

Today
we'd
like
to
introduce
you
to
Dr. Leigh
Weisz

Thanks for sharing your story with us Dr. Weisz. So, let's start at the beginning and we can move on from there.

I have always known I loved children and would want to work with children in some capacity, whether as a teacher, speech pathologist, or therapist. I went to graduate school for psychology and specialized in children and families. After being on staff full time at the Family Institute at Northwestern University for several years, I decided to start a private practice. This decision coincided with the birth of my eldest daughter because, what better thing to do, when entering motherhood than to also birth my second love—my clinical practice.

Shortly after launching my private practice, I met Michelle Winterstein, a licensed clinical social worker, who came on board as we were both like-minded and complemented each other and served a similar population. The practice has grown as our client base has grown. We are now 5 clinicians working at Coping Partners—Dr. Leigh Weisz, Michelle Winterstein, LCSW, Dr. Daniel Sorkin, Jennifer Katz, LCSW, and Rebecca Gillett, LCSW, MS. We are able to serve more clients, have our own niches and work with entire families all in one setting (i.e.-one clinician working with a parent, another with a child).











We cover the gamut—both testing (assessment) and therapy—in home, in school observations, and all ages. We have a state of the art play therapy room with miniatures and other tools that allow children to express their feelings and work through issues via play therapy (a child's work). Currently I've enjoyed working with children through adults—having the variety makes it fun for me and keeps me learning and growing.

Overall, has it been relatively smooth? If not, what were some of the struggles along the way?

Balancing family life with work is always a challenge. I have a lot of empathy for the parents I see who are striving to achieve their perfect work-life balance. I love the work I do and want to be available to my clients, so setting boundaries around which days of the week I see clients and have lengthy phone calls is always a challenge. Nonetheless, I love being a mom and want to be present for my children rather than multi-tasking and feeling spread too thin. The bumps are those days or weeks when I feel pulled in too many different directions.

Another hurdle is that we are in great need during the after school and after work hours (3 PM till 8 or even 9 PM) but not as in demand in the morning hours when I'm personally at my peak since I'm a morning person! Over time we've begun doing some of our parent work in the mornings and I've set aside these hours to work with adults (in individual therapy) who are able to come in at that time. We are also currently starting a moms' group during morning hours, but it's a challenge logistically.

Alright - so let's talk business. Tell us about Coping Partners - what should we know?

Coping Partners is a group practice aimed at helping children, adolescents and adults with a wide range of challenges. We have a specialization in working with children, from ages 3 and up through adulthood and have clinicians who heavily involve parents in the child work, recognizing that we're only with these children approximately 50 minutes per week, but when we involve parents, we will see so much greater progress. We are very proud of how collaborative we are—always going out of our way to work in concert with other professionals (school staff, psychiatrists, camp counselors, speech therapists, occupational therapists, nannies, etc).

We often share cases with one another (i.e.-one therapist is working with one sibling, and another therapist working with another sibling) and are often able to collaborate amongst ourselves which allows us to see the bigger picture (context of the family, other environmental stressors). I believe we are very selective in who we hire as we view our group of therapists as another mini family. Over the years, those who we have added are superb clinically, but also interpersonally—and take their work seriously, giving it their 110%. We try to keep ourselves energized by engaging in different modalities—running workshops/talks/groups, engaging in parenting work, some play therapy, some CBT, sibling sessions and attending school IEP/504 meetings, taking on more of an advocacy role with our clients. We also always conduct peer supervision sessions (weekly) on challenging cases, checking in with the team and making sure we're doing our best on all cases.

Where do you see your industry going over the next 5-10 years? Any big shifts, changes, trends, etc?

I do not see the need for therapists decreasing in the future, but I do think there will be changes in terms of how people connect—increasingly through technologies like VSee, and other tele-therapies. My personal preference is still to have a client come into the physical room "live" because of the nuances that could get lost more easily such as body language, subtle shifts in tone, and so forth. However, I do think new technology may add new ways to conduct therapy in the future.

While we, clinicians, may have to keep up to date with all the ways teenagers connect (which apps they use, the socially acceptable way to ask for a play-date or "hang out"), I think the core reasons people come in will not change so significantly. Children and adults alike want to be heard, understood, to be successful in their relationships and to feel better (decrease anxiety & depression). I do not see these presenting problems as changing but do see us clinicians needing to constantly research the latest ways teens and others communicate, as it will be totally different from when we were growing up and totally different from what it is today.