iteration. The standard of care is moving towards including social networking and electronic media in any disclosure forms a therapist may give to a client. I have found that to be very helpful. I now include in my policies and procedures page a couple of sentences about use of social media and electronic communication and make sure to go over this in a first meeting.

I say something to the effect that any type of electronic communication should be assumed to be in the public sphere, meaning that I have no idea what happens to it or who has access to it. I try to keep electronic communication to a minimum, and I explain that it is never an appropriate way to communicate anything of any real sensitivity. But I also leave room to understand that each person uses electronic media differently, and that at times we may have to discuss what and how that is impacting our work together.

This last principle is perhaps the most important one. I strive to create a space in which I can talk with my clients about how and why they (and we) do the things we do. This includes the use of electronic communication and social media. Likewise, of increasing importance for us as clinicians is to understand that social networking is a part of our life and as such we need to evolve how we will integrate it into our practices and professional lives.



Red Well Revealed: An Interview with Bob Schulte

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2000 Pulitzer Prize for Drama, is presented by special arrangement with Dramatists Play Service of New York.

Barbara: What do you want to convey or teach with this play?

Bob: The needs of secure attachment and exploratory excitement are difficult at times to reconcile within enduring intimate relationships. It's instructive to look at how each couple in this play works out their unique balance between these two basic dimensions. A companion idea is around the concept of fit. As therapists, we know there are good fits and bad fits. How does this factor predestine a couple's future? In this play, both couples are challenged to reconsider their mate choices, without a guarantee of how that reappraisal might impact their lives.

Barbara: How did you come to create this Boston-based ensemble of therapist-actors?

Bob: I have to go back nearly ten years. Like an old school movie director, I fondly remember, “discovering” Barbara Keezell (yes, you!) acting the role of the proverbial “difficult patient” in a demonstration group led by the legendary Anne Alonso. Barbara was mesmerizing. She eventually joined RWTG as a guest artist in presentations of *The Great God Pan*, by Amy Herzog. Barbara was the natural person to turn

for help in “discovering” an all-Boston cast. Boston has some very impressive therapist-actor talent! Ron Goldman is an accomplished actor and playwright in his own right. And Justin Newmark and Belinda Friedrich bring considerable gifts of empathy, emotional responsiveness and spontaneity to the art of play reading. Eleanor Counselman, a self-proclaimed Red Well Theater Group “groupie” and previous discussant for *The Great God Pan* presentation at AGPA, will be our discussant and will facilitate the audience reflection and discussion. We are very fortunate to have this all-Boston ensemble present *Dinner With Friends* for their colleagues and friends.

Dinner with Friends, winner of the 2000 Pulitzer Prize for Drama, will be performed at 1 p.m. on Saturday, May 14th at the Universalist Unitarian Church in Belmont. There will be a reading of the play, followed by clinical commentary and audience discussion. A reception will be held afterwards. Free parking is available and the church is on the #74 bus line from Harvard Square.



PCFINE Calendar of Events

- May 1st **Brunch.** 9:30 a.m. to 12 p.m. “Working with Contempt in Couples.” Eric Albert theoretical presenter; Nina Avedon clinical presenter; David Goldfinger moderator.

- May 14, 2016 **Dinner with Friends.** 1 p.m. to 5 p.m. A play reading and facilitated discussion.