

## **FINDING A LEADER WHO FITS: THE CASE OF THE NEW ENGLAND CENTER FOR THERAPY, TRAINING, AND RESEARCH**

Leah Ritchie  
Salem State University

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*When Sandra Naughton, a part-time art therapist at the New England Center for Training, Mental Health Therapy and Research was elected by her colleagues Seth, Mary, Edward, and Fred to be the center's Executive Director, she had no idea what to do. Her colleagues thought Sandra would be the natural choice for this position given that she was the one who applied for and secured non-profit status for the organization. Sandra and her four colleagues enjoyed an open and respectful climate of communication. The team prided itself on their 'power-sharing' model for leadership and decision-making. Sandra liked this structure because she thought it was in line with the goals of the center. "We really do believe in the ideas (collaboration, equal voice, non-hierarchy, and non-judgment), not only for ourselves but also for our clients," she explained. "Working together to create these things is just our whole way of being."*

*But Sandra worried that the group never seemed to move ahead with their goals of securing grants, expanding their courses, and marketing the center. The group needed someone who could take charge and help the team realize their full potential. But Sandra was unsure if she was the one for the job. She was uncomfortable with her newfound power and she worried about her lack of business expertise. Even if she was willing to take control and be more directive with the team, she wasn't sure that her colleagues would be willing to accept a traditional top-down leader.*

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### **SANDRA'S DILEMMA**

"I have no interest in it, and I'm not good at it," Sandra Naughton said as she sank into her colleague's sofa during a weekly team meeting. Sandra was a reluctant leader. She worked as a therapist for the New England Center for Psychological Therapy Training and Research for two years before becoming Executive Director of the small non-profit organization. Sandra was the obvious choice for Executive Director given that she had taken it upon herself to apply for and secure 501(c)3

(nonprofit), status for the New England Center, but she cared more about doing the work of the center instead of being “the boss.”

Sandra was highly committed to the center, but her training as an artist and a psychotherapist did not prepare her for some of the more challenging aspects of leading a non-profit organization. Like her colleagues, Sandra wanted to focus on teaching and working with clients. She was not very interested in issuing directives, reconciling accounts and managing the budget. One of Sandra’s biggest problems as a reluctant leader was that she was profoundly uncomfortable with the idea of being more powerful than her colleagues. In fact, the very idea of hierarchy seemed to be against the center’s core philosophy. Nobody at the center made use of official titles. There was no president, C.E.O., or chief operating officer. Interns were treated as equals, and were often invited to meetings. New ideas, policies and procedures were discussed openly with everyone.

According to Sandra, this egalitarian structure worked well because it was in line with the team’s philosophy of teaching and psychotherapy. “We really do believe in these ideas (collaboration, equal voice, and non-judgment) for our clients,” Sandra said, “Working together to support these ideas is just our whole way of being,” she added.

Although most of Sandra’s colleagues liked the non-hierarchical environment at the center, some feared that it created a leadership gap. Even Sandra admitted that the organization was a bit lost, “We don’t even know where to start,” Sandra said. “We have no strategy or action plan of how to carry things out, and we have no time or money to get one going,” she said. The team also had different ideas about how they should achieve their goals, and there was no one who was willing to streamline these ideas and keep the team focused.

### **COMPANY HISTORY AND BACKGROUND**

The faculty at the center loved their work, but it was tiring. Sandra and her colleagues Seth, Edward, and Mary constantly donated their time to teach and train interns while maintaining their own psychotherapy practices. The income the therapists earned from teaching their courses was minimal, but the team stayed motivated because they believed in the intrinsic value of the courses that they taught. They wanted to do more training and hold conferences, but they found it difficult to carry out these activities and maintain their practices at the same time. The promise of the nonprofit was that the team could offer more classes and be fairly compensated for their work, so they would not have to rely so much on their practice to earn an income. So far, the plan was not working out.

Sandra and the team had to make some important decisions: Would they be willing to bring in a task-oriented directive leader to help them achieve their goals? Would such a leader clash with the center's organizational culture? Would the team be willing to compromise their core philosophy to stay viable? Could they find a middle way?

### **LIFE AT THE CENTER**

The idea for the New England Center came about in 1992, when Sandra's colleagues, Mary Rutherford, Seth Goreham, and Edward Long, who were practicing together in the same building, found that they shared many fundamental beliefs about therapy. They believed that many traditional therapy practices reproduced a feeling of powerlessness that clients often had in their own lives. The team believed that when the therapist was positioned as "the expert," it created for the client just one more situation where they were placed in a subordinate position. Mary, Seth, Sandra and Ed believed in a tradition called "post-modern" therapy, which meant that clients were in the best position to judge their own lives. (See Appendix A for a sample of references related to post-modern therapy.) The therapists' job was not to tell clients what to do, but to facilitate a process that could help clients figure out what was best for them. According to the team, the clients were the experts on their own lives.

