

# The Lytel Letter

An occasional newsletter sharing some thoughts about psychotherapy

Fall 2008 (No. 4)

## My background

I was raised in a single-parent family that valued education. My mother coached me to “get a career, not a job.” And so I did.

I graduated from the University of Michigan School of Social Work in 1989. In Ann Arbor, I worked on an inpatient eating disorders unit and also conducted 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 worked at the Division of Child and Family Services (DCFS) for 13 years. Presently, I teach at the UNLV School of Social Work full-time; and practice psychotherapy part-time.

My areas of clinical expertise include: improving communications between teenagers and families; working with foster and adoptive children; addressing issues of loss, trauma, depression, anxiety and self-esteem. I also encourage children to develop their social skills, as well as refusal skills (how to say “no” to peers when necessary).

I have been an approved clinical supervisor since 1991; and am also available to provide clinical supervision to LCSW Interns.

## What will therapy be like for my child?

If five teenagers participated in psychotherapy with five different therapists, they would each receive somewhat different clinical treatment.

Most mental health issues have accepted practice guidelines. Yet, different therapists use a wide range of therapeutic approaches with kids and families. Feeling respected and taken seriously are critical components of any therapeutic relationship. Of course, this does not mean the therapist always agrees with you or your child.

I work to emotionally support parents who are struggling to promote stability, security, boundaries, and responsibility. If a parent thinks her son is a “rotten kid,” I’m not likely to agree. Our therapy process probably will not be very successful.

Therapy is a process which does not work if it is dictatorial or authoritative, or becomes a “he said, she said” struggle. It has been my experience that productive therapy happens when people genuinely listen to one another. At times, parents will

need to separate their own past experiences from that of their child’s and appreciate the differences. Teens, in particular, need to feel that their parents really hear their unique struggles. Family therapy requires engagement from all participants. Your family’s therapeutic experience will depend upon your participation and commitment to the process.

A child’s unique presentation, personality, and coping styles will influence my therapeutic approaches. Some kids are astonishingly articulate and can talk about their feelings right away. Other kids might not even accept that they have certain feelings. They may come from an abusive or confusing background and have learned that it’s safer to act like they don’t have any feelings at all. Other kids might know how to show anger, but not tenderness; or sadness, but not empathy. Some kids think if they sit there silently long enough, I’ll just go away. Usually, kids grow more comfortable with the process after they learn they are not going to “get in trouble.” Some behavioral

issues require more immediate interventions. If your teen is hurting or cutting herself, then that should be the focus of our first meeting.

My experiences have taught me there are many ways to engage children and adolescents in therapeutic discussions. I conduct individualized treatment depending on the child’s needs, capabilities and interests. I believe that the goals of good therapy can be summed up: “Know thyself (maybe a little better.)” The better we can help a child or adolescent understand her own past, history, motives, challenges, likes and dislikes, the more she can be in charge of navigating her own life.

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## Encourage a sense of humor

Humor helps most of us cope with life's ups and downs. It is a skill to learn to lighten one's emotional load.

Even though your teen says school was "fine," maybe it was and maybe it wasn't. I think kids answer that sometimes because it's a lot easier than saying, "It is so confusing, all that friendship drama that happens."

If you can help your teenager see an irony, or laugh at some of life's absurdities, you can model for them how to keep things in perspective. Children who are encouraged to value their sense of humor are developing a critical coping strategy, one that will help them throughout their lives.

Plenty of research has demonstrated how laughter can translate into positive health benefits as well. Here's some ideas to help your child grow her or his sense of humor:

- If there's a comedian that you and your child both find funny, enjoy the humor together. This might mean renting the video, DVD, or maybe buying the book.
- Is there a particular TV show that makes your teenager laugh out loud (lol)? Maybe you can watch the show together in the family room instead of your teen watching alone in her bedroom. Remember that laughing together often strengthens relationships. As a bonus, your kid might think it's cool to hang out with you.
- Laugh at their corny jokes. Why not?
- Buy a joke book and listen while your child finds her favorites. So what if you hear the same joke over and over. Surely, there are worse things that your kid could be saying!

- Let your child choose a comedy, and go to the matinee. Even if you don't think the movie is funny, go anyway. Buy some popcorn and laugh together.
- Some children love being pranksters. If they are in good fun, and not harmful, why not encourage this? Maybe the whole family will end up having a good laugh together.
- Is there a comic strip your child loves? Read it aloud together. Maybe it can become a morning ritual.

Try and remember that laughing at your own foibles is probably a good practice for you, and it also models the importance of not taking oneself too seriously for your kids.

## Psychotherapy for Adults

While I specialize in working with children and adolescents, I also provide individual psychotherapy for adults.

In the 19 years I've been a therapist, I have worked with adults on many issues, including: depression, anxiety, self-esteem, relationships, family of origin, gay and lesbian concerns, parenting, grief, and trauma-related issues.

Many adults function quite well externally, managing their jobs, households, and many responsibilities. But many people, nonetheless, are sad, distressed, or troubled internally. If talking something over might help you, consider making an appointment.

**Call: 248-2020**

## Silence those electronics and look your teenager in the eye

Sound obvious? Not really. So many parents are so busy, that they don't hear what their kids are saying. If you are a parent, I encourage you to stop and listen. Slow down and look into your children's eyes while they are talking to you. Really look, focus. Not at their hair. Their eyes. Really connect. Let them know that you are really paying attention to them and what's going on inside them.

Practice "electronic-free times." Turn off the TV, radio, Blackberry, IPODS and cells—both yours and theirs. No, really turn them off. Not just mute, or silent. Off. Create uninterrupted time between you and your teenager.

