



Psychotherapy Dialogues

A Newsletter Exploring Integrative Psychodynamic Psychotherapy

Psychodynamic Work with Children and Families An Interview with Glynis Kristal-Ragsdale

How do you adapt your own psychodynamic orientation when you work with kids?

Generally when I work with adults I don't take a structured history at the beginning—my sense is that it's important for me to see how a patient organizes their own history and experience of the world, and that what gets left out is just as important as what is communicated to me. With kids, by contrast, I do take a more structured developmental history at the beginning of treatment (the history being taken through the parents/caregivers, that is). What the parental attributions to the child are, and how that developmental history gets told, are foundations of the therapy.



How do you engage parents to assist in the child's healthy development?

To me working with parents is integral to supporting a child's experience in therapy (shout out here to Jack Novick and Kerry Kelly Novick's book *Working with Parents Makes Therapy Work*). I meet with parents frequently, especially at the beginning of treatment. I talk a lot with them about what's developmentally typical for children at certain ages, and how their responses to their child help that child regulate their own feelings. It can be really scary and vulnerable to bring your child to therapy. It can be hard for parents not to feel defensive or criticized. So another big part of engaging parents is talking with them about their own fears and anxieties with regard to parenting.

Do you have a brief example of child/family work where you knew the

therapy had a positive impact?

I worked with a six-year-old boy for several years whose parents brought him in because of violent tantrums (hitting, kicking, screaming, head butting). Much of the individual therapy with him involved allowing him to have a space where he could control how he was experienced—for a long time he kept any aggression out of session for fear of how it would damage my impression of him. Eventually, he trusted me enough and developed a sturdy enough sense of self to allow modulated aggression into our play. Along with his individual sessions were frequent parent sessions throughout the duration of the treatment where we talked about how they felt when he became upset and how those responses related to their own histories. By the end of the treatment he was no longer having violent physical outbursts and was instead able to use language to express his needs. The parents, moreover, felt a greater sense of confidence in their handling of times when he did become upset.

Glynis Kristal-Ragsdale, LCPC is a psychotherapist who works with people across the lifespan. Prior to private practice she worked in child welfare and was a middle school teacher.

[For Info On Child and Family 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; Tamara Gittelson, LCPC; Zack Hamingson, LCPC, SEP; Kat Johnson, LCSW; Glynis Kristal-Ragsdale, LCPC; Deirdre Levine, LCPC; Allisun Noe Conant, PsyD; Joseph Reed, PhD; Lois Platt, PMHNP; Melissa Vitale, PMHNP; Sevil Aksoy, LPC (Senior Fellow); Katie McCarty, MSW (Senior Fellow); Hali Garber LPC (Fellow); Gabriel Linn MSW (Fellow); Nicole Glass, MA (Fellow); Katie Delfino, MSW (Fellow); Cecilia Franci MSW (Fellow); Joe Anderson (Extern); Rebecca Reisberg (Extern)

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Current Groups

All-Gender Interpersonal Process Group

This group is led by a therapist specifically trained in psychodynamic group psychotherapy. These open-ended groups have 8-10 members and meet weekly for

75-95 minutes. The open structure allows members to assist one another to learn about and change limiting relational patterns. Members will increase awareness of their thoughts and feelings in the moment and learn to express them in emotionally constructive ways. Group members offer support and feedback to each other and experiment with new ways of relating.

Our process groups are currently in person and require vaccination.

Saturdays 10:00AM-11:25PM
Saturdays 9:30-10:45

Contact [Sevil Aksoy](#)

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. 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.

Our DBT group is currently on hiatus, please contact our group leader to begin individual DBT and transition to group when it starts.

Contact [Cecilia Franci](#)

Integrative Psychotherapy Consultation Group

This virtual 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, Noon, Monthly, \$50

Contact: [Niquie Dworkin, PhD](#)

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



The Lakeview team back at our lake house retreat after three trying pandemic years! Great view, great food, great company! We left relaxed and rejuvenated.

