

The Aging Brain Can Stay Young

SOPHIA K. HAVASY, PH.D.
LINDA NARUN, M.A., C.C.C.

The baby boom generation has been referred to as the pig in the python. It is so huge, that you can seemingly watch it shape the culture as this cohort passes through time. The boomers are now in their 50s and 60s and their parents are in their 70s and 80s. Given this, it's no surprise that science is turning its attention to how aging affects the brain. The news is good.

Science once thought that there was a point at which the brain lost its capacity to grow. Common wisdom said that at some age, – some very young age – you peaked, and it was all downhill from there. More recent research is proving that notion incorrect. The brain has the capacity to learn, to grow new neural

connections, and to adapt, well into old age. Of course, there's a catch: it doesn't happen on its own, you have to work at it.

To guide patients through the brain development process, the Tarnow Center has built a brain coaching program around Posit Science software that can enable an aging brain to function as though it were ten or more years younger.

The brain retains ability to grow

The brain never loses its plasticity, its ability to grow and change, but there does come a point where that ability to grow and change actually impedes functioning. This is referred to as negative plasticity. The brain can grow in ways that slow or impede cognitive performance. The brain hasn't lost its ability



to grow, but other circumstances of aging can guide that growth in a negative direction. When this happens, people assume that their brains have given out, when, in fact their brains are perfectly capable, they just need to have some kinks worked out of them.

Michael Merzenich, Ph.D. a pioneer in brain plasticity research, has identified four factors that lead to negative plasticity and the resultant cognitive decline.

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Research Announcements

Attention-Deficit Hyperactivity Disorder Study

Novartis Pharmaceuticals Corporation is conducting a clinical research study for children between the ages of 6 and 12 years old who have Attention-Deficit/Hyperactivity Disorder (ADHD). This study will test the safety, tolerability and effectiveness of an investigational dosage and other doses of dexamethylphenidate HCl extended-release capsules which is an already approved drug for ADHD. An "investigational dosage" is a dosage that is being tested and is not approved for sale in the United States by the U.S. Food and Drug Administration (FDA). Patients will be assigned to one of the four different study groups. Three of these groups will be taking the study drug and the fourth group will be taking a placebo or an inactive pill that looks like the study drug but contains no medicine. Children have an equal chance of being assigned to any of the study groups and neither the study doctor nor the parent or guardian will be able to pick which study group their child is placed in.

Trial phase: Phase 3

Participation Duration: Children will participate in the study for a maximum of nine weeks, and will have to come to the study center about seven times. They will be required to take two study drug capsules once a day for five weeks.

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Family Therapy Effective in Treating Childhood Anxiety

ELAINE FRANKEL, LMSW

The Tarnow Center believes strongly in treating not just individual children, but the entire family system. Although a child may exhibit symptoms of anxiety, depression, behavioral problems or other psychological symptoms, the family is a unit, and each person within the family affects the others and each must learn to interact in a different manner in order for the symptomatic child to begin to feel better and to become less symptomatic.

This approach is supported by a recent study documenting the effectiveness of family cognitive behavioral therapy for children and adolescents with clinical anxiety disorders. The study was conducted by Susan M. Bogels, Ph.D. and Lynne Siqueland, Ph.D., and published in the February, 2006 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Anxiety is a family affair

Anxiety disorders run in families. It is generally believed that there is an overlap of up to 80% between parental and child anxiety disorders. This is a result of both genetic factors and the parenting style of anxious parents. Parents who are themselves anxious are often over-protective or controlling, rather than encouraging their children's autonomy. Anxious parents are also more prone to be critical or rejecting rather than warm or accepting. Such parental behavior maintains childhood anxiety.

It's not simply that anxious parents choose these parenting styles, it is sometimes the case that anxious children provoke these parenting styles. For example, dependent children evoke controlling parenting. In this way, both child and parental anxiety contribute to

parental overprotection and criticism.

