

# The Lytel Letter

Fall 2005

Issue 3

I write this newsletter with two ideas in mind: to let you know the range of clients and issues I work with in my psychotherapy practice and to share some thoughts about issues related to families and children.

I've been a therapist since I graduated from the University of Michigan School of Social Work in 1989. In Ann Arbor, I worked on an inpatient eating disorders unit. I also ran support groups for suicide bereavement and AIDS bereavement. In 1991, I moved to Las Vegas and received my Nevada License in Clinical Social Work. I have worked with children, adolescents, and families since that time.

My areas of clinical expertise include: helping teenagers and families better communicate with each other; assisting children in foster care or adoptive homes adjust to their new circumstances; providing children a supportive place to address issues of loss, trauma and self-esteem. I often work with children to develop ways to improve their social skills, peer skills, and refusal skills (how to say "no" to peers when necessary). I also have experience working with women's issues, gay and lesbian issues, grief and post-traumatic stress disorder.

## Creating a comfortable therapy environment

It's important to me that children and adolescents who come to counseling feel comfortable in my office. The issues that bring children and families to therapy are often difficult, painful, confusing and anxiety-producing. Kids often feel like they are coming to the principal's office and I try to challenge that notion as quickly as possible. So it's o.k. with me if kids do something while we talk. In fact, I often encourage this if a teen

seems nervous and unable to engage in conversation.

I usually have a number of toys within their reach. Small items, such as koosh balls, stress balls, Chinese balance balls, magnetic toys, spinning tops, some magic wands with sparkling liquids inside, lots of colored markers and pencils. I believe that these small items provide children with "something to do" as we begin to talk. These items can serve as necessary distractions to

create the comfort level some children might need as they begin to explore their struggles.

Rules in my therapy office may well differ from the rules in your house. It's o.k. with me if kids lie down on my couch if they take their shoes off. It's o.k. with me if they chew gum or drink soda. It's not o.k. to have their cell phones on!

## Does your child seem unusually moody?

Most adolescents wrestle with mood swings, but a more serious, prolonged depression can lead to further problems with children and teens if left untreated. If a child is having a bad day, a distraction might help them refocus and this might enable them to change their moods. But a child who is clinically depressed is usually not able to do this on their own.

It is well established that clinical depression is often due to an imbalance in brain chemi-

cals (neurotransmitters). A depressed person's "brain soup" is running low on some critical ingredients. People who struggle with depression often need a chemical boost to get them back on track. Some people can navigate through a depression without antidepressants, but others simply cannot. Their brain chemical imbalance might be, in fact, knocking them off balance.

*See page 3 "Moody"*

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## The Adolescent Brain

If you are the parent of an adolescent, it's probably not entirely news to learn that adolescent brains are not yet fully developed. While you might have suspected this for a long time, science is now demonstrating that indeed, the brain of an adolescent is still under construction.

The *Harvard Mental Health Letter* (vol. 22, July 2005) devoted their lead story to "The adolescent brain: Beyond Raging Hormones."\* Here's the main idea: the brain, biologically, is still under construction during the teenage years. The recent research concludes that the human brain is not fully matured until sometime in the mid-20's. (You may have yourself already concluded this.)

Our brains develop from back to front. Research is demonstrating that the last connections to be fully formed in the brain are the links between the prefrontal cortex (the part that directs judgment, problem-solving and reasoning) and the limbic system (our emotional and self-regulation.)

During adolescence, the human brain has a growth spurt (just like their shoe size). A complicated "pruning" process occurs in the brain and is not complete until someone is in their mid-20's. The circuits in the brain continue to become more efficient. The brain reshapes itself in an amazing and complicated process, gradually improving the efficiency between the neurons (our gray matter) and the synapses (the connections between our neurons).

There is general consensus that most adolescents experience mood swings and significant bouts of unhappiness, as they struggle to understand who they are and who they are becoming. Most of us can remember our own struggles, to define ourselves, choose our friends,

determine our own interests and preferences, learn how to hold a job, and manage our growing independence.

But now we know some things even more clearly. As the Harvard MH Letter states, "Unsettled moods and unsettling behavior may be rooted in uneven brain development." The newsletter goes on to explain that while the adolescent brain is developed intellectually, it is not fully developed emotionally.

As we know, many adolescents have trouble thinking before acting and, consequently, have much higher rates of all sorts of accidents (cars, scooters, motorized bikes, skateboarding); unsafe sex, binge drinking; substance abuse. It's the judgment, as well as the ability to resist social pressure, which so often gets teens in trouble.

What's a parent to do? It might help to understand that while a teen is seeking adult responsibilities, their biology continues to hold them back from fully grasping the consequences of this.

### Refusal Skills

This is one of the reasons that I often focus on refusal skills. It's important to talk with teenagers about how to say "no" when necessary. I encourage kids to have an answer ready when they might want to say "no" to something, but feel scared about doing so. If they prepare what they might say beforehand, it can make the moment a little easier to navigate. It often helps teenagers to role-play the situation beforehand, as well as to explicitly review what various consequences might occur. Still, they are on their own in the moment of decision, and all of our adult talk may well quickly fade away in their brains.

\**Time* magazine (May 10, 2004) also explored the developing adolescent brain.