In 2000, the team began teaching a course in family therapy from a post-modern perspective. The instructors invited interns and their colleagues in the field to take part in therapeutic sessions with clients (with the clients' permission). As interest in the course grew, the team decided that they wanted to do more teaching and research, but needed funding to do so. The team then applied for and secured nonprofit status. They hoped that a 501(c)3 designation would help them further their goals of teaching, research and collaboration.

What made the center so interesting, one intern explained, was that even though all the therapists shared a post-modern view of therapy, each team member approached their clients from a different perspective. For example, Mary Rutherford, believed in dialogic therapy, which was a way of being with clients that helped them uncover and find their own way of understanding the conversations they had with others, and with themselves. (See Appendix B for sample references related to dialogic therapy.) Mary, who had been practicing therapy for 22 years, had a communication style that invited dialogue. Her voice and demeanor exuded calm and confidence. She was highly sensitive to clients, being careful to reflect their own language in describing their problems. Her skill for making people feel at ease was even reflected in the way she arranged her office. The warm colors, comfortable furniture, and corner fireplace invited people to come in and tell their stories. She enjoyed getting together with colleagues to exchange ideas and often took the lead

on planning conferences and hosting brown bag lunches. Her “Monday’s with Mary,” monthly sessions brought students and practitioners together to discuss the current trends in psychotherapy and ideas around post modernism. Mary’s vision for the center was based on the idea of community. She wanted the center to be a place where professionals and students could come together to learn, exchange ideas and grow.

Seth Gorham, the youngest member of the center was energetic and passionate about his work. His 15-year practice was centered on Narrative Therapy, which was a way to help clients uncover, challenge and shift their own internal “stories.” Seth believed that what people valued often got lost in societal expectations of what they “should” value. (See Appendix C for sample references in Narrative Therapy.) Seth, along with his wife and young children re-located to New Zealand for an entire year so that he could study and teach with well-known Narrative Therapists at the University of Waikato.

Like his colleagues, Seth donated many hours a week to teaching and advising students and mental health professionals. His vision for the center was for it to be resource for training and education. He worried that the available training for therapists was inadequate, and that lack of training hurt both clients and therapists. He often said that there was no economic incentive to develop highly-skilled therapists. He feared that the field was moving toward a prescription- based model, which undervalued talk therapy.

Seth and Mary’s close colleague, Edward Long, often said that his ideas about therapy have evolved over his 30-year career. Like Mary and Seth, he wondered about how clients made meaning of their lives through language, and how the stories they told about themselves shaped their lives. According to interns, Dr. Long approached his clients with sensitivity, directness, and a sense of humor. Clients often emerged from Dr. Long’s office smiling and laughing. His love of teaching, and knack for storytelling made him popular among interns and students in the class he taught at a local college.

Edward cared deeply about the center and was in the habit of thinking strategically about its future. He believed that there was a demand among students and professionals for classes offered at the center, but he lamented that he and his colleagues did not have the time or the resources to pursue those students. Like Seth, he said that he was sometimes frustrated that the mental health community in their region did not see the value in the work they did at the center.

Sandra Naughton and Fred Cashman were among the part-time staff at the center. Fred, who was also a practicing therapist at a local middle school had many

different work and life experiences before coming to the center. He was a union activist, software development manager, editor, and social worker. Affectionately known as the rebel of the group, Fred often railed against the ills of the current mental health system, and was working actively against those practices that focused on economic gain at the expense of the clients' well-being. He was particularly concerned that insurance companies were forcing mental health professionals to complete questionnaires that "measured" the clients' progress. He believed that these questionnaires sacrificed confidentiality, and forced practitioners to objectify clients and the issues they brought to their therapists.

Sandra, the reluctant Executive Director of the New England Center was well-liked by colleagues. She taught art to children and adults before getting her MA degree in Mental Health counseling and art therapy. Sandra recently started her own nonprofit organization called ARTWORKS, which attempted to bridge differences between Israeli and Palestinian youth. Sandra's program brought 30 teenagers to the U.S. during the summer to work together on art projects. Sandra hoped that the projects would help create dialogue between the teenagers so that they could see each other as "human beings, not as faceless enemies," Sandra said. She also hoped that she could use her skills as a therapist to help teenagers deal with the traumas they may have suffered because of the conflict in the region. The project took up a lot of Sandra's time, and was one of the reasons why she found it so difficult to continue in her role as the center's Executive Director.

