



Psychotherapy Dialogues

A Newsletter Exploring Integrative Psychodynamic Psychotherapy

Meet Our New Associate Max Weiss!

Image by Philip Dworkin-Cantor

How would you describe your approach to therapy?

Whether working with an adult, a child, or a couple, I approach my work with each client with curiosity and an understanding that we all struggle with unique challenges. It's common that our struggles are difficult to describe and make us feel unsafe. My intention in therapy is to create a safe and understanding space where we can explore without judgment the challenges that make it difficult to live a more peaceful, creative, and authentic life and how to make room for what may be possible. Through exploration, mindfulness, and making space to feel vulnerable, this form of therapy can help one feel more organized, connected, and secure.



When you work with kids, how do you balance the individual needs of the child with the family system?

When working with a child or teen, I want to make sure that I create a safe and connected relationship with the child that allows them to express their joys and struggles, develop greater self esteem, and feel more regulated. It is also incredibly important for me to connect regularly with the child's parents to ensure that concerns are addressed, while also fostering an environment in which we can think about the child's experience and what may be helpful for them without judgment or overwhelming anxiety.

You take an integrative approach to couples work. Where do you start with a couple who each see the other one as "the problem?"

It's very common for couples to find themselves feeling frustrated or acrimonious at times or over an extended period. Often it is only because of how important our partners are for us that we find ourselves feeling particularly frustrated with them for seemingly not meeting certain needs. When working with this couple, we would expect to learn much more about each individual and the history of the problem. Over time, we might find that behind the problem are defensive adaptations that have historically helped each individual manage intense vulnerabilities, but they no longer work within the context of this relationship. When we work to understand and work with each individual's vulnerabilities - often times vulnerabilities that we hadn't ever been able to identify clearly or put into words ourselves - it becomes much more straight forward where the true challenge lies. As therapy proceeds, it becomes possible to find new ways to express ourselves and feel secure together rather than reacting defensively with a belief that our partner could not offer us what we need.

Max works from a psychodynamic perspective and specializes in treating individuals with mood and anxiety disorders, trauma, low self-esteem, identity issues, grief, and relationship challenges.

[For Info On Psychodynamic Therapy at Lakeview Center
Click Here](#)

We are a collaborative practice of independent psychodynamic therapists dedicated to providing inclusive, innovative, thoughtful, and compassionate psychotherapy.

Our group is made up of professionals from various disciplines: psychologists, social workers, counselors and nurse practitioners. We work in a variety of therapeutic styles to best meet our clients' needs.

Our collaborative group structure allows each therapist to grow and flourish, while also promoting long-standing commitment to our shared mission. We both support and challenge each other to expand our perspectives and deepen our work.

Our Therapists

Niquie Dworkin, PhD; Kate Fiello, LCSW; Sarah Seidler, LCSW;
Spencer E Biel, PsyD; Nathan Dougal, LCSW, BCD; Zack Hamingson, LCPC, SEP;
Kat Johnson, LCSW; Glynis Kristal-Ragsdale, LCPC;
Allisun Noe Conant, PsyD; Joseph Reed, PhD; Max Weiss, LCPS; Lois Platt, PMHNP;
Melissa Vitale, PMHNP; Hali Garber, LPC (Senior Fellow);
Gabriel Linn, MSW (Senior Fellow); Cecilia Franchi MSW (Fellow);
Rachel Floyd, MA (Fellow); Ryan Schallon (Fellow); Matin Firas (Extern)

lakeviewtherapy.com

Current Groups

Virtual Interpersonal Process Training

Group for Therapists

This new training group is open to all mental health graduate students and early career professionals. It is also open to therapists who are new to group process and considering running a group. We will use the group process to explore intrapersonal and interpersonal dynamics. The group will enable participants to receive feedback about interactions, explore transference reactions and group roles, and attain greater levels of intimacy and self-awareness. The group meets online and we will also meet in person 1-2 times per year for a day of intensive work. This forum will allow you to connect with other therapists and gain support in doing this challenging work.

