

## *Program Helps Children Be Calm, Confident*

BY LESLEY SOLOMON, L.P.C.,  
PSYCHOTHERAPIST

In adults, phobias, anxiety and other stress disorders can be brought under control through mind-body therapies such as guided imagery and biofeedback. But these disciplines require that the participant understand the connection between the mind and body so that they can use higher-order mental processes to gain control of emotional responses.

Children don't understand that their thoughts affect their bodies, their actions and behaviors. Social anxiety can become a chronic stomach ache each morning before school. Generalized anxiety can become the monster under the bed that sends them running to their parents' room each night. Children who are always angry have trouble making friends.

The GEMINI [Gentle relaxation exercises and mental imagery] program makes mind-body therapies available to children ages 6-12. It uses a combination

of story telling, relaxation techniques and biofeedback-assisted relaxation training to give children tools to manage their internal states.

Over the course of seven 50-minute sessions, the program teaches a child about the mind-body connection and how their thoughts can affect their bodies and their health. It gives them the tools they need to:

- self-manage anxiety and worry
- self-regulate pain
- enhance self-mastery
- improve self-control

### **Story Telling**

A core element of the program is a group of stories written by Dr. Linda Thompson and Dr. Bob Boland (creators of the GEMINI program) about the fictional Ashland Zoo. The animals in the zoo have to cope with all sorts of physical and emotional problems and their stories unfold like fables which help guide a

child to new ways of seeing themselves and the world around them. When a child is able to view a problem as happening to someone else, new possibilities for solutions evolve. They make unconscious connections with the personal relevance of the story.

### **Relaxation Exercise**

In each story, an animal learns to use a relaxation technique to cope with a situation. Through the GEMINI program, the child learns how to use the same technique to master problems in their own life. They are led through an exercise using relaxation and imagery and can practice these new skills at home with the help of a CD.

### **Biofeedback-Assisted Relaxation Training**

Mastery of the relaxation exercises is accelerated through biofeedback therapy.

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## **Research Announcements**

### *Participants needed for three studies starting in May!*

**Boys and Girls ages 6-12:** Study examines effectiveness of varying doses of approved ADHD stimulant medication on school performance.

**Men and Women Ages 18-65:** Study examines effectiveness and physiological effects of approved ADHD stimulant medication.

**Boys and Girls ages 6-17:** Study examines medication for sleep problems associated with ADHD. See story on page 2.

For all three studies: medication, lab work, physical exams, and evaluations related to the study are provided at no charge to the patient. For more information please call 713-621-9107, ext. 231 or call toll free 866-661-6106, or e-mail [Research@TarnowCenter.com](mailto:Research@TarnowCenter.com)

Compensation for completed study visits will be provided to help defray travel costs.

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# Tarnow Center Begins Study of Sleep Issues

JAY D. TARNOW, M.D.

Over a year ago, I wrote the article below on ADHD and sleep problems. Since that time, there has not been much progress in understanding this topic. Hopefully, that is about to change. The Tarnow Research Center has obtained a grant to research sleep issues in the Child and Adolescent population. In addition we will be trying to understand the efficacy of using medication for sleep problems in children and adolescents with ADD and ADHD.

As part of our focus on sleep disorders as they relate to ADD and ADHD, Dr. Stokan and I will be using a new sleep questionnaire to screen for sleep disorders.

Some of the questions are:

- Does your child have any problems at bedtime?
- Does your child have difficulty waking in the morning, seem

sleepy during the day - especially on weekends, or take naps?

- Does your child seem to awaken a lot during the night?
- Does your child have sleepwalking or nightmares?
- What time does your child fall asleep on school days? Awaken? On weekends?

- Does your child have any breathing difficulties at night? Loud breathing or snoring every night?

I will keep you posted as the research evolves in this area. If you feel your child or adolescent would benefit from participating in the sleep study, please call Inge Wieser or Stacy Bagcioglu for more information at 713-621-9107 ext 231.



Reprinted from the ADDA-SR Newsletter;  
by Jay D. Tarnow, M.D.