The authors of this study investigated whether altering parenting style,



through cognitive behavioral therapy, would, in turn, resolve anxiety disorders in children. They found that, to a great degree, the therapy was successful for both parents and children alike. This proved to be true not only during the study period, but even more so over time. Their twelve month follow up showed that families continued to improve. The therapy empowered and educated parents to facilitate changes in their anxious child. Their success is in contrast to providing the anxious child with individual cognitive behavioral therapy, which has proven ineffective with 20-50% of children.

Most therapy time spent with parents

During this study most of the treatment time was spent with parents, and made use of a "transfer of control" model. The effort was to modify the parents dysfunctional beliefs because it is these beliefs that prevent anxious children from improving. The author's intent was

to decrease child anxiety, decrease child dysfunctional thinking, decrease parental anxiety, decrease parental dysfunctional beliefs, decrease anxiety enhancing parenting and improve family functioning.

The individual family therapy was conducted in three phases. In phase one, (consisting of two sessions with parents and child together, one with the child alone and one with the parents alone), the family was taught to challenge negative beliefs and the parents were encouraged to use their new skills to guide their anxious child and to cope with their own fears. They were taught to do "courageous modeling."

In phase two of the study (consisting of three sessions with the parents alone and one with the child alone), the therapist worked to modify dysfunctional beliefs between parents and child that could block the process of change. These sessions focused on parental beliefs about their anxious child, parent-

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TARNOW CENTER MISSION STATEMENT

To offer a Center of Excellence in the Southwest Region, providing innovative, superior quality therapy, while utilizing an interdisciplinary team approach to assessment and intervention for individuals and families affected by psychiatric, psychological, developmental, learning, and language disorders.

My Child's Puberty Already? I Wasn't Ready For This!

DIANE N. ROCHE, PH.D.
CLINICAL PSYCHOLOGIST

Throughout most of human history, adolescence (the time between childhood and adulthood) was only a few years in length. In the modern era, adolescence has been extended at both ends.

The physical manifestations of puberty have been occurring at earlier ages – particularly among girls. The average age of menarche has been declining four months per decade for the past century. Some of the proposed explanations for this change include better nutrition and health, childhood obesity (higher body mass may lead to earlier onset), and the effects of pesticides and fertilizers.

In addition, entry into adult roles is delayed for the majority of the population until at least 20 years of age.

This means that many youth spend close to a decade with sexually mature bodies and reproductively-activated brains prior to taking on adult status in society. No wonder you (and your child) weren't ready for this!

Although there is a considerable range in the age at which the markers of pubertal development are achieved, the mean start of the growth spurt is at nine years for girls and 11 years for boys, with the peak rate of change at 11.5 years for girls and 13.5 years for boys. For most boys, the pubertal sequence usually begins between 10 and 13.5 and may end between 13 and 17; for girls, menarche between age nine and 15 is considered within the normal range (average 12.5). This means that by the time menarche

arrives, most of your daughter's pubertal changes have already occurred.

Puberty is a time of rapid change

Puberty can dramatically intensify emotions. Adolescents suddenly develop the capacity to feel sadder, more euphoric, more anxious, and angrier, and also to experience these more intense affective states for longer periods of time. It



would be nice if the ability to self regulate grew in concert with this onslaught of emotional intensity. However, cognitive development and the maturation of regulatory systems is not driven by puberty. So, the onset of puberty also marks the onset of a period of particular vulnerability.

Before puberty, children have lower levels of arousal and motivation and parents take a much greater role in decision making. By the time adolescents are approaching adulthood, their frontal lobe development allows for stronger executive functioning (self regulation) and the emotional storm of puberty is waning. However, during adolescence, emotional intensity is enhanced but the ability to control those emotions has

not yet developed. As Steinberg and colleagues have noted, adolescence is like “starting an engine without yet having a skilled driver.”

Vulnerabilities increase with adolescence

The mismatch that arises in early adolescence between biology, cognitive ability, and environmental demands creates special vulnerabilities for certain types of emotional and behavioral difficulties. In particular, issues that involve the regulation of affect (e.g., depression, social anxiety, intense conflict with parents), appetite (e.g., substance abuse and dependence, eating disorders), and impulsivity (e.g., antisocial behavior, excessive risk-taking) are more likely to arise during this period.