Announcements

Nathan Dougal recently completed a 6 week psychoanalytic seminar with Charles Jaffe and Mark Levey of the Chicago Psychoanalytic Institute. He will also be a consultant for a case conference class at Institute for Clinical Social Work.

Glynis Kristal-Ragsdale has begun teaching at the Institute for Clinical Social Work. She has also received an early professionals' scholarship from the International Association for Psychoanalytic Self Psychology.

Low Fee Therapy Openings Now! Our externs provide therapy at affordable fees based on need. To read more about them [click here](#).

Lakeview Center has an opening for a full time experienced psychodynamic therapist. BIPOC therapists strongly encouraged to apply. For more info [click here](#).

Lakeview Center welcomes our new psychotherapy trainees: Hale Garber (Fellow); Gabriel Linn (Fellow); Cecilia Franci (Fellow); Joe Anderson (Extern); and Rebecca Reisberg (Extern). Our fellows have sliding fees and accept BCBS insurance, and our externs provide low fee psychotherapy. To read more about our new therapists [click here](#).

Lakeview Center can now provide medication management through our nurse practitioner affiliates (LMHNPS): Lois Platt, and Melissa Vitale. To refer a client to one of our nurse practitioners [click here](#).

Offices for Rent

Lakeview Center has beautiful offices available for rent on weekends only in 4, 6 or 8 hour blocks. Reduced fee for multiple 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

Reverie



Image by Deirdre Levine

Thoughts on a Virtual Consultation Group

by Nathan Dougal

Recently, I attended a psychoanalytic psychotherapy case-based consultation group with seven participants. The participants were spread across the United States and one was in Europe: Los Angeles, Minneapolis, the Chicago area and Barcelona, Spain. Each participant had a turn to present a psychotherapy case. The consultant/instructor also had their turn in the form of showing a video of a session.

During the time-limited group (we met eight times, every other week for an hour and a half) I thought about three things:

- 1) My capacity (or diminished capacity) to think about the therapeutic process depending on the psychic capacities of the patient and perhaps those of each therapist/presenter.
- 2) My projections onto members of the group and differentiating those from the members' actual behavior.
- 3) My reactions to a treatment conducted in Russian during the early phases of the Russian invasion of Ukraine.

My capacity to think was astonishingly different as I listened to two cases. In one of the cases, the patient talked about environmental challenges that compounded significant vulnerabilities in her young son and how that made her feel. She had some spontaneous associations to her own childhood that brought up feelings and thoughts. In the second case, a woman had a good deal of insight into how she was repeating a childhood trauma in several workplaces. However, she presented narrative fragments in ways that did not hang together and left the therapist feeling confused. In receiving the material of the first case, I felt

like I was able to excitedly consider how the patient's mind worked, the therapist's countertransference, and mini-ruptures related to misattunement by the therapist. In listening to the second case, I was not able to build on the patient's excellent insight about a pattern of repetition and remained mired in the confusion like the therapist.

There were two group members who inspired my most active projections, or transferences. One member I viewed as positioning themselves as a kind of an elder statesman and maybe also as a mom of the group. The second member I perceived as having a unique cache of the real psychoanalytic work and then I found her disappointing. The first therapist seemed really experienced and thoughtful. She was a consistent, unifying and caring presence in the group. The second therapist was good at listening and waiting for the patient to elaborate. She also had a sense of humility. I was a little anxious and preoccupied with how I would be received by the group and wanted to position myself as important to our group process. I had the wish to exemplify something essential about therapeutic work.

Lastly, I was really moved to hear about a treatment conducted in Russian where the real safety of the patient (in relation to the Russian invasion of Ukraine) existed in tension with the psychoanalytic method the therapist was trying to observe. I believe the therapist and patient might have contended with some subtle guilt about their familiarity with the "language of the invader".

In closing, I wonder what was lost because the consultation group was not in-person. I missed the informal "meeting-after-the meeting" and a segue to coffee together followed by an exchange of contact information. Compared to the immediacy of emotionally powerful in-person presentations, visceral experience may have been diminished in the virtual space.

Nathan Dougal has been practicing psychoanalytic therapy for 23 years and provides clinical supervision to psychotherapy trainees.

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