## ADHD and Sleep Disorders

Recently there has been a great deal of media attention on sleep problems in people with ADHD. Sleep problems are rampant in people who have ADHD. However, the big question is whether they are secondary to having ADHD or whether sleep disorders are another cause of ADHD. The research on sleep disorders is still in its early stages, especially in children. The National Sleep Foundation estimates that 30-40 million Americans have sleep disorders that effect their health and daily functioning. Sleep problems can be a symptom of a disorder (i.e. ADHD, Depression, Anxiety Disorders), a side effect to medica-

tion (e.g. stimulants), lifestyle induced (i.e. caffeine, alcohol, obesity), or a primary sleep disorder.

The big question is whether obstructive sleep apnea, which often times is associated with snoring, can cause ADHD and Learning Disorders. During sleep, the throat muscles relax causing the snoring sound. In obstructed sleep apnea, there is a cessation of breathing between snoring. This reduces the oxygen to the brain and disrupts the sleep cycle. This condition has been shown to cause heart disease, hypertension, depression, brain damage, etc. in adults. However, in children there is increasing evidence that Obstructive Sleep Apnea Syndrome can also have effects on respiration,

physical growth, and development. Evidence indicates that in children with Sleep-related Obstructive Breathing Disorder neurocognitive deficits also occur. These include impairments in verbal and non-verbal intelligence, memory, psychomotor efficiency,

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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.*

# Obsessive Compulsive Disorder Responds Well to Cognitive Behavioral Therapy

BY LOURDES VALDES, PH.D.

*For 17-year-old Samantha to study, her notebook must be exactly aligned with the edge of the desk. All of her subject books must be lined up on her desk in height order. Her pens and pencils must be lying down next to one another (in size order) and they must be aligned with the edges of the desk and with the notebook. Samantha knows this is silly, but she just can't seem to stop herself.*

*Each time Jenny (11) says goodbye to someone she loves, she must kiss them in the left cheek, then the forehead, and then she must say "See you later, alligator" (in that order), she worries that if she does not do that, something terrible will happen to them.*

*Every morning in the car, 13-year-old Preston must ask his mother three times if he is going to have an okay day at school and his mother must say "yes, of course" all three times; if his mother says anything else, he will become very upset, demand that she give the right response, cry, or refuse to get off at school.*

*Sarah, who is only four and very neat, will get very upset if her mother stirs her chocolate milk towards the right instead of the left.*

*Eight-year-old Michael must be perfect at school. He must make perfect letters, his coloring must not go outside the line (not even a little bit), his clip must stay in green at all times, and he will become very upset if he makes a grade other than "A" in any assignment or test. If he is not perfect, he must do it (for example, his writing)*

*over and over again until he gets it perfect. The helpful and unavoidable errors and mistakes that we all make when learning something new make it very difficult for Michael to acquire new skills or learn new information.*

Over one million children and adolescents in the United States have Ob-



sessive Compulsive Disorder (OCD). Obsessions are thoughts that are irrational, intrusive, repetitive, and seemingly uncontrollable to the person who is experiencing them. Compulsions are actions; impulses to repeat an irrational act or behavior over and over again. Sometimes compulsions are developed to try to relieve obsessions. Jenny in the example above may have an obsession that something terrible is going to happen to someone she loves and her OCD has also developed a compulsion – her goodbye ritual that must be done each time to prevent the tragedy that she worries about. It is believed that OCD runs in families and may be rooted in

communication disruptions between the front part of the brain and the deeper structures.

Children and adolescents with OCD may have difficulty finishing homework, doing chores, or making friends because their disorder takes up so much of their time and energy. As

in the examples above, those with OCD often engage family members as part of their rituals. Parents and teachers can become impatient with these children, who are sometimes seen as defiant or oppositional. When this happens, the difficulties inherent in the disorder itself are compounded by the interpersonal conflicts generated by those who have to deal with the child's OCD. Children with OCD can feel terribly ashamed; they are aware that what they do

seems silly to others but they feel unable to stop.

