



Topics

freedom institute

founded 1976

Fall 2011

CAN PSYCHODRAMA HELP TRAIN OUR BRAINS FOR RECOVERY?

Maria Kratsios, LMSW

“You want me to participate in a ‘psychodrama’ group? Don’t I have enough ‘psycho’ drama in my life already?”

Clients new to Freedom Institute sometimes wonder how a psychotherapeutic method that involves inviting other group members to play our “Inner Addict” can possibly help us stay sober. I can relate. I had a similar reaction myself when I first participated in psychodrama as a client, early in my recovery. All I knew with certainty was that – on my own – I could not get off the endless rollercoaster ride my life had become, vacillating between feeling flooded by unwanted emotions and enjoying the adrenaline high that accompanies the illusion of control. Little did I know that 16 years later, brain research would shed light on why and how psychodrama and other action methods can move clients efficiently along their path to freedom from the endless cycle of addiction.



Chemical dependence disrupts our ability to make choices about how we regulate our emotions, because it interrupts and distorts the healthy neural connections between the “emotional” (limbic) and

the “executive” (pre-frontal cortex) parts of our brain. Alcohol and other mood-altering drugs train the brain to crave the chemically-induced high, low or numb feeling, circumventing the brain’s natural ability to recruit alternative coping mechanisms. Conversely, healthy connections between our “emotional” and “executive” brain allow us to experience and articulate a wide range of emotions without becoming either flooded or numb.

So if neuro-chemical disruption is the problem, why isn’t it enough to give up our drugs of choice? Why can’t we

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LETTER FROM THE PRESIDENT OF THE BOARD

Jessica Mansell Ambrose

Dear Friends of Freedom Institute,

2011 has been a watershed year for Freedom Institute. After 35 years mostly under the direction of two remarkable women, Mona Mansell and then Connie Murray, the Board embarked on a search for a new leader. Fortunately for all of us, we found an absolutely outstanding professional in Donna Wick, who has spent much of her career helping families raise happy, healthy, resilient children and preventing unhealthy patterns from repeating themselves into the next generation. You can learn more about Donna on page 6.



Over the summer, the Board worked closely with Donna to revisit Freedom Institute’s mission and ensure that its programming is unified around the Institute’s purpose and role in the dramatically changed landscape of alcoholism and addiction treatment. I’m happy to report that we’ve emerged from that process reinvigorated and excited about the future.

While our core mission remains the same, our Intensive Outpatient Program regularly adopts new “best practices,” including psychodrama and art therapy. We have renewed our commitment to the entire family and expanded our Family Program. Our highly trained family therapists are at the cutting edge of combined family systems work and addiction treatment. We

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CAN PSYCHODRAMA HELP (Continued from page 1)

feel our feelings without being ruled by them, make mature choices about our behaviors, and act with integrity? One reason is that often our addictions are themselves coping mechanisms for the emotional strain of an internal psychic schism, a splitting-off of parts of self that didn't serve us when we were younger. Perhaps it wasn't safe to experience certain emotions in our family system, so we learned to despise ourselves for having them, or to deny their existence altogether. In either case, our connection to self was sufficiently disrupted to prevent us from developing healthy coping mechanisms for life's stressors (like sleep, fun hobbies and supportive relationships), and we turned instead to chemicals (or food, sex, gambling, work) to avoid feeling overwhelmed. When we give up our drug of choice, we are left to complete the psychological developmental tasks our addiction interfered with – such as tolerating frustration, nurturing ourselves and taking responsibility. This is where psychodrama is particularly useful to the recovering addict.



Fundamentally, psychodrama is about achieving emotional intimacy...with oneself, with other people, and with one's Higher Power. It achieves this by increasing the group members' capacity for empathy and the ability to experience and tolerate another person's reality, without becoming emotionally flooded or shut

down. The group chooses a protagonist to act out temporarily a scene from his or her life, and the protagonist chooses group members to play the parts. Carefully designed warm-up exercises and the group members' unconscious connection to each other result in choices which are therapeutically useful to everyone in the room -- the protagonist, the group members chosen for certain roles, and the remaining group members who are active observers. As the dialogue unfolds, the facilitator helps the protagonist explore whatever internal block he or she is experiencing in his or her relationship with self or other.