Some children are at greater risk for the development of mental health problems during early adolescence (*see Factors That Increase Risk on next page*).

Although higher risk does not inevitably lead to bad outcomes, when risk is high we must do our best to encourage healthy development by providing extra support and intervention during early adolescence. Intervention is most effective when problems are manageable. Although we can still create positive change when puberty is in full force, children may tend to be more open prior to puberty (or sometimes, again later when things start to settle down). Setting the stage for later development is the wisest course.

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Puberty

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Puberty starts before physical changes become apparent

Sometimes a child's puberty sneaks up on us; many hormonal changes may begin as early as elementary school. The greatest impact of hormones on emotions and moods is during the early stages of puberty, especially for girls. Hormonal changes occur throughout puberty, but by the time of menstruation, the worst (at least biologically) is probably over. We think of the teens as the worst years for mood instability but it is likely that there is more biologically determined variability during pre-adolescence. This may be a period where children are very difficult and moody – you might feel as if your child is constantly experiencing PMS or menopause, even though you know this cannot be so!

During this time, underlying emotional issues are likely to worsen or change, because of the influx of hormones and the stress on the child and also because of the changing demands placed on the parent. Remember, everything is changing during early adolescence – and if it is a challenge for you to make sense of, imagine what it is like for your child. If you are frantic that your early-maturing child is only eight and you are not sure you can make it to 17, take heart, it will probably get easier.

Earlier puberty increases risk

Despite the fact that it will get easier, the challenges of puberty are greater for those who go through puberty earlier than their same-aged peers – they are especially vulnerable to a wide range of affective and behavioral disorders. Early-maturing girls (and, to a lesser extent, boys) show higher rates of all sorts of adjustment difficulties, including depression and suicide, delinquency, risk-taking, and other emotional and psychological difficulties. The issues de-

Factors That Increase Risk in Early Adolescence

- Genes and/or early life experiences that leave the child already vulnerable (such as psychiatric conditions where mood or behavior are not well-controlled or attachment-related issues that are not resolved).
- Genes and/or earlier difficult experiences cause the child to become more vulnerable (such as early puberty disorders with an onset in adolescence, a history of sexual abuse or a family history of substance abuse).
- Facing the significant challenges during the transition (such as many moves or a high-conflict parental divorce).
- Environments that are not very supportive (such as expecting a child to do too much too soon or without sufficient assistance).
- Bad combinations of low support and vulnerability caused by their genes or early experiences (a combination of two or more factors).

scribed below may be of a greater magnitude for early-maturing adolescents, as the gulf between their pubertal development and their cognitive and social development, discussed below, is even greater.

Many problems of puberty are issues of self-regulation. Adolescence is a time when there is an increased need to regulate emotions and behavior in accordance with long-term goals and consequences, often with less assistance from adults who provided structure and guidance during childhood. Keep in mind, this new level of self-regulation must be achieved at the same time that maturational changes make emotions stronger and more intense and adolescents' lives in are also undergoing change.

Puberty leads to changes in the brain more than a decade before mature judg-

ment and self-control are achieved. Difficulties can be related to under-regulation (e.g., conduct problems) or to inappropriate regulation (e.g., excessive rumination leading to depression). In either case, adolescents must be protected from extremes by the contexts they live in.

Environments that provide support, control, and predictability are protective and help to prevent or minimize problems.

Choices, choices, choices

Adolescence is a time of mismatch between rapidly changing emotional and motivational systems and the more slowly maturing systems of self-control. Pre-adolescents are dealing with increasingly more difficult decision-making and challenges to self-control, in environments that activate many arousing but conflicting feelings and desires; they need to navigate complex choices and considerable ambiguity.

In recent decades, there has been a shift toward more autonomy for teens and a dramatic increase in the range of options available (from choosing among various sources of entertainment, to choosing among educational or vocational pathways).

Today's adolescents face earlier and more complex decisions, and a greater number of decisions than their par-

Everything Is Changing...