Despite all its seeming intractability, OCD responds very well to treatment. OCD is particularly responsive to Cognitive Behavioral Therapy (CBT). In fact, this is the single most effective treatment for OCD. Cognitive Behavioral Therapy works by giving children effective tools to manage their anxiety while gradually and gently allowing exposure to the very things that make them anxious. These tools might include relaxation, breathing training, positive self-talk, imagery, and habit re-

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## Sleep Disorders

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sustained attention, concentration and psychosocial functioning. Symptoms of hyperactivity, impulsivity, and distractibility, similar to ADHD, have also been reported.

In children, the most common cause of Sleep-related Obstructive Breathing Disorder is upper airway obstruction. This can be classified into three grades of severity: primary snoring (snoring without blood gas abnormality), upper airway resistance syndrome (snoring with increased work of breathing and nocturnal arousal but normal blood gas profile), and Obstructive Sleep Apnea Syndrome (disturbed sleep architecture and snoring associated with abnormal blood gases).

Snoring is commonly reported in childhood. However, only a very small fraction of this group has abnormalities that are of any concern. So what is a parent to do? Evaluation of severe snoring that is associated with apnea (cessation of breathing) by an Ear, Nose, and Throat specialist may be warranted. Sleep studies are starting to be conducted in certain medical centers in children. The research is still unclear about how to identify the high-risk child, and sleep studies are difficult to perform in children.

Treatment in adults with continuous positive airway pressure (CPAP) results in improvement in symptomatology, particularly excessive daytime sleepiness. To me, this symptom is a warning sign for concern. There are just a few poorly controlled studies that have shown benefit to some children post-adrenotonsillectomy (removal of tonsils and adenoids). Obesity is another risk factor for Sleep-related Obstructive Breathing Disorder.

Overall, sleep deprivation can result in mood changes, inattention, delayed reaction time and impaired vigilance, decreased motivation, hyperactivity, aggressive behavior, and impulsivity. These symptoms overlap with those commonly associated with ADHD. Developing good sleep habits and rituals is the key to rule out this etiology. Many people with ADHD have difficulty keeping to a regular bedtime. They get preoccupied with projects, TV, computer games, etc. In addition they have difficulty calming themselves or settling down. Therefore, teaching children with ADHD how to self-calm and fall asleep is essential. I have used progressive relaxation, abdominal breathing techniques, and self-hypnosis to teach children how to train themselves to fall asleep. Establishing a regular bedtime and bedtime rituals will also facilitate sleep onset. In addition, setting an alarm clock to remind the

person to start the bedtime ritual can help them not to get waylaid.

Stimulant medication can sometimes interfere with falling sleep. This is an early side effect that usually goes away after a week or two of taking the medication. In some people this side effect can reoccur after drug holidays. Patients need to be instructed not to take their stimulant too late in the day. Some patients have rebound agitation when their stimulants wear off. This rebound is most common with the shorter acting stimulants such as methylphenidate (Ritalin) and Dexedrine. However, the newer long-acting stimulants such as AdderallXR, Concerta, and Metadate, do not seem to cause this problem because they wear off slowly. In rare instances, sleep medications need to be used to help the patient develop a habit of falling asleep using the techniques mentioned above.

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## GEMINI

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The child learns how to relax by learning to change his/her physical response. The program has a special focus on learning to control stress, anxiety, reactivity and how to improve control over the physical manifestations of emotions.

Biofeedback is a nonintrusive technique that uses a computer screen to show a child information about their

- breathing
- muscle tension
- skin temperature

- heart rate.

The child can watch as their thoughts and ability to relax alters the image on the screen. This feedback loop accelerates learning and makes it much easier to acquire the skills that will let children gain control of their thoughts and emotional responses.

The GEMINI program is available at the Tarnow Center.

# *Launching a Child is a Balancing Act*

BY SOPHIA K. HAVASY, PH.D.

Launching a child into adulthood is like teaching them to ride a two wheeler. At first, you use training wheels so the child cannot fall. Then, you take off the training wheels and for a while, you run behind the bicycle with one hand on the seat, steadying the rider until that magical moment when the child finds their balance and rides off under their own steam.