Ironically, often the protagonist demonstrates the least empathy for him- or herself. Through psychodrama, we can clearly hear the internal voices of criticism or self-indulgence that perpetuate the client's alienation from self and, in turn, his or her vulnerability to relapse. By making conscious and explicit the full range of one's at-

LETTER FROM THE PRESIDENT... (Continued from page 1)

are offering a new range of counseling groups, and increasing our training for other professionals. All of this keeps Freedom Institute at the forefront of our field. It is an exciting time for us and we are delighted to share it with you.

Sincerely,

Jessica M. Ambrose
President

titudes, beliefs, behaviors and emotions, the protagonist eventually gains the ability to self-soothe without using drugs or alcohol and to make healthy choices about his or her behaviors.

More research is needed, but emerging brain studies indicate that our ability to self-regulate emotion is born of neural connections first formed in response to the earliest relational interactions with our caregivers, and further influenced by later, formative relationships. In the same way, acting out a scene psychodramatically and later talking about it with fellow group members may restructure and build new neural pathways – chemical connections in the brain – that allow long-lasting shifts to occur in how we respond to emotional triggers or stimuli. Thus begins the journey towards healing and wholeness that defines later-stage sobriety.

Now that's a theater for which I want front-row season tickets and a VIP pass!

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Dayton, Tian. Emotional Sobriety: From Relationship Trauma to Resilience and Balance. Deerfield Beach: Health Communications. 2008.

Maria joined Freedom Institute in the fall of 2008. She facilitates groups in the Intensive Outpatient Program and works individually with adults, young adults and adolescents in recovery. Prior to becoming a social worker, Maria had a ten-year career in investment banking. She holds a Master of Social Work degree from Hunter College and a Master of International Affairs degree from Columbia University.

STUPID THINGS THAT MESS UP RECOVERY

Allen Berger, Ph.D.

Recovery from addiction is difficult. Recovery rates for the first year are estimated to be two out of 10. This means that 20 percent of the people who enter recovery remain clean and sober that first year. That's not very promising. Once you make it past the first year of recovery your chances to stay clean and sober greatly improve. Eight out of ten or 80 percent of the people entering the second year of recovery remain clean and sober. Getting past the first year into the second year of recovery is critical.



So what can you do to give yourself the best chance to be one of those two who remain clean and sober for the first year? We can now answer that question. Alcoholics Anonymous and Narcotics Anonymous have taught us a lot about recovery. AA and NA continue to be the best source of knowledge and experience about recovery from alcoholism and other drug addictions, respectively. Our current understanding is that addiction hijacks our brain and uses other psychological forces that interrupt and interfere with our basic need to grow.

Resistance to recovery is to be expected. Resistance originates from several sources: 1) The disease of addiction, which doesn't want us to get well; 2) Feeling unworthy of recovery; and/or 3) Self-hate and a corresponding desire to

punish ourselves. These three forces cause us to do stupid things that sabotage our recovery.

In my book, *12 Stupid Things that Mess Up Recovery*, I discussed the most common ways these forces manifest themselves and how they sabotage recovery. I selected what seemed to me to be the most common ways to sabotage early recovery. They are:

1. Believing addition to one substance is the problem.
2. Believing sobriety will fix everything.
3. Pursuing recovery with less energy than pursuing addiction.
4. Being selectively honest.
5. Feeling special and unique.
6. Not making amends.
7. Using the program to try to become perfect.
8. Confusing self-concern with selfishness.
9. Playing futile self-improvement games.
10. Not getting help for relationship problems.
11. Believing that life should be easy.
12. Using the program to handle everything.

I find number 7, *Using the program to try to become perfect*, especially destructive. It is usually unrecognized because it seems like the person is doing what they are supposed to be doing in recovery. The truth is they are not. Let me explain.

In my postgraduate education I read an article that impressed me. I don't recall the names of the authors but

(Continued on page 4)

New Groups at Freedom!

BED: Women's Food Addiction/Binge Eating Group - MONDAYS 6-8PM

A six-week Binge Eating Group treating women for whom food is an addictive substance. The group will employ both CBT and mindfulness meditation techniques.

ROAR: Repair and Resilience in Adult (family) Relationships - THURSDAYS 6-7:15PM

A weekly therapeutic group for individuals who have a loved one currently in recovery or actively abusing substances. Open to spouses, friends and adult children (over 18).

Family Matters - WEDNESDAYS 6-7:30PM

An eight-week therapeutic group for families in recovery. A family may mean a married couple, or parent(s) and their children. This group provides an opportunity to learn from other families' struggles and successes with respect to addiction and substance abuse.