Fridays 2-3:20 CST

\$75 per session, sliding scale for pre-graduate and BIPOC therapists

All-Gender Interpersonal Process Group

Interpersonal process groups are led by a therapist specifically trained in psychodynamic group psychotherapy. These open ended groups have 8-10 members and meet weekly for 60-90 minutes. The structure allows members to assist one another to learn about and change limiting relational patterns. Lakeview Center's interpersonal process groups help clients increase awareness of their thoughts and feelings in the moment and to express them in emotionally constructive ways. Group members offer support and feedback to each other and experiment with new ways of relating that they can apply outside of the group.

Saturdays 10:00AM-11:25PM

Saturdays 9:30-10:45

Dialectical Behavior Therapy (DBT) Skills Training Group

DBT skills offer strategies for managing strong emotions and can be a valuable addition to individual psychotherapy. DBT skills groups may be particularly useful to individuals struggling with eating disorders, self-injury, and other impulsive and compulsive behaviors. Groups are open to new members every six to eight weeks. Each unit focuses on one of the four DBT skill areas: core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. DBT groups are offered to clients of all genders, aged 16 and older. To learn more about Dialectical Behavior Therapy visit our DBT page.

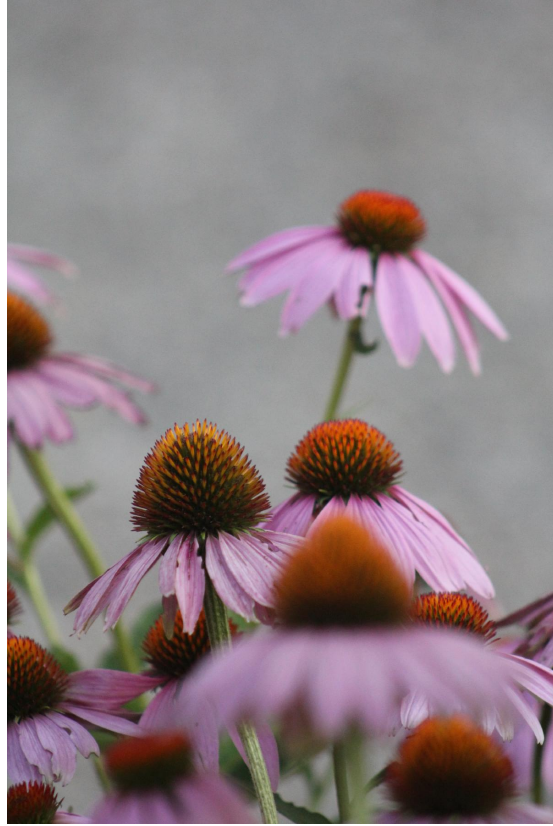


Image by Lucy Altwater

Announcements

Lakeview Center has an opening for a full time experienced psychodynamic therapist. For more info [click here](#).

Glynis Kristal-Ragsdale presented a paper called "Keeping the Ship Afloat: An Expanded Model for Understanding Premature Terminations in Child Treatments" at the 2023 AAPCSW conference, and will participate in an upcoming panel called "Should I or Shouldn't I? Processing and Preparing to Decide to Go Into Private Practice." at ICSW.

Niquie Dworkin has become a Certified Group Psychotherapist and is beginning training for group leaders with Jordan Price. She has also begun a Center for Group Studies reading group with Jan Morris. She is involved with forming a group within the psychoanalytic division of the APA to decrease polarization and increase perfection.

Our DBT group is currently virtual.
Tuesdays 4 – 5:45 p.m.

Integrative Psychotherapy Consultation Group

This group is open to new therapists who have just finished a graduate program as well as therapists who wish to integrate new orientations and interventions into their repertoire. We will focus on combining symptom-focused, insight-oriented, and unconscious focused interventions from the psychodynamic, cognitive/behavioral, and experiential traditions, and will discuss cases from an integrative relational perspective.

Sundays, Monthly, Noon

[Click Here for More Info on Lakeview Center Groups](#)

Offices for Rent

Lakeview Center has beautiful offices available for rent on weekends only in 4, 6 or 8 hour blocks. Offices are bright and tastefully furnished. Our charming 4 floor Victorian building is occupied entirely by therapists. Convenient location and street parking. For more information, or to schedule a tour of the building, please click on the link below.