With launching, the process takes longer and the steps are harder, but the sequence is the same. The training wheels are what children get before their teen years, with parents handling all important decisions, making sure that the child is safe and progressing with academic and social skills. Then come the teen years. The training wheels are off, and the parents are running behind the bike, steadying their child, eagerly awaiting signs that their offspring has found that elusive balance and can pedal off on their own. As the end of high school draws near and the possibility of college looms large, parents who still have their hand on the seat begin to worry. These are the parents who have to make sure their child gets up each morning, they have to keep monitoring to insure that homework is done and appointments are kept. If they have trusted their child with a credit card or cell phone, they live in fear of each month's bill, and even though they keep up a steady stream of reminders and dire warnings, there is never any indication that their child has learned a thing about taking responsibility for basic life tasks.

While parents imagine that their constant reminders will eventually prompt their child to start taking responsibility, their children often take away a very different message. They complain that their parents don't believe in them, don't trust them, and they can't imagine why that is. Even if they appreciate the seriousness of their parents' concern, they often don't have a realistic notion of resolution. For example, the child who cannot get up in the morning



without constant reminders and help imagines that when they go to college, they will solve the problem by not taking any early-morning classes, not understanding how little control they will really have over their schedule. While they know that they haven't kept track of their assignments in high school, they imagine that college will magically be different.

Yes, college will be different, it will cost a lot of money and parents would be very relieved if they could witness some independent functioning, self-discipline, motivation, organization and sustained effort in their teenagers daily

life before investing \$10-\$30,000 or more in college.

Parents of sophomores and juniors in high school, who are still working very hard to keep their child moving forward need to take a step back and find a better path. If their kids were going to spontaneously improve based on the current system, it would have happened by now, and if parents wait until their child's senior year to start getting serious, the pressure of impending college will just ratchet up the tension and make change harder to accomplish.

A good approach is for parents to think about what they need to see from their child, in specific terms, in order to feel confident that their investment in college won't be wasted.

Then they need to sit down with their teenager and develop plans to get those results. This conversation itself might be quite a wake-up call

to a child who just sort of assumed that they were headed for college because that's what happens after high school.

An example of what a parent might want to see from a child to feel comfortable about sending them to college is a consistent ability to get themselves up in the morning. It is not enough for parents to just set this standard and then stand back and see if their teenager accomplishes the goal. Teenagers who have heretofore never managed to get themselves up in the morning, quite likely lack the skills to do so. If your

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## OCD

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versal. Children and their families learn techniques such as “talking back to their OCD” and then practice their skills in a safe environment before they try them out at home or school.

As much as possible, clients guide the treatment: they set goals; they help determine which behaviors will be easier and harder to manage, they decide which are tackled first; and, with the therapist’s guidance, they determine how far to push themselves. Feeling that they are in control of their treatment helps children (who often feel very out of control) feel comfortable and safe. Knowing that they had a key role in the development and implementation of their treatment plan enhances their feelings of accomplishment and mastery when they achieve success over OCD. Since families affect and are affected by OCD, the child’s family is always an important part of the treatment.

Treatment is tailored to a child’s developmental level, specific symptoms and needs. At the beginning of

her treatment, Samantha, who needs her notebook and writing implements perfectly aligned, will learn what OCD is. Then, she will familiarize herself with some relaxation strategies and some distraction techniques. She may also learn to rate her perceived anxiety on a scale from 1 to 10. Treatment might begin by having Samantha imagine that she is doing a homework assignment and the notebook is almost perfectly aligned to the edge of the desk (but not quite). She may be asked to rate her anxiety and then engage in one the relaxation exercises that she has learned to try to bring that number down. Once her anxiety is very low and she can easily and repeatedly tolerate imagining the notebook where it is, she may decide to try bringing her actual homework to the therapy session and begin practicing tolerating having her actual notebook slightly inclined from the edge of the desk. After Samantha is comfortable with this, the next step may be to use strategies while imagining studying in her room with all the pens and pencils “out of place.” Treatment will slowly and gently progress until Samantha is comfortably do-

ing her homework with all the books, notebooks and pens at various angles from the edge of the table. Soon she finds that she can study without first organizing everything on her desk. In fact, she can study in the library and at friends’ houses. At that time, the next compulsion or obsession is then tackled.