Meditation Workshop - FRIDAYS 12:30-1:30PM

An experiential workshop teaching mindfulness based meditations practices for stress reduction, greater clarity, creativity and stability. Mindfulness meditation is a powerful, self-generated resource for coping with anxiety and depression.

their thesis was intriguing. First they argued that pathology is reinforced and supported by what they called “*illness perpetuating behaviors*.” These behaviors occurs outside of our awareness. In other words we aren’t aware that we are perpetuating our problems. We don’t allow ourselves to be aware of these behaviors because it would create a cognitive dissonance. Realizing what we do to contribute to our problems would make it very uncomfortable for us to continue to behave in this manner, so we deceive ourselves.



Addiction is a great example of this dynamic. As the disease progresses our lives become organized around drinking or using. We choose friends who are like minded. We manufacture excuses to drink or get high. We argue that we have an inalienable right to our behavior. We dull our empathy and constrict our awareness because we don’t want to feel or see the truth of how destructive our behavior is to ourselves and to those we love.

This part of their thesis was not a new idea. In fact, it was a widely accepted clinical fact but the second part of their thesis was unique. The second idea they discussed was that we reacted to psychotherapy or other means of healing like some species of insects have to pesticides. Some species have evolved and adapted biologically to the point of rendering DDT useless. Another example of this process is how some strains of bacteria adapted to antibiotics. We do the same thing. We adapt to psychotherapy and use what we learn to perpetuate our illness rather than to better ourselves. We take things designed to help us and neutralize their value. This is quite evident in recovery. Using the 12 Steps to achieve perfection is what we are going to focus on. Here’s how this perpetuates a problem that began in our childhood.

Early in our personal development we moved away from who we were, our true-self, towards an idealized image of who we thought we should be. We alienated ourselves from our true-self to resolve anxiety, the anxiety that we wouldn’t be loved or accepted. This idealized image became our way of ensuring love and acceptance. It created a false-self, which acted like a governing body that rewarded us and punished us if we didn’t obey its laws.

The false-self became a tyranny of shoulds. When we acted the way we should we felt proud. This rewarded our compliance. When we didn’t act like we believed we should, we

despised ourselves. This self-hate punished us for not acting accordingly. This is the false-self’s way of keeping us in line. These shoulds are absolutes. The only choice we have is to honor the false-self and its demands with total and unquestioning obedience.

However our idealized-self didn’t fulfill its promise. It couldn’t. It’s impossible to have perfect security, top approval and perfect romance. What really happened is that the false-self created a whole new set of problems. It alienated us from our true-self, it created black and white thinking, and it made us believe that redemption lied in perfection. In trying to live up to the specifications of our idealized self, we became perfectionists.

This simply doesn’t work. The solution turns out to be an impossible way of life. When we hit bottom we realized that we will never be perfect, our reliance on our false-self was shattered. Yet there was another part of us that said something like “Maybe I can finally pull this perfectionist thing off with the help of the 12 Steps.” We now are trying to use the 12 Steps to realize or actualize the myth of perfection. This doesn’t work any better in recovery than it did before. The reason is obvious. Recovery requires doing the opposite of what we have done in the past.

Recovery involves accepting our imperfections, not trying to become perfect. If this point is not understood then it can be very easy to fall into this trap. What a deadly trap it is.

What should we strive for? What would better support our recovery? The answer to these questions is that we need to accept and embrace our humanity. We need to recover our true-self, not immortalize and glorify our false-self. We need to remind ourselves that we need to strive for progress, not perfection.

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Dr. Berger is a nationally recognized expert in the science of recovery and relationships. He is the author of Hazelden’s popular recovery mainstay 12 Stupid Things that Mess Up Recovery (2008) and 12 Smart Things to do When the Booze and Drugs are Gone (2010). He is widely known for his work on several areas of recovery. You can learn more about Dr. Berger and his work at www.abphd.com.

INTO THE LIGHT

Mary Bohnen, LMHC, CASAC

In the last several years there has been widespread attention on the sexual behavior of well-known and powerful individuals who previously kept their exploits under the radar. While acting-out behavior, particularly amongst celebrities, is not new, it is not so easily hidden as it once was, due largely to the proliferation of social media and broad internet access. At the same time, we continue to hear about a range of inappropriate sexual behavior by many of less means. In both cases, those involved appear to feel as if they are exempt from following the rules – that is until they get caught. These behaviors, however, are often compulsive and involve a great deal of risk taking, in spite of negative consequences. This is the core of sex addiction.