Within the Adolescent

- Biology
- Cognition (*thinking & reasoning*)
- Affect (*experience of emotions*)
- Relationships

Outside the Adolescent

- Family Structure & Rules
- Peer Group
- School
- Activities & Commitments

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ents did. In many ways, what we ask of middle-school students is what we used to ask of high-school students. In addition, emerging technologies (such as computer games, instant messaging, email, and chat rooms) have created a whole new environment for adolescents to navigate, often without the benefit of oversight by adults.

During this transitional period of early adolescence, when arousal is high and the ability to regulate oneself is underdeveloped, your child needs the assistance and protection provided by a structured and supportive environment. It is important that adults are aware that the engine of puberty has started and do their best to guide the car around the track, but they must remember that, at this point, the parent taking complete control of the car is no longer possible.

Even for children who enter the

transition with vulnerabilities, parents and others in their environment play a key role in making things better or worse. Early adolescents need others to help them develop the ability to self-regulate and to protect them from the harmful effects of deficits in this ability until these capabilities mature. As noted above, this time is particularly risky for those who have little support or who are highly vulnerable because of biologically based deficiencies in the ability to regulate themselves.

Adolescent-parent relationships characterized by warmth, support, and monitoring appropriate to the context and the child's developmental level, as well as clear expectations for positive behavior, are associated with positive development. If in doubt, focus on your relationship. This transition

presents many challenges for parents of adolescents. However, with support you can navigate this period together, even if you weren't ready for it!

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Family Therapy

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ing and the safety of their child's world. In the session with the child alone, the therapist worked to modify the child's dysfunctional beliefs about communication with their parents.

Phase three of the study, focused on communication and problem solving between the spouses about their child's anxiety (in one session with the parents), and between all family members including siblings (in two sessions with the whole family). In the last session (with parents and child), treatment was evaluated and relapse prevention was rehearsed.

One of the most striking findings of this study was the delayed impact and durability of improvement. Immediately

after treatment no significant improvement on parental psychopathology and dysfunctional thinking was observed. However, at follow up, both parents reported improvement on internalizing symptoms and mothers reported improvement on externalizing symptoms. The dysfunctional thinking of both parents concerning their child's anxiety and their role as parents was reduced at time of follow up.

Consistent with treatment goals both parents reported less overprotective rearing and fathers reported less rejection. A decrease in these attitudes may have been a result in the reduction of parental anxiety. Parental anxiety makes parents more irritable and changes in parental rearing result from decreases in child anxiety. Parents respond to their child's chronic anxiety with anxiety, rejection and control.

Children reported improvement in family relationships. It was speculated by the authors that the improvement in these family relationship reflected changes in parental rearing behaviors.

This study implied that, first, fathers can and should be included in treatment. Second, family cognitive behavioral therapy appeared to be a good alternative for child cognitive behavioral therapy. Third, the further improvement of families after treatment supported the author's clinical impressions that ending family treatment, even after a limited number of sessions, is important, even if there is little immediate improvement. During the study, the greatest improvement was observed in the months after therapy ended as the new family dynamic took hold.

Brain Fitness

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1) Disuse

If, as you age, you lapse into a comfortable routine in which you don't challenge your brain to learn and grow, your brain will respond by not growing. People must continue to ask the brain to do hard things, and it doesn't do any good to keep doing only those hard things you always did well. The person who has done a crossword puzzle every morning since they were twenty is really not challenging their brain by doing a crossword puzzle every morning.

If you don't challenge your brain, it will slow down.

2) Noisy processing:

Brains also start to function poorly when the sensory input the brain relies upon starts to get "noisy." For example, the inner ear translates sounds from the outside world into a coded representation the brain can understand. As the inner ear deteriorates, it sends the brain increasingly unclear signals to interpret. As it tries to make sense of these fuzzy signals, the brain actually slows down. Over time, the brain's representations of what you hear, see and feel gradually becomes imprecise and incomplete. The result is poorer memory and less agile thinking.

3) Weakened neuromodulatory function

While the brain doesn't lose the ability to grow, the aging brain often reduces its production of brain chemicals that play a vital role in learning and memory. The chemicals are still present, but in reduced quantities.