*Unsettled moods and unsettling behavior may be rooted in uneven brain development.*

— *Harvard Mental Health Letter*

## Hold firm to those consequences

Parents, remember how you learned to curb your impulses and behaviors? Most adults can recall consequences or punishments that helped shaped their behaviors. It is critical for children's development to link their compliance with rewards. Is your child doing well in school? Attending all classes? Doing their homework? Helping around the house? Doing their chores? Then you might want to reward them, encourage them.

But if they are behaving irresponsibly, you might want to consider your parental responses. Are you letting your child drive the car to school even though he's getting D's? Are you paying for extra activities as your daughter continues to ditch school? Are you letting your son talk on the cell phone and watch TV while he is supposed to be doing his homework? Remember that if your child has many privileges (such as driving the family car), it is reasonable to expect them to act responsibly to maintain such a privilege.

## Moody *Continued from page 1*

We would never consider saying “get over it” to an insulin-dependent diabetic. They need insulin to balance their blood sugar levels, just as many depressed people benefit enormously from medications to balance their brain chemicals. In turn, this can result in improvements in other areas of one’s life: mood, sleep, energy, and clarity of thought.

Most research on depression continues to demonstrate that both psychotherapy and medications are more effective than either treatment alone. If you are worried that your child or teenager may be depressed, consider seeking an assessment for him or her.

## Your daughter really wants her bedroom painted black and orange?

Parents, do you really dislike your child’s choice of posters, colors, room decorations? Pink and fuzzy? All black? Bright orange? Not your style? Right! That’s the point! Your child needs to be different than you. It’s o.k. if you dislike their choices. Remember, how your child decorates her room is about her, not you!

Most teenagers want to decorate their room with little interference from parental controls. Unless you feel their choices are indicative of more troubling issues, such as depression, I encourage you to let them make their own choices. Teens need their own space in which they can feel comfortable, at home, at ease, and safe. The more they feel this in their own room, they better they will fare as they navigate the slings and arrows of adolescence.

## Grief and Loss

I work with children, adolescents, and adults who have survived many kinds of losses – death of a parent, sibling, or close friend; divorce; friends who move away. So many children in Las Vegas are rezoned to a new school, and must leave friends behind and make new friends year after year. People often need a place to talk about their feelings of loss. In general, our culture allows people a limited time to adjust to their loss. They often hear others telling them to simply carry on and “get over it.” It turns out that doesn’t really work very well.

I think one never really “gets over it.” A person is never the same after a profound loss. You don’t get back to who you were. People eventually return to being someone a little bit different, maybe more mature, vulnerable, sadder, or wiser. But I think it is a myth to think, or expect, someone to grieve a loss and then “get back to normal.” Grief, as well as trauma, changes people.

When I work with children or adults who are addressing grief and loss issues, the therapeutic goal is to gradually get used to the reality of the loss and to learn how to manage feelings of yearning and missing. Especially for children and teens, the challenge is to learn how to tolerate those feelings without being harmful or destructive.

## Gay and Lesbian Youth

Each semester, I give a guest lecture at the UNLV School of Social Work about working with gay and lesbian youth, and their families. Many social work students, and indeed, many therapists, are woefully undereducated and misinformed about this population.

I have worked with many gay and lesbian adolescents, families, and adults over the years. An oft-mentioned struggle is if, when, and/or how to disclose their orientation to their friends, teachers, neighbors, coworkers, supervisors or colleagues. Many fear, and sometimes do, lose their jobs. Teenagers may get kicked out of their homes. (Estimates suggest that one out of three homeless teenagers is a gay or lesbian youth.) Often, a gay/lesbian person attempts to discern beforehand if such a disclosure would be received in a hostile or friendly manner.

Gay and lesbian youth are at great risk – for increased rates of depression, substance abuse, suicide attempts, as well as homelessness. Some adolescents have a sense very early on that they are “different.” For many gay and lesbian youth, this is how their first awareness begins. It’s important to allow them the space to figure out who they are, in a supportive, nonjudgmental, nurturing setting. The reason gay teens have increased risk for many dysfunctional behaviors is **not** because they might be gay or lesbian, but because of the enormous social stigma and challenges they face as they attempt to navigate their own unique coming out process. You can make a difference for these teens by being a receptive, gay-affirmative, knowledgeable presence in their lives.

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*Special Focus:  
The Adolescent Brain*

### Financial Issues

I participate in a limited number of insurance networks including:

- United Behavioral Health
- Clark County Self-Funded
- MINES & Associates
- NEAS
- Horizon Health EAP

In addition, most insurance companies will cover out of network providers. Clients will usually be required to meet their deductible to utilize those benefits. I will work with you to estimate your insurance coverage for therapy services.

### Five reasons why you might want to consider Family Counseling

1. You've already removed your child's bedroom door.
2. Your child feels like he's grounded for life.
3. You've been arguing about tongue-piercing for a long time.
4. Every time you try to talk with your teenager, somebody ends up slamming a door.
5. You just really want a better relationship with your child.

Family counseling is not a quick fix. But for many families, if people are open to change and willing to explore their relationships, family counseling can help improve family communications.

Counseling can sometimes enable family members to tune in a little more and tune out a little less.

In my experience as a family therapist, if there is an opportunity for some clear, calm, focused, non-blaming conversation, the tension around the house can often decrease. It can help teenagers feel that they are being heard, and help parents understand their kids a little better.

Some families find that small changes may result in more significant improvements around the home. For family therapy to be effective, families need to be able to commit some time and energy to the process.