In spite of the media hype, there continues to be some stigma attached to sex addiction. Historically, it has been hidden out of the light, a topic of conversation that many people avoided. However, the tide seems to be shifting as each new incident occurs, and people's awareness is growing.

So, what exactly is sexual addiction, what are the root causes, who is at risk, and what is the treatment? The National Council on Sexual Addiction and Compulsivity has defined sexual addiction as "engaging in persistent and escalating patterns of behavior acted out despite increasing negative consequences to self and others." That is, a sex addict continues the behavior despite knowledge of possible health risks, financial problems, broken relationships or even arrests.

Understanding the origins of sex addiction helps to make some sense of the risk taking behavior. Statistics are that 80% of sex addicts experienced some form of child abuse. The abuse covers a wide spectrum and ranges from violence to lack of validation. The key is the shame that results, the chronic feeling of being defective to the core. The shame-based person will go to any lengths to suppress these negative emotions by seeking a dissociated state, a trance. Sexual acting

out brings the illusion of relief but this of course is temporary and the behavior progresses.

In fact, research indicates that the addicted brain fools the body by producing intense biochemical rewards causing intelligent, goal-directed individuals to easily be taken in by the lure of drugs and sex; the emotions overpower the intellect. The addict gains little satisfaction and forms little or no emotional bond with his or her sex partners. Besides the shame and isolation the addict also feels powerless, and a lack of control. The allure of cybersex and online pornography, which appear to be anonymous, affordable and available at the flick of the mouse, creates an illusion of no consequences. However, the impact can be devastating for the addict as the illness progresses and the shame intensifies. As with other addictions most sex addicts live in denial; it takes a significant event: a job loss, the break up of a marriage, an arrest, or a health crisis for the addict to admit the problem and accept help.



Treatment focuses on learning new behaviors and resources to enable moving away from addictive thinking and helping the person to ultimately develop a healthy sexuality and lifestyle. This includes education, individual and group therapy as well as marriage or family therapy in an inpatient or outpatient program. There are also support groups and 12-step recovery groups readily available. In some cases, medication may be suggested to treat the obsessive compulsive nature of the addiction. Fortunately, there has been an increasing attention and focus by treatment professionals. There are books, trainings and an increasing number of well established and respected treatment facilities currently operating. No longer do people have to suffer in isolation.

Mary is the Director of Client Services at the Institute, and has been a counselor since 1999. She previously worked for seven years as a therapist at the Breakthrough Outpatient Program at Gracie Square Hospital.

OUR FAMILY PROGRAM IS GROWING!



people do not feel alone or shamed. The impact of treatment can then be generational rather than only individual.

INSTITUTE HAPPENINGS

NEW FACES



Donna Wick - Donna joined Freedom Institute in the summer of 2011 as Executive Director. She is a clinical and developmental psychologist who has worked extensively with parents to develop and practice reflective parenting. She holds a doctorate in Human Development and Psychology from Harvard University Graduate School of Education, is a graduate of the Parent-Infant Program at Columbia University Center for Psychoanalytic Training and Research, and has advanced post-doctoral training in Child and Adolescent psychotherapy from the William Alanson White Institute. She is on the faculty of the Parent-Infant Program, and is a Consulting Psychologist and Infant Mental Health Specialist at the Association to Benefit Children.

University Graduate School of Education, is a graduate of the Parent-Infant Program at Columbia University Center for Psychoanalytic Training and Research, and has advanced post-doctoral training in Child and Adolescent psychotherapy from the William Alanson White Institute. She is on the faculty of the Parent-Infant Program, and is a Consulting Psychologist and Infant Mental Health Specialist at the Association to Benefit Children.



Frank Wells - Frank joined Freedom Institute in 2011 as part of the expansion of our Family Program. Frank earned his Masters in Social Work from New York University and worked as a family therapist in the child welfare system in addition to his work in outpatient mental health with the chronically mentally ill population. Additionally, Frank has completed post-graduate training, earning his Certificate in Family Therapy from the Ackerman Institute for the Family, where he now teaches.

in outpatient mental health with the chronically mentally ill population. Additionally, Frank has completed post-graduate training, earning his Certificate in Family Therapy from the Ackerman Institute for the Family, where he now teaches.