[Click Here To See Photos of Offices](#)



3rd floor Therapy Office.
Many of our offices are large enough for groups

Book Review

What is "too little," "just right," or "not enough" for our patients?
by Gabriel Linn

What is "too little," "just right," or "too much" for our patients?

Some clinicians, particularly within psychoanalysis, endorse an overly protective stance towards their patients. Their commentaries on clinical material reveal impressions of patients as fragile, disturbed, and easily tilted by clinician interventions. This has contributed historically to the adoption of an approach which is passive and less experiential. In recent decades, more experientially focused clinicians are trying to rework this approach.



Image by Phillip Dworkin-Cantor

Despite these efforts, I remain concerned by how more active interventions are often still characterized as being “too much” for patients by clinicians who are often incapable of detailing a coherent and reliable system of analysis by which interventions can be evaluated as “too little,” “just right,” or “too much” for patients’ ego adaptive capacities. Paradoxically, these same clinicians at times share anecdotes of using the kinds of interventions they criticize among their colleagues, justifying them with vague explanations such as “the relationship was strong enough,” or “it felt right in the moment.”

Our field must and can do better in evaluating *individual* patient capacity and intervention grading. While the value of intuition should not be understated, the overreliance on intuitionism and the influence of inflexible narratives concerning patient (in)capacity are concerning. We need to be able to evaluate in real time whether our interventions are graded in a way that either meets or appropriately stretches our patient’s ego adaptive capacity. So how can we do this?

The impact and validity of our interventions can be assessed across a number of domains which include a) whether the intervention has truth value for the patient, b) the degree to which the intervention is consistent with the agreed upon therapeutic focus and the c) the degree to which an intervention either interferes with patient’s resistance and/or encourages contact with anxiety provoking psychic material that is linked with the patient’s presenting concerns. Here I will focus on the third domain, which has the most relevance to considerations of what is “too much” for patients.

We know from decades of research that therapeutic change occurs under optimal levels of anxiety and that patients fail to benefit from therapies that are either too anxiety provoking or not anxiety provoking enough. Habib Davanloo, an Iranian psychoanalyst and psychiatrist, devised a system to track unconscious signals of patient anxiety. From reviewing decades of videotaped sessions, he concluded that anxiety is usually visually observable and has characteristic patterns that can be systematically tracked. He outlined three possible pathways for anxiety discharge: striated muscle discharge (SMD), smooth muscle discharge (SMD), and cognitive perceptual disruption (CPD). The predominance of discharge into a particular channel can be used to evaluate patient ego adaptive capacity.

Within SMD, anxiety manifests as tension in the striated muscles over which we have voluntary control. This can look like tension in the fingers, forearms, chest/intercostal muscles, legs, and feet. It’s often signaled by the patient sighing (tension in the intercostal muscles) or sigh-equivalents (e.g., physical shifts, yawns, giggles), fidgeting, tapping, and repetitive body movements. When following an intervention, these signals may indicate that the

intervention is adequately penetrating the patient's resistance and/or encouraging contact with anxiety provoking psychic material ("just right" and a "green light"). Conversely, SMD involves anxiety discharge into the smooth muscle of the body which can manifest in the gut smooth muscle as belching, gas, and irritable bowel syndrome symptoms or the smooth muscle around the blood vessels which can lead to migraines. At a higher pathway, CPD involves anxiety disturbing the patient's experience of consciousness (e.g., cloudy thinking, dissociative symptoms, etc.) and/or of the five senses (e.g., blurry vision, tunnel vision, tinnitus, etc.). These latter two pathways indicate that the patient is being flooded with anxiety and needs help with regulation ("too much" and a "red light").

Too often, intense affect is conflated with anxiety, and used to justify views that particular interventions are "too much." Davanloo's framework helps us to separate phenomenologically the experience of anxiety versus core affects so that we can track patient responses to our interventions and adjust our interventions accordingly. With this framework, we can better meet our patients at their individual levels of capacities.

[Click Here For More Info on Therapy at Lakeview Center](#)



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