CBT is not the only treatment available for OCD, but recent studies have found that CBT alone meets and even exceeds the effects of medication alone. However, in combination, CBT and medicine provide a very powerful treatment approach to managing OCD. At the Tarnow Center we use the biopsychosocial approach in assessing and treating OCD. We treat the biochemistry that seems to cause the symptoms, the thoughts that maintain the obsessions, and the family who affects and is affected by the disorder. By learning specific tools that they can use to beat their OCD, children like Samantha, Jenny, Preston, Sarah, and Michael can and do become competent self-managers of their health.

## Launching

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whole life, you’ve just taken it for granted that someone will drag you out of bed each day, it’s quite likely you don’t really know how to do it yourself.

So, working together, develop a step-by-step plan for how to get up. Help your child determine what time they have to get up. To do this, they will have to work backwards starting with what time they have to be at school in the morning, and then figure out what time they need to leave the house to do that. Consideration must be given to how long it takes to dress and whether or not they are going to have breakfast before they leave. Then there is the whole mechanical process of waking up. Go to

the store together to buy an alarm clock and find one that is good and loud.

Once you have a system worked out, plan for a one or two week transition period during which you work together to decide what time to get up and set the clock. During this time step in and help if things don’t go right and make refinements to the system if problems crop up. Once the system is in place, and the skills have been practiced, it’s time to see if the child can actually accomplish the task. At that point, don’t help any more. The child becomes responsible for the consequences of failure. If they oversleep, they might serve a detention. Consequences are part of responsibility.

If with this approach, a child still cannot manage the basic tasks of life,

it may be that there are more serious problems interfering with their ability to move forward. Disorders such as ADHD can make even extraordinarily simple tasks almost impossible, but with medications and therapy these hurdles can be managed. The key to success is getting started when there is still time to solve problems before they turn into crises. Parenting is a balancing act, you have to know when to step in, when to let go and when to call for help. It takes a delicate touch and a lot of stamina to run behind a bicycle providing just enough support to keep the rider moving forward and not so much that you prevent them from ever learning to ride on their own.

### High School Launching Prep Group

by Sophia K. Havasy, Ph.D.

- For:** Adolescents in high school (10<sup>th</sup>-12<sup>th</sup> grades)
- Hours:** One hour each week  
Tuesdays 6:15-7:15 PM, June 13 - July 18  
(off July 4)
- Topics:** Self-awareness  
Strengths & weaknesses  
Motivation  
Goals  
Active processing  
Hidden curriculum  
Skills and accomplishments
- Parents:** Parents meet one hour three times,  
Tuesday 5-6 PM on June 13, June 27 and July 18.
- Parent topics:** Defining launching goals  
In place vs. under construction  
Risk factors  
Life skills development
- Cost:** \$640 (eight sessions)  
*(Participants who are new to the practice require a one-hour evaluation by Dr. Havasy. The cost of this evaluation is \$175.)*

### College Launching Group

by Sophia K. Havasy, Ph.D.

- For:** Incoming college freshmen and college students who have already faced significant struggles
- Time:** One hour each week  
Thursdays 6:15-7:15 PM, June 15 - July 13
- Topics:** Self-awareness  
Strengths & weaknesses  
Stress management  
Time management  
Goals/motivations  
Hidden curriculum  
Expectations
- Parents:** Parents meet one hour three times,  
Thursday 5-6 PM on June 15,  
June 29 and July 13.
- Parent Topics:** Risk factors  
Expectations  
Plan B
- Cost:** \$640 (eight sessions)  
*(Participants who are new to the practice require a one-hour evaluation by Dr. Havasy. The cost of this evaluation is \$175.)*

### Summer workshop by Ron Swatzyna, Ph.D., LCSW

## *Finding Your Way Back to the True You: Reconnecting the Mind/Body with the Spirit*

Inside many women there is a little girl alone. Whether literally or figuratively, their bodies bear the burden, their minds burn with pain and their spirits are lost. No doctor, no medication, no prayer can impact what you are doing negatively to yourself. This workshop provides an in depth education into the body and mind of the modern human female in hopes of reconnecting her spirit.

