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IIGP Insights

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Who are we?

In the 1970's, Dr. Reuven Bar-Levav and his associates began to train postgraduate clinicians in the practice of combined individual and group psychotherapy. They established a non-profit training institution located within the same office as the practice: the **Bar-Levav Educational Association**. During its thirty years, dozens of professionals benefited from our training and many went on to practice here in Michigan and beyond. We offered weekly theoretical seminars, a weekly case conference, peer supervision groups, and conferences open to all professionals. In those days, we relied mostly upon word of mouth and personal contacts to alert people to our activities and programs.

In the 1990's things changed dramatically for our profession. The demand for long-term psychotherapy slowed due to the combined influence of reduced insurance coverage for out-patient therapy, coupled with widespread advertising for new psychotropic medications and the rise of the "quick fix" focus in mental health treatment. Hoping to impact this unfortunate trend, BLEA decided to broaden its scope in a major way. First, we changed our name to more clearly reflect what it is we do. We became the Institute for Individual and Group Psychotherapy (a 501(c)(3) nonprofit organization.) Then we decided to reach out to the wider community in a fashion well beyond word of mouth and personal contacts. We have been advertising our CE/CEU accredited seminars and other programs broadly, using a wide range of media, including the internet, to let people know who we are and what we have to offer. This newsletter is, of course, part of that. We hope you find what we have to offer interesting and useful.



From left: Pamela Torraco, ACSW; Natan HarPaz, PhD; Paul P. Shultz, ACSW; Leora Bar-Levav, MD; Ronald J. Hook, ACSW; David A. Baker, ACSW; Marcia B. Stein, ACSW.



Reuven Bar-Levav, MD

Studies show
the single
most
important
thing that
makes
psychotherapy
a success is
the character
of the
therapist...
this is at the
core of our
training
program.

Creating Lasting Change

Thirty-three million Americans suffer from depression or an anxiety disorder. As a direct result, they struggle with marriage and family conflict, failure to progress in their career, social isolation and other life-obstructing difficulties. Sometimes emotional trouble masks as insomnia, headaches, high blood pressure and stomach problems. A mere one in four even seeks help. Of those who do, most end up in well-meaning doctors' offices. After exhaustive tests seeking physical causes are performed, patients are offered symptom relief with vigorously promoted prescription drugs and sent on their way. At best, these drugs may reduce their symptoms, but the underlying anxiety and depression remain unchanged without psychotherapy.

Fortunately, effective psychotherapy can provide more than symptom relief. Psychotherapy with a well-trained therapist offers life-long relief for anxiety and depression. It can help people to change their attitudes, their self-defeating behaviors and their relationships. Effective therapy helps people to live more content, productive and satisfying lives. And when parents recover from depression, the prospects for their children improve dramatically as well.

So why isn't psychotherapy more widely used? Two reasons. First, physicians and patients occasionally find immediate symptom relief with medication. For some, they believe that this short-term relief is as good as it gets. They may not recognize that a lasting solution is even available. Second, few graduate programs in psychiatry, social work or psychology provide in-depth training in psychotherapy. The emphasis is on evidence-based, short-term intervention. The result? Too few clinicians know how to treat anxiety and depression, and many patients get inadequate treatment.

Taking on the Challenge

Over the last 30 years, the Institute for individual and Group Psychotherapy faculty has refined a highly effective approach to psychotherapy that combines group and one-to-one sessions. This method is powerful. When practiced by skilled clinicians, it can significantly reduce emotional and physical symptoms. The results are routinely positive, often dramatic and occasionally even life-saving. The changes are usually long-lasting without the side effects of medication.

Our Mission

Our goal is training competent therapists to do this life-changing work. We also aim to educate the public about effective psychotherapy so they can seek proper treatment when needed. This inaugural issue of our newsletter is part of our outreach to everyone interested and concerned about the emotional well-being of our society and future generations.

“Above all, man wants to avoid re-experiencing the panic he had to endure early in life. Any knowledge or memory of it is usually blotted out of consciousness.” *Reuven Bar-Levav, MD (TSIF, p324)*

The chances of dying in an airplane crash are miniscule compared to the dangers of automobiles. People who are terrified of flying know this, but that knowledge does little to calm their terror. In fact, most of us have things that we're very frightened of, even though we understand intellectually that there is no real danger. Why doesn't reason make such fears go away?