Freedom Staff enjoying the new terrace



Entrance into Freedom

Freedom Institute Training

Friday, November 18 – 8:30– 11:30am

Tian Dayton, MA, PH.D., T.E.P.

will be conducting an experiential training on her new treatment model

Relationship Trauma Repair An Experiential, Multi-sensory Model for Treating PTSD Issues

at:

Three West Club - 3 West 51st Street

(5th Avenue and 51st Street - entrance on 51st)

CEUs/Psychodrama Hours pending

**To register for this free event, contact Kathryn Hecht
at kathryn.hecht@freedominstitute.org
or (212) 838-0044 ext. 12**

TAKING SUGGESTIONS

HM

My name is Harry, and I am an addict. After many years struggling with an ever-growing addiction, and despite attempts to stop - rehab, recovery, and right back to using - I found myself at the end of the road. I didn't want to continue using, but I couldn't stop. I had told myself every day for the previous year (since last leaving inpatient treatment) that this would be the last night, that tomorrow I would stop. And every morning I would wake up thinking, "just one more day."

Over the previous ten years my drug of choice had morphed from alcohol to heroin to crack. Each time I put one down, thinking that only that substance was my problem, I would pick the next one up. By the end of my run I had lost my driver's license and was being evicted from my apartment; my girlfriend had left; my family wanted nothing to do with me; I was unemployable and stealing from everyone I knew; and I had warrants for my arrest in three states. I read somewhere that a "bottom" is when things worsen faster than you can lower your standards. And I had no standards left. I had hit bottom. Luckily, my family intervened, and I went to a well-known treatment facility in Pennsylvania.

Initially, I was still somewhat unwilling to do what was asked of me. I was close to being kicked out when a counselor pulled me aside and asked me "who I was fighting." I answered him that I didn't know, and he suggested that I was fighting no one but myself. He 'gently' suggested that maybe 'my way' wasn't working and if I wanted to change (I did!) perhaps I should start taking suggestions from others who might have more understanding of what I needed than I did. Somehow, what he said broke through my stubbornness and my long-held defenses (my addictive thinking). I locked myself in another room and cried. I got on my knees and prayed for help. I made a decision at that moment that I would ask for guidance, follow suggestions, and stop believing that I knew what was best for me. This was my first true experience of what is called surrendering. I spent the next five months at the rehab, doing anything that was asked of me. This new level of willingness was the first turning point in my recovery and the beginning of my new life.

Upon discharge I was advised not to return to New York City, unless I went to outpatient treatment at Freedom Institute. Despite feeling a little burnt out on institutions, I took the suggestion. In September 2007 I began as a client at Freedom, attending regular groups as well as individual counseling. This helped me to continue on a path of structure, healing, and recovery from a disease that had been, without a doubt, killing me. Being at Freedom was often challenging, but always worth it. I completed treatment in the spring of 2008. Before I left, one of the counselors at Freedom pulled me aside and asked if I was making it to outside 12-step meetings. I now

Freedom Institute's Independent School Program

Proudly presents its new book for Parents:

Stay Connected: **Helping Your Teen Navigate Tough Choices**

Contributors:

Charlanne Zepf Bauerlein, LCSW, Suzanne Baumann, LMHC,
Tessa Kleeman, LMHC, Katherine Prudente, LCAT, RDT,
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"The excellence of this publication reminds us that knowledge is power for all."

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To purchase books, contact Katherine Prudente at
katherine.prudente@freedominstitute.org or (212) 838-0044 ext. 36

had a good job and was working long hours so the question felt a bit challenging.

"A couple a week," I answered him.

"Not enough," he said, "not with less than a year clean."

I didn't like his response, but remembered my decision to follow the guidance of those who were there to help me. I took his words to heart and started making a meeting everyday. There is an old adage in the rooms of NA/AA that "meeting makers make it", and I was determined to make it.

In April of this year I celebrated four years clean. I am an active member of Narcotics Anonymous, have a sponsor, work the steps, and sponsor a few other men as well. I even started two NA meetings that continue to grow and thrive. I recently bought a beautiful old farmhouse upstate that I share with my girlfriend and our five cats, where we garden, play music, and make art. In May I received my CASAC-T (training certification for substance abuse counseling), and in June got a job as a counselor in an outpatient clinic not unlike Freedom Institute. I try to always remember how far down my addiction took me, and how I couldn't have made it back alone, how I couldn't have done it without the love, care, and concern of others. I try to never take my life today for granted. I try to pass on what has been given to me. More than anything I am grateful that through the wisdom and encouragement of others (and my own stubborn determination), I was able to take a suggestion, break the deadly chains of my addiction, and find a new way to live. Thank you...



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Design: Kathryn Hecht. Photos: Taina Cunningham. Editor: Rachel Russell.

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