4) Negative learning

As the brain becomes less agile and you begin to feel less sharp, there is a tendency to compensate by making things easier. Rather than straining to under-

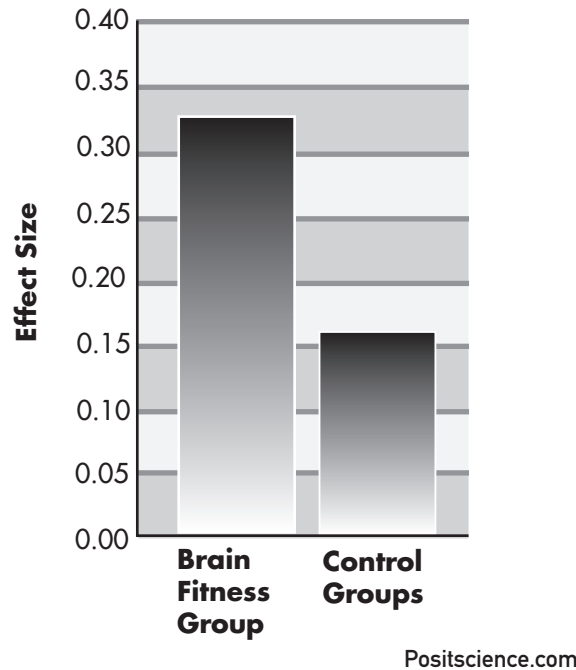
stand what people on television are saying, you just turn up the volume, or worse yet, disengage from conversations and activities that have become too challenging.

With all of these processes taking place, it's no wonder that science thought it was the brain itself that had lost the ability to grow. However, it's not the brain that has broken down, it's just that the sensory input system has

their brains by: learning a new language, learning to juggle, learning to play a new instrument or studying musical voices and theory, learning a new dance, completing complex (over 500 pieces) jigsaw puzzles, and playing ping pong.

Merzenich has developed a computer-based learning system called Posit that is designed to challenge the brain in targeted ways that enhance growth and learning. The Tarnow Center is a licensed provider of the Posit program. Some Tarnow Center families might be familiar with the computer based program Fast Forward, which helps children overcome learning/language disabilities. This program was also developed by Dr. Merzenich.

Improvements in Memory Using the Brain Fitness Program



Posit participants on average take 10 years off their brains

Posit Science and collaborating academic institutions have completed multiple studies to evaluate the efficacy of the Brain Fitness Program. Across these studies, the results indicate that participants training with the Brain Fitness Program:

- Show statistically significant improvements on the RBANS, a standardized clinical assessment of memory and cognition.
- Demonstrate an equivalent of 10+ years of improvement in memory and cognition on these standardized assessments.
- Report cognitive gains that lead to quality of life benefits, including heightened alertness, deeper engagement, a better ability to follow conversation, and a greater sense of control over their lives.

Brain coaching

Recognizing the increasing interest and needs of people over fifty in brain fitness, the Tarnow Center has developed a Brain Coaching Program centered around the

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grown weaker and the environment has become less challenging.

A fitness program for the brain

Merzenich has identified several activities that challenge the brain in exactly the right ways to stimulate growth. These activities aren't only intellectual. The brain controls fine motor skills, auditory processing and other physical functions, so Merzenich's recommended activities hit on a variety of brain centers. He recommends that people over fifty challenge

Posit software. This program begins with a thorough cognitive analysis. This is benchmark testing that is of importance with or without other brain fitness activities because it provides a snapshot of how a brain functions at a given point in time. Later, if cognitive decline is suspected, comparison with this benchmark is a useful diagnostic tool.

In addition to its benchmarking significance, a thorough cognitive analysis can point up cognitive deficiencies resulting from causes other than the negative plasticity the Posit program is designed to combat.

ADD, depression, anxiety, neurological disabilities all can conspire to reduce cognitive functioning. It is important to understand these factors in order to maximize brain functioning.

The coaching program also works with participants to help them understand how the Posit software impacts cognitive functioning and how it is working in their particular situation.