This workshop is being held at The Crossings Spas Retreat, a progressive learning center, meeting place, and wellness spa located just outside of Austin in a scenic Hill Country setting that inspires growth, balance and sanctuary.

- Location:** The Crossings Spa Retreat in Austin, Texas
- Date:** July 14 – 16  
Starting Friday night, Saturday and ending Sunday at noon
- Cost:** \$300.00 (does not include accommodation cost)

For accommodations and to make reservation for the workshop, call 877-944-3003 or register on line at [thecrossingsaustin.com](http://thecrossingsaustin.com) and click on Register Online.

The accommodations fees include housing, meals, and daily wellness classes, such as yoga, tai chi, meditation, and movement; evening entertainment; use of the pool, hot tub, cold dip, steam rooms, sauna, sanctuary, and walking trails.

## An Introduction to Self-Management™ Parenting

*Diane N. Roche, Ph.D., Clinical Psychologist  
Clinical Assistant Professor, Department of Psychiatry &  
Behavioral Sciences, Baylor College of Medicine*

### Two Wednesdays: June 14 & June 21 • 6:00- 7:30 pm

Program participants will learn to evaluate their child's self-management skills, understand their child's strengths and weaknesses, focus on the most important issues, develop specific plans to change unwanted behaviors, and enhance their child's self-management.

Each Fall, Dr. Roche offers a 10-week Self-Management Parenting Program. The June program provides an opportunity for parents who don't want to wait for the Fall to get started now. Material covered in the June program will provide a great foundation for the longer program and participants in the June workshop get priority in signing up in the Fall.

This program is appropriate for parents as well as other caregivers such as grandparents or nannies.

**Course Fees:** \$120 One participant  
\$90 Each additional family/  
household member

*\* Program fees are due on or before the session date. However, enrollment is limited and will be on a first come, first served basis. Payment guarantees your space in the course.*

## Receive this newsletter by email!

If you would like to receive The CenterPiece by email, please sign up using the form below.

*I authorize Tarnow & Associates, PA to email me the Center Piece newsletter:*

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

*Mail completed forms back to  
Tarnow Center  
1001 West Loop South, #215  
Houston, Texas 77027*

## A Saturday Seminar for Women

### *Women's Health, Wellness, and Self-Care: Time for You in Frenetic Times*

*Diane N. Roche, Ph.D.  
Clinical Psychologist*

*Lesley Solomon, L.P.C.  
Psychotherapist*

### Saturday, July 15, 2006

*Space is limited to 30 participants. Please register early to guarantee your space.*

9:00 - 9:30	Registration
12:45 - 2:15	Lunch on Your Own
9:30 - 4:00	Seminar

Health, Wellness and Self-Care: Are they...

- Self-centered or self-less?
- An unnecessary luxury or an utter necessity?
- A waste of time, or time well-spent?

### **We are pleased to offer a new opportunity for women to**

- **Increase their life satisfaction**
- **Improve their relationships**
- **Develop strategies for managing multiple stressors in a frenetic world.**

Join us for a one-day seminar for women. We will teach you practical strategies to support wellness and enhance your life, using both didactic and experiential methods.

### Areas of emphasis will include:

- Emotional Health and Physical Health
- Relationships and Communication
- Stress-management

### Costs

#### *Early Registration (on or before Friday, June 16 at 3 pm)*

1 registrant	\$140
2 co-registrants	\$130
3 or more co-registrants	\$120

#### *Regular Registration (on or before Friday, July 7 at 3 pm)*

1 registrant	\$150
2 co-registrants	\$140
3 or more co-registrants	\$130

#### *Late, or On-Site, Registration (as space permits)*

1 or more registrants	\$170
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## Elementary School

### Self-Management<sup>SM</sup> and Relationship Skills for School Age Children

*Promoting Competence: Self-Management<sup>SM</sup> and Relationship Skills for School Age Children*

#### 5<sup>th</sup> - 6<sup>th</sup> Grade Girls

Galleria Office:

Mondays, 5:00 - 6:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

#### 3<sup>rd</sup> - 5<sup>th</sup> Grade Boys

Galleria Office:

Mondays, 5:00-6:00 PM

FACILITATOR: LOURDES VAIDES, PH.D.

