

# The Lakeview Innerview

A Newsletter from Lakeview Center For Psychotherapy

Spring 2010

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Beth Ehorn, MS, RD, LDN

Announcing  
a new member  
of our cooperative

**Jason McVicker,  
LCSW, RDDP**

Therapy Groups

**Interpersonal Process Group  
for Men & Women**

contact: Britt Raphling, LPC  
773-506-4463

**Binge Eating  
Disorder/Nutrition Therapy  
Group**

contact: Beth Ehorn, MS, RD, LDN  
773-506-4447

**Dialectical Behavior Therapy  
(DBT) Skills Training Group**

contact: Niquie Dworkin, PhD, 773-  
472-8587

**New Therapist Supervision  
Group**

contact: Niquie Dworkin, PhD,  
773-472-8587

*Support and Guidance for all Stages of Life*

*We are a cooperative of independent professionals dedicated to providing innovative, thoughtful, and compassionate psychotherapy. Our cooperative is multidisciplinary and includes psychiatrists, psychologists, social workers, counselors, a medical advisor, and a nutritionist. We provide therapy, counseling, nutrition therapy and medication management to adults, children, adolescents, couples, and families in Chicago.*

***A Thoughtful Approach to Couples Counseling:  
A Conversation with Melinda Rezman, LCPC, CDA***

BR: How did you get interested in couples counseling?

MR: When I worked in community mental health a lot of referrals were for couples and only a few of us at the center were really trained in couples counseling. I advocated for outside consultation, which was helpful. I also started to attend different conferences, workshops and classes, including two semesters at Chicago Center for Family Health. At some point I participated in my own couples counseling. This was immensely helpful, and it sparked my interest even more. I was able to observe, first hand, the difference between dealing with a dyad and dealing with individuals.

BR: What did you notice about the difference between therapy with the dyad and the individual?

MR: The couples therapist was far more interactive and not afraid of being assertive or even confrontational. She was able to maintain a level of neutrality but, at the same time, confronted us about each of our issues--as individuals within the couple.

I also saw a different approach to the psychotherapeutic process in terms of structure. First, there was a more explicit discussion about what was being worked towards. Second, a time frame may be set with couples, such as meeting for five sessions and then reevaluating. I also see the sessions as a great opportunity for a couple to learn how to really talk with each other, to experience what it is like to actually sit down and focus on the relationship itself. It's often really a shock to people that a relationship is a lot of work, that it requires maintenance.

I don't believe that people are prepared in life for what it takes to have a solid relationship. It is usually not until a problem arises that a couple will notice that they have drifted from each other and can't find a positive way to reconnect.

BR: Are there any special issues with various types of couples?

MR: I think it is very tough to work with couples where there is a high level of chaos. When working with couples where both members have multiple problems, sometimes it is helpful for each member to have concurrent individual treatment and for the therapists to collaborate. For same-sex couples, if the couple is requesting treatment around general issues, any good couples therapist is fine. If a same sex couple is struggling with issues related specifically to roles/identity, it may be more helpful to refer to a therapist with extensive experience with same-sex couples.

BR: But isn't any couple going to be struggling with role or identity issues?

## Support Groups

### **ANAD Eating Disorders Support Group**

contact: Liz Nickrenz,  
773-506-4454

### **Depression & Bipolar Support Group**

contact: Henry Dooley,  
773-506-4454

MR: Yes, but for same sex couples it can be a little more confusing because of cultural "norms." There can be a wider range of issues, such as dealing with an extended family. I think it's very important for same-sex couples to make sure that their therapist has both the sensitivity and experience to address these specific issues with them.

BR: What is your experience of how clients use couples therapy?

MR: On the one hand, people come into couple's therapy when problems have already become unmanageable. This can make it harder for the therapist because the focus has to then be on managing the symptoms instead of addressing the underlying issues. Paradoxically, though, because the couple is in such distress, this may increase their motivation and ability to work quickly and effectively with the therapist.

BR: What about people who are "out the door."

MR: I tell couples all the time even if you're coming in because you're getting a divorce or separating, I recommend counseling because whatever mistakes you're making in this relationship, you will repeat in every relationship after unless you understand your role in a relationship. If children are involved, learning how to parent when you're no longer married is going to be vital.

Sometimes part of the treatment is helping the couple decide if they are going to stay together or not. A therapist needs to be very proactive with this topic, because couples may not have a clue as to what they really are trying to do in therapy. There can be a lot of confusion about what they really want. Frequently there is a hidden agenda. For example, one partner may want out of the relationship but is not ready to address that. Sometimes one person is bringing the other into therapy with the belief that the partner needs treatment or that the therapist can actually change the partner. At times a couple is there because they want the therapist to see just how "wrong" the other person is. I strongly acknowledge how dangerous that type of projection can be and acknowledge that it's a wish to have a witness in how you have been "wronged." This "witnessing" by the therapist can be an effective way to engage as well.

BR: Can the 'witnessing' contribute to splitting?

MR: Splitting is always a tough issue with couples. It is one of the strongest tactics to defend oneself! If a couple has been operating with all types of destructive dynamics for a long time, it is incumbent on the therapist to explain how this has to change for the relationship to continue in a different way, along with acknowledging how frightening this change can feel. It can be unnerving not to know if the relationship can survive in a different way of being. It can also be helpful for the therapist to communicate that it's no "quick fix" and that the longer couples are willing to commit to being in a treatment, the better chance they have of working something out.

BR: What kinds of issues do couples ask for help with?

MR: The biggest issues people come in with are related to sex and intimacy. One thing I say to couples around issues of intimacy is that sex is not about sex. What I'm trying to say to them is that there's something important to understand about why they're not able to connect. And it's important to have sex in the relationship, for without the sex you don't have a real relationship. Other issues are money, extended family, substance abuse, pornography, and affairs. Most important is that you need two willing participants.

### *Our Approach To Therapy*

At Lakeview Center for Psychotherapy, we use a flexible, integrative approach in which therapeutic styles are combined to meet our clients' individual needs. We integrate three major approaches: psychodynamic, cognitive/behavioral, and experiential.

Relational psychodynamic therapy explores past and present interpersonal experiences to uncover the origins of troubling symptoms and patterns of behavior. This sets the stage for more satisfying relationships with others and a healthier self-image.

Cognitive/Behavioral Therapy, including Dialectical Behavior Therapy (DBT), addresses problematic ways of thinking and teaches practical skills to provide relief from painful symptoms.

Experiential techniques, such as mindfulness meditation, role playing, art therapy, play therapy, and movement therapy offer an opportunity to experience and express feelings during the treatment session in order to gain insight and to learn to process difficult emotions.

We believe our integrative approach helps clients capitalize on their inherent strengths and overcome obstacles to happiness and fulfillment.

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