Finally, the coaching program includes a post-test analysis of cognitive functioning so participants can see exactly how their functioning has improved.

Posit software is a very exciting tool for improving brain function. It's ability to reverse normal age-related cognitive decline can greatly improve the quality of life. In addition, research has suggested that the Posit program may also have implications for more serious forms of cognitive dysfunction, such as mild cognitive impairment and Alzheimer's disease.

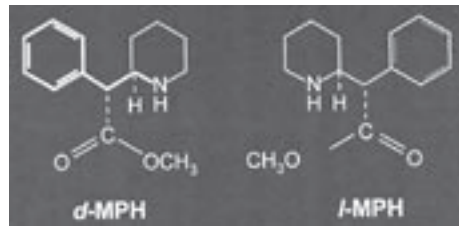
The Tarnow Center Brain Coaching Program makes use of a variety of brain fitness tools, including Posit in much the same way a personal trainer makes use of a variety of body fitness tools. As we age, we have every reason to expect that our brains and our bodies should continue to function well. It's just a matter of putting in the work!

Often Overlooked, Focalin Offers Benefits

JAY D. TARNOW, M.D.

There are a variety of drugs appropriate for treating ADHD. Those that get the most attention are often those that have the strongest marketing program behind them. Because it lacks a strong marketing push, Focalin is often overlooked, but it offers unique benefits and deserves consideration when treating ADHD.

Focalin Dextro Methylphenidate was developed three years ago. It is based on a very old product, methylphenidate. Dextro Methylphenidate is the dextro stereo isomer, in other words the right side, only of methylphenidate. It was approved by the FDA in 2001.



In testing, it is shown that the right "dextro" form of methylphenidate is more pharmacologically active than the left "levo" and seems to be mostly deposited in the brain, and has less peripheral effect.

Focalin comes in two forms. Focalin Regular (which reaches its maximum blood level in 1.5 hours) has doses of 2.5 mg., 5 mg., and 10 mg. It lasts approximately four to six hours. Focalin XR (extended release) which comes in 5, 10, and 20 mg capsules and lasts 10 to 12 hours. Thus, it can be taken once a day. Since XR comes in capsules it is particularly easy to use for children who have difficulty swallowing pills since the capsules can be opened and the medication sprinkled on applesauce, ice cream,

etc. The dosing of Focalin (dextro methylphenidate) is approximately one-half that of methylphenidate.

Focalin™: Dosing Flexibility

Methylphenidate	Focalin Dose
5 mg	2.5 mg
10 mg	5 mg
20 mg	10 mg

Focalin XR™: Dosing Flexibility

Methylphenidate	Focalin XR Dose
5 mg BID	5 mg
10 mg BID	10 mg
20 mg BID	20 mg

Research shows that Focalin is as effective as methylphenidate and has a similar potential for side effects. The most typical side effects for the methylphenidate compounds are loss of appetite, interference with sleep, and headaches.

Focalin, however, seems to offer benefits when compared to methylphenidate. My experience with Focalin is that it seems to have fewer body-stimulating effects and, therefore, I have been able to use it in children, adolescents, and adults who are anxious or who get jittery on the typical forms of methylphenidate and mixed amphetamine salts.

I have found that Focalin causes less eating disturbance and insomnia. It has been my experience that many children who have Attention Deficit Disorder and learning differences, also have a great deal of academic anxiety. Therefore, Focalin has a unique place in treating ADHD/ADD.

In an effort document the clinical benefits we have found, The Tarnow Center is presently doing research into Focalin XR in children six to twelve years old.

Self-Management Parenting Program

DIANE N. ROCHE, PH.D.

Self-management skills are necessary for competence, but some children have difficulties with self-management – including managing any of their thoughts, feelings, behavior, and relationships. Parents make a difference and can increase a child’s chances of success by encouraging self-management. To do so, they need to learn specific strategies and can benefit from the support and validation of a group of parents tackling similar issues.

The Self-Management Parenting Program is an eight-week program, consisting of two four-week terms. Both sessions will include some time for questions and answers.