#### 3<sup>rd</sup> - 4<sup>th</sup> Grade Girls

Galleria Office:

Mondays, 4:00-5:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

### Self-Management<sup>SM</sup> and Social Skills

*Promoting social competence, self-management<sup>SM</sup>, and behavior management*

#### 1<sup>st</sup> -2<sup>nd</sup> Grade Girls and Boys

Galleria Office:

Mondays, 6:00-7:00 PM

FACILITATOR: LOURDES VALDES, PH.D.

### Process and Self-Management<sup>SM</sup> for Boys

*Improve individual self-management<sup>SM</sup>, explore identity and independence, and set personal goals.*

#### 3<sup>rd</sup> - 5<sup>th</sup> Grade Boys

Sugar Land Office:

Tuesdays, 5:00-6:00 PM

FACILITATOR: LOURDES VAIDES, PH.D.

### Self-Management<sup>SM</sup> & Relationship Skills for Boys\*

*Eight-session group for boys to promote peer and family relationship skills and self-management competence. This group is held in conjunction (and at the same time and place) with Concerned Parents of Video Gamers group and is meant to be a companion group.*

#### Boys age 9-12

Galleria Office Office:

Wednesdays, 6:00-7:00 PM

Starting June 7

FACILITATOR: LOURDES VAIDES, PH.D.

Sugar Land Office:

Thursday, 6:00-7:00 PM

Starting June 8

FACILITATOR: LOURDES VAIDES, PH.D.

## Middle School

### Process and Self-Management<sup>SM</sup> for Girls

*Self-management<sup>SM</sup> skills, peer relationships, identity issues, and self-esteem.*

#### 7<sup>th</sup> - 8<sup>th</sup> Grade Girls

Galleria Office:

Tuesdays, 5:00-6:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

## High School

### Process and Self-Management<sup>SM</sup> for Girls

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

#### 9<sup>th</sup> Grade Girls

Galleria Office:

Thursdays, 4:00-5:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

#### 10<sup>th</sup> - 12<sup>th</sup> Grade Girls

Sugar Land Office:

Wednesdays 5:00-6:00 PM

FACILITATOR: Yael R. EBENSTEIN, PH.D.

#### 10<sup>th</sup> - 12<sup>th</sup> Grade Girls

Galleria Office:

Wednesday, 5:00-6:00 PM

FACILITATOR: DIANE N. ROCHE, PH.D.

## Young Adults

### Self-Management<sup>SM</sup> and the Young Adult

*To continue to develop self-management<sup>SM</sup> skills as they relate to daily life, school, employment, and relationships*

#### 18 - 30 year olds

Galleria Office:

Mondays, 6-7:15 pm

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.

### Concerned Parents of Video Gamers Group\*

*Eight-session group for parents of boys (all ages) to better understand effects of heavy video gaming and develop strategies to help their sons reduce their dependency on video games. This group is held in conjunction (and at the same time and place) with the group for boys ages 9-12 and is meant to be a companion group.*

Galleria Office Office:

Wednesdays, 6:00-7:00 PM

Starting June 7

FACILITATOR: RON SWATZYNA, PH.D., LCSW

Sugar Land Office:

Thursday, 6:00-7:00 PM

Starting June 8

FACILITATOR: RON SWATZYNA, PH.D., LCSW

## Adult ADHD and Self-Management<sup>SM</sup>

*Learn effective self-management<sup>SM</sup> 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 SWATZYNA, PH.D., LCSW

## Self-Management<sup>SM</sup> for 15-18 Year-Old Boys

FACILITATOR: Jay Tarnow, M.D.

This group is for boys who are in Family Therapy at the Tarnow Center or whose parent(s) are in therapy at the Tarnow Center. The group will start at the beginning of September and will meet between 5pm and 6pm on either Tuesday or Thursday. For further information, please call the Center at 713-621-9515.

\* These two groups are held in conjunction with one another



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## *Fast ForWord<sup>®</sup> 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-Management<sup>SM</sup> will offer Fast ForWord summer 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.