### **THE INTERNS**

The New England Center typically had three available internships per year. Interns considered themselves lucky to be able to work at the center. At other mental health care facilities, interns were sometimes pressured to see as many clients as possible for "productivity." These interns often reported feeling overwhelmed by difficult cases that they were not yet ready to handle. Interns at the New England Center had the opposite experience. In all cases, interns did not work alone, but on co-therapy teams with other experienced therapists. Most of the therapists set some time aside to discuss the clients with interns, (this was rare in most other programs). Interns at the New England Center reported that high-quality training, and respect for all was always valued over productivity. One intern explained, "Other places are like factories - people coming in and out. Although we know we have to see clients on a regular basis, we have some time to think about things," she said. Interns also reported that they were treated with respect. Their ideas were valued inside and outside of sessions with clients, and they were even encouraged to give feedback to their mentors. One intern said she felt sad as her internship wound down to a close, "I hope I will always have a place here," she said.

### **GETTING DOWN TO BUSINESS**

The New England Center's future did not always look so bleak. Edward reported that the courses they offered in family therapy (the center's main source of revenue), were always well-attended. The problem was that state law did not provide licensed marriage and family therapists (LMFT's) "vendorship status," meaning that insurance companies that reimbursed family therapists could refuse to acknowledge their licenses and remove them from their provider list at will. Things began to get worse for the family therapists in the late 1990's when some states began giving vendorship status to licensed mental health counselors or LMHC's. Many students then left family therapy and began pursuing degrees that would help them get the LMHC licensure. Attendance in the family therapy classes at the center then began to fall off as more and more students began to enroll in general mental health degree programs.

Currently, the center's main income source came from student tuition for the weekly class in family therapy, and from rent receipts from sublet offices. Last year, the center's gross receipts were \$29,000 and their expenses were \$27,000. The \$2,000 surplus was spent on supplies, printing, copier paper etc. The team also needed to make some capital improvements to the building where they were housed. Old windows and cracks in the walls and ceilings needed repair. The center did not own the building so they had little control over repairs. They also did not have the funds to purchase the building.

Aside from having money problems, the team also admitted that they had no idea how to "sell" what they did at the center. They knew that they were doing something valuable, but the depth and complexity of the ideas they were trying to teach made it difficult to get the word out.

When the team attempted to break down their ideas into more concrete bits of information, they sometimes felt bad about it. They were often unable and unwilling to water down ideas that were precious to them, and they felt strongly that their work could not be reduced to a sound bite. In general, it was very difficult for the team to develop a clear message or a "marketing mindset" about the center.

### **THE CHALLENGE OF NONPROFITS**

Sandra, Seth, Edward and Mary knew that building a nonprofit would be difficult. Nonprofit organizations carry a heavy burden in society, providing hospitals, schools and community support as well as opportunities for activism and social change. Recent changes in government and the private sector have made it very challenging for nonprofit organizations to achieve their goals. For example, government funding for nonprofits has decreased considerably in the past two decades, while need for the kind of services they offer has sharply increased due to

cuts in social programs that provide support or prevention. Nonprofits have also faced increased competition for donations from the so called “new philanthropists.” These are individuals who have left jobs in high-tech fields to apply their skills to social causes. Because of their private sector experience, the new philanthropists are considerably better than their non-profit counterparts (many of whom have had little corporate experience), at both fund-raising and marketing. Nonprofits have also had trouble attracting new employees because many have had to cut benefits. Healthcare insurance has risen on the average of 11% a year, causing many nonprofit organizations to have to cut or limit this benefit (Salamon and O’Sullivan, 2004). To make matters worse, most experts predict a sharp drop-off in charitable giving by corporations because of the recent financial crisis.

### **LOOKING FOR LEADERSHIP**

The team had the desire to get the business off the ground, but Sandra worried that the team never seemed to move ahead with their goals (securing grants, expanding their courses, and marketing the center). The group needed someone who could take charge and help them realize their full potential. But Sandra was unsure if she was the one for the job. She was uncomfortable with her newfound power and she worried about her lack of business expertise. Even if she was willing to take control and be more directive with the team, she wasn’t sure that her colleagues at the center would be willing to accept a traditional top-down leader. Sandra and her team would have to decide on their common goals. They would then have to build an organizational structure and culture that would help them to achieve those goals. Most of all, they had to determine what they needed from a leader to succeed.

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## APPENDIX A:

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