Level I: Understanding the Self-Management Approach to Parenting

Participants will receive lecture and written materials that will help them:

- Understand self-management
- Understand deficits in self-management and assess themselves and their child.
- Learn how to can help their child compensate for deficits in self-management.
- Communicate effectively with their child and their partner.
- Identify their parenting style.
- Understand the most effective parenting approach.
- Set goals for change.

Level II: Practical and Effective Strategies for Changing your Child’s Behavior

(Completion of Level I is a prerequisite for enrollment in Level II)

Participants will participate in hands-on experiences, in order to:

- Learn to model good self-management.
- Learn how to develop effective rules and behavior plans.
- Learn how to set limits positively and effectively.
 - Teach your child to:
 - Develop empathy.
 - Manage feelings.
 - Manage day-to-day activities.
 - Connect cause and effect.
 - Become more responsible.
 - Become appropriately independent.
 - Improve social skills.

Paul Clear, Ph.D. Joins Tarnow Center Staff

Paul J. Clear, Ph.D. earned his Doctorate and Master of Arts in clinical psychology from the University of Houston and his Bachelor of Liberal Arts with honors from Harvard University. Dr. Clear received his training and clinical experience with diverse populations having various ethnic backgrounds at the Psychology Research and Services Center at the University of Houston and the Michael E. DeBakey Veterans Affairs Medical Center in Houston. At the Psychology Research and Services Center, he worked with children, adolescents, and their families as well as adults. Presenting problems in this setting included depression, posttraumatic stress disorder (PTSD), and interpersonal relationship issues. At the Veterans Affairs Medical Center, Dr. Clear treated veterans experiencing depression and anxiety, PTSD, schizophrenia and other psychoses, and adjustment issues related to medical problems (e.g., chronic pain and spinal cord injury).

Dr. Clear’s interest in serving these diverse populations developed during his previous careers, which include 24 years of distinguished service as a police officer and a successful tour in the U.S. Army. As a police officer, he gained important first-hand experience assisting individuals with a multitude of problems including crime victimization, family conflict, disruptive behaviors involving youth, and various crises. His military service provided him with a unique perspective that enabled him to gain an understanding of this special segment of society.

Dr. Clear’s primary research interests are in trauma and mood disorders in children, adolescents, and adults with special emphases on posttraumatic stress disorder, depression, and anxiety. His work on ethnic differences in symptom presentation of sexually abused girls was published recently in the Journal of Child Sexual Abuse.

Please call now to reserve space.

The next session is starting soon!

Time: Thursdays 7 pm – 8:30 pm at the Galleria office

Fees: A reduced-program fee is offered for parents who enroll in both terms simultaneously. Full payment is required prior to the start of the first session.

Complete program (Level I and Level II)

First participant	\$900
Additional caregivers in the same family	\$300

Only Level I or Level II

First participant	\$500
Additional caregivers in the same family	\$175

Elementary School

Self-ManagementSM and Relationship Skills

Promoting Competence: Self-ManagementSM and Relationship Skills for School Age Children
4th - 6th Grade Girls

Galleria Office:

Mondays, 5:00 - 6:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

3rd - 5th Grade Boys

Galleria Office:

Mondays, 5:00-6:00 PM

Sugar Land Office:

Tuesdays, 5:00-6:00 PM

FACILITATOR: Lourdes Valdes, Ph.D.

Self-ManagementSM and Social Skills

Promoting social competence, self-managementSM, and behavior management
1st -2nd Grade Girls and Boys

Galleria Office:

Mondays, 6:00-7:00 PM

FACILITATOR: LOURDES VALDES, PH.D.

Middle School

Process, Relationship and Self-ManagementSM for Girls

Self-managementSM skills, peer relationships, identity issues, and self-esteem.

7th - 8th Grade Girls

Galleria Office:

Wednesdays, 6:00-7:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

Self-ManagementSM and Relationship Skills

Promoting Competence: Self-ManagementSM and Relationship Skills for School Age Children
4th - 6th Grade Girls

Galleria Office:

Mondays, 5:00 - 6:00 PM

FACILITATOR: Diane N. Roche, Ph.D.