In *Thinking in the Shadow of Feelings*, Dr. Bar-Levav cites a neuroanatomist named Paul Maclean who explains how the human brain is made up of three basic parts: the "reptilian brain," the "old mammalian brain," and the "new mammalian brain" (TSIF, pp. 124-125). To simplify, our instincts come from the reptilian brain, our feelings comes from our old mammalian brain, and we think with our new mammalian brain. At our best, all three parts of the brain work together harmoniously. However, many times they don't. When my new mammalian brain tells me airplanes are much safer than cars, but I break into a cold sweat as I get on a plane, it is because my nonlogical, old mammalian brain has somehow learned that flying is to be greatly feared.

Many of our daily irrational fears are like this: fear of going to a party, or of being sexually inadequate, and even more subtle fears like fears of loving or depending on someone, or of expressing anger. Effective psychotherapy goes beyond trying to reason with the new mammalian brain. Here at the Institute, we train professionals how to do psychotherapy that affects the old mammalian brain so that fears are significantly reduced, or even go away.

- Read more on our web site www.iigp.org -

Faculty and Graduate Newsbites

Several of us are presenting at the national conference of the American Academy of Psychotherapists in San Diego. We regularly write for publication and present at national conferences.

Natan HarPaz, PhD (IIGP Director of Training) is giving a workshop called, “Manifestation of Infantile Fears in Our Adult Body---Treatment Opportunities.” Natan continues his training in karate and will soon be tested for his second degree black belt.

Ronald Hook, ACSW (IIGP Faculty) is giving a workshop called, “Seeing and Being Seen; Radix (Neo-Reichian) Body Work and Early Adjustments.” Ron spent some time with his family at the New Jersey beach this summer.

David Fogel, MD and his wife, **Ilana Bar-Levav, MD** (IIGP Trained) are presenting a workshop called, “Psychotherapy Meets Neuroscience; Fishbowl Demonstration of Body Oriented Psychotherapy.” Their practice in Bethesda, Maryland continues to flourish.

Paul Shultz, ACSW (IIGP President) is giving a workshop entitled, “Passion and Fear in Group Psychotherapy; The Biology of Corrective Experience.” He is also publishing a paper in the journal *Voices* this September called, “Overcome by Fear, Overcoming Fear, and Becoming a Man.” Paul and his wife spent some time sailing on Grand Traverse Bay in northern Michigan earlier this summer.



Natan HarPaz, PhD

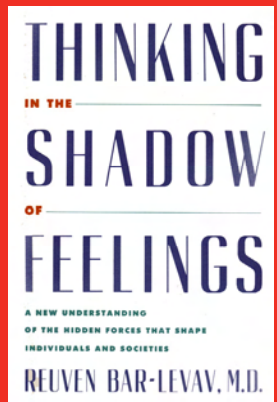


Paul P. Shultz, ACSW

Ron Hook, ACSW

Thinking in the Shadow of Feelings
(1988: Simon and Schuster)

The founder of the Institute, Dr. Reuven Bar-Levav, wrote the book *Thinking in the Shadow of Feelings*. The book defines the theory of human motivation that guides our clinical work at IIGP. Each issue of INSIGHTS includes a brief discussion of an excerpt from the book. The book is available in its entirety on our web-site www.iigp.org.





TUESDAY SEMINARS MASTER CLASSES

Transference and counter-transference: Issues with patients who survived a family member's suicide

Oct. 2, 9, 16, 2007 (3 weeks) • 12:15 pm - 1:30 pm • No Charge

Evaluating Schore's principles of the psycho- therapeutic treatment of right hemispheric self pathologies

Oct. 30, Nov. 6, 13, 2007 (3 weeks) • 12:15 pm - 1:30 pm • No Charge

Forgiveness: Exploring its curative power

Nov. 27, Dec. 4, 11, 2007 (3 weeks) • 12:15 pm - 1:30 pm • No Charge

Special Evening Seminars

Overcoming difficulties in a therapeutic relationship

Oct. 9, 2007 • 7:30 pm - 9:00 pm • \$25.00

Integrating faith and psychotherapy

Dec. 11, 2007 • 7:30 pm - 9:00 pm • \$25.00

All seminars are held at 29600 Northwestern Hwy, Ste 100, Southfield, MI. The Institute offers these classes for physicians, psychologists and social workers. IIGP is approved by the Michigan State Medical Society and by the American Psychological Association to sponsor continuing education for physicians and psychologists. IIGP maintains responsibility for the program and its content. Our programs are approved by the Michigan Social Work Continuing Education Collaborative for Social Workers for Continuing Education. **Reservations are required.** Please send an email to seminars@iigp.org or call (248) 353-5333 for reservations or for special accommodations.



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