Spontaneous conversation is important. Your children need to know that you value their thinking. Take their concerns and needs seriously. As kids mature, you can serve as a powerful protective factor as an adult who they really can talk to; someone to share their ideas, thoughts, fears, concerns, anxieties, self-doubts, ideas, and opinions.

Listen to their requests. You don't need to give them everything they ask for, but you need to hear it. Sometimes, really being heard can be very validating for a teenager.

So next time, instead of answering immediately, take a breath. Try listening for longer periods before you start talking. Yes, your parental guidance is necessary and critical and needed by your teen. But they REALLY want you to hear ("to get it") what they are saying. Remember that you are a fortunate parent if your child is sharing their thoughts and opinions with you. After all, that means they are still trying to get through to you.

## "My son says he's not going to talk to you, anyway."

Many adolescents initially insist that they don't want to participate in therapy. I say, bring them in and let's give it a try. I listen respectfully to a client's opinion, acknowledge and discuss their feelings, and continue to attempt to move forward in the process. "Not wanting to talk" might be resistance—and it also might be a sense of guardedness, uncertainty, not knowing if s/he can trust the therapist or the process. An adolescent might also be feeling scared, threatened, or depressed. Or maybe they are trying hard to avoid some really painful events in their lives.

My clinical experience has shown me repeatedly that even with teens who are hesitant to begin therapy, they often grow comfortable with the process as it becomes more familiar to them. After all, most kids like to talk about themselves, their lives, and their friendships.

Certainly, I believe that the most helpful therapy for children or adolescents requires their engagement in the process. Sometimes this process might take a few sessions for teens to realize that it might actually help them. Maybe they need to experience a process, where the teen, the therapist and parents can converse together and begin to talk constructively about relevant issues. Maybe your child needs us to start. Maybe they just can't muster enough self-confidence to talk about their most troubling concerns.

Sometimes adolescents are the most inarticulate about things that matter the most to them. We need to help get the conversation started.

***In therapy, kids and teens learn how to navigate their relationships and explore the questions in their lives.***

## Grappling with Grief and Loss

Most of us hope that children and adolescents can be protected from early losses. And that hopefully when they do face their first serious loss, they are surrounded by resourceful and loving adults in a stable setting.

Unfortunately, many children are broadsided by tragic losses early in their lives. They lose parents, siblings, and friends through death, divorce, adoption, or abandonment. Most foster and adopted children experience significant losses in their childhoods. This may also be true for children in blended or divorced families.

Sometimes teens are so busy trying to act like a loss didn't hurt them that they start to hurt themselves by cutting themselves, failing classes, drinking, or trying drugs. Children, as well as adults, 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. Others may tell them to simply carry on and "get over it." It turns out that doesn't work very well.

A person never "gets over" a significant loss; that is, one never is the same. You don't get back to who you were, because you can't be exactly who you were, because, well, your life has changed. People eventually grow into being someone a little bit different — maybe more mature, vulnerable, sad, or wise. But it is a myth to think, or expect, someone to grieve a loss and then "get back to normal."

When I work with people who are struggling with grief and loss issues, a primary therapeutic goal is to gradually learn how to tolerate and manage the myriad of feelings that occur as the loss becomes more of a reality over time.

## Gay and Lesbian Youth

Many people are undereducated and misinformed about working with gay and lesbian youth. Parents, teachers, social workers, therapists, doctors, and other professionals may lack critical awareness to help these youth.

I have worked with gay and lesbian youth, families, and adults. Some of these adolescents know at an early age that they are "different" - this feeling is a common early awareness. Most children who are heterosexual develop their awareness in elementary school. The same is true for those who grow up to be gay/lesbian. It is critical for their healthy development to create the space for them to discover who they are in a supportive, nonjudgmental, nurturing atmosphere.

Gay/lesbian youth are at great risk — for increased rates of depression, substance abuse, suicide attempts, and homelessness. Estimates suggest that 1 of 3 homeless teenagers is gay/lesbian. Sadly, it is not unusual to hear a story of terrible brutality against a young gay or lesbian person.

Gay/lesbian teens have increased risk for many behaviors not because they might be gay/lesbian, but because of the social stigma, legalized discrimination, and challenges they face as they attempt to accept their identities in an often hostile climate.

You can make a difference for these teens by being a receptive, caring and informed adult in their lives. Some resources for gay/lesbian teens and those who love them:

*Is it a Choice? Answers to 300 of the most frequently asked questions about gays and lesbians*, by Eric Marcus.

*Two Teenagers in Twenty: Writings by Gay and Lesbian Youth*, edited by Ann Heron.

The Gay and Lesbian Center, Las Vegas , 733-9800.

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## Financial Issues

I will make a good faith effort to work with you and your insurance company to help you utilize benefits for mental health outpatient services. This can often be a challenge! I do not participate in provider panels, which means I am considered an out-of-network provider.

Many insurance companies will cover out-of-network providers. Usually, this means that you will be required to meet your deductible and you will most likely have a larger co-pay than if you sought an in-network provider.

## For appointments

call 248-2020.

## Some good reading...remember books?

Several of these books are classics and personal favorites.

*Not much, just chillin: the hidden lives of middle schoolers*, by Linda Perlstein. A wonderfully descriptive look into the inner lives of middle school students.

*Another place at the table*, by Kathy Harrison. A touching account of the many challenges of life as a foster parent.

*Feel the Fear and Do It Anyway*, by Susan Jeffers. A great resource for addressing one's fears and self-esteem.

*What on Earth Do You Do When Someone Dies?* By Trevor Romain. A straight-forward discussion about

copied with loss.

*Dinosaurs Divorce: A Guide for Changing Families*, by Lauren Krasny Brown and Mark Brown. A classic on helping children through divorce.

*The Tenth Good Thing About Barney*, by Judith Viorst. A little boy coping with loss.

*Fostering Changes*, by Richard Delaney.