High School

Process, Relationships and Self-ManagementSM for Girls

Improve self-esteem, develop peer and family relationship skills and set personal goals.

9th-10th Grade Girls

Galleria Office:

Thursdays, 4:00-5:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

10th - 12th Grade Girls

Sugar Land Office:

Wednesdays 7:00-8:00 PM

FACILITATOR: Yael R. Ebenstein, Ph.D.

11th - 12th Grade Girls

Galleria Office:

Wednesday, 5:00-6:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

High School Launching Prep

Fall semester group focusing on motivation, goals, self-awareness, and understanding of one's strengths and weaknesses that shape a teen's thinking about life after high school

10th - 12th Grade Boys and Girls

Galleria Office:

Wednesdays, 5:00- 6:00 PM

FACILITATOR: SOPHIA HAVASY, PH.D.

\$900 for the 10-Session program

High School Boys Group

Process, relationships and self-management for high school boys

Galleria Office:

Thursdays, 5:00- 6:00 PM

FACILITATORS: SOPHIA HAVASY, PH.D. AND PAUL CLEAR, PH.D.

Young Adults

Self-ManagementSM and the Young Adult

To continue to develop self-managementSM skills as they relate to daily life, school, employment, and relationships

18 - 30 year olds

Galleria Office:

Tuesdays, 6- 7:00 PM

Beginning September 12

FACILITATOR: SOPHIA HAVASY, PH.D.

Adults

Men's Group

Examine and improve intimate relationships and competence.

Galleria Office:

Tuesdays, 5:00 - 6:30 PM

FACILITATOR: JAY D. TARNOW, M.D.

Adult ADHD and Self-ManagementSM

Learn effective self-managementSM skills and coping skills in work, relationships and emotions.

Galleria Office:

Mondays, 5:30- 7:00 PM

FACILITATORS: JAY D. TARNOW, M.D. AND RON SWATZAYNA, PH.D., LCSW

Weight Self-ManagementSM Group

Galleria Office:

Fridays, 11:00 AM- 12:00 PM

FACILITATOR: RON SWATZAYNA, PH.D., LCSW

Parenting Program

See article on page 8

FACILITATOR: DIANE N. ROCHE, PH.D.

Self-Management Parenting

4-session group for parents in Sugar Land, This on-going four-session course is designed to help parents support their child's self confidence, motivation, and responsible behavior.

Time & Dates - to be announced

FACILITATOR: LOURDES VALDES, PH.D.

(Please call the Center for start date & fees)



1001 West Loop South, #215
Houston, Texas 77027

1111 Highway 6, #210
Sugar Land, Texas 77478

Phone: 713-621-9515

Fax: 713-621-7015

Email: Drtarnow@tarnowcenter.com

Fast ForWord[®] at the Center

Scientific Learning produces the Fast ForWord family of products, a series of computer-delivered reading intervention products that complement reading instruction. It incorporates findings from more than 30 years of neuroscience, reading, and language research to help children, adolescents, and adults build the cognitive skills critical for improving reading and language abilities. The Fast ForWord products include exercises focusing on memory, attention, processing, and sequencing— all essential skills for reading and learning— and improve phonemic awareness, phonics, fluency, vocabulary and comprehension. Fast ForWord products develop Learning MAPs skills, critically important prerequisites for successful reading. When Learning MAPs are stronger, students are able to benefit from reading instruction.

- **M**emory—hold information and ideas short and long-term: essential for word recognition, comprehension of complex sentences, and remembering instructions.
- **A**ttention — focus on tasks and ignore distractions
- **P**rocessing — see and distinguish images and sounds quickly enough to discriminate their differences; a prerequisite for phonemic awareness and reading.
- **S**equencing — cognitive skill that relies on memory, attention, and processing, and is essential for phonics, word fluency, reading and oral comprehension

The Tarnow Center for Self-ManagementSM offers Fast ForWord programs geared to students who need to quickly build the language and reading skills considered critical for academic success in school.

For more information regarding these programs please call the Tarnow Center Intake Coordinator at 713-621-9515, ext. 227.