Tarnow CENTER for Self-Management®

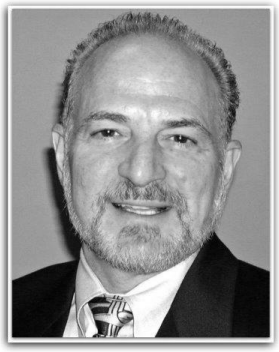
The Center Piece

Fall/Winter | *2013*

People who are successful in life are successful at self-management

Mentally Healthy Schools

Jay D. Tarnow, M.D.



I recently participated in a workshop on the prevention of school violence, and I thought you would be interested in the discussion. The workshop, "No Place for Hate – Preventing Violence in School," was sponsored by the Anti-Defamation League. My presentation was entitled "Creating Mentally Healthy Schools," where I discussed the stigma of mental illness, the epidemic of violence, and where the two worlds tend to collide in our schools.

After the tragedy in Newtown, people were rushing to diagnose Adam Lanza's mental illness. Was he depressed? Autistic? Anxious? The truth is that we don't really know, and we never will. But it seemed a comforting diversion to identify Lanza as mentally ill. If he's mentally ill, then he's not *normal.* And if we just identify all the other kids who aren't *normal*, we can keep this from ever happening again. But we were barking up the wrong tree. The truth is that only 4% of all violent crime is committed by people with a psychiatric condition. But if we stigmatize the mentally ill as dangerous, then we make it much less likely that the sad or anxious child will ask for help.

The problem that we all face is how to identify the students who present a threat to the community. Parents, teachers, and educators all want to know how to predict violence before it occurs, and there are different theories on how to identify people who are apt to act out. But research has consistently shown that these measures are only slightly better at correctly identifying a violent student than they are at mislabeling a nonviolent student. School shooters differ in age, ethnicity, socioeconomic status, relationship status, and religious beliefs. The only shared characteristic that we can point to is a general unhappiness. This unhappiness is often due to external factors in the home (parental discord, abuse, neglect), or at school (social rejection, bullying, poor performance) or due to internal factors such as emotional illness or learning differences.

National prevalence estimates indicate that 20% of children have a mental illness and/or substance abuse disorder that causes at least some level of functional impairment. About 5% of children have a serious emotional disturbance that results in significant functional impairments that affect both school and home activities. And roughly 50% of lifetime cases of mental illness begin by age 14, making these illnesses chronic disorders of the young. We can no longer ignore these problems until something happens.

My belief is that our focus should be on mental *well*ness, rather than mental *ill*ness. By emphasizing positive mental health practices within the classroom, we can more easily remove the fear and the mystery surrounding mental health. Train teachers, students, and administrators to recognize signs of sadness, worry, and frustration in themselves and others, and make this practice part of the curriculum. I have developed a low-cost methodology to prevent these problems from getting worse. This involves training school staff about these issues and prevention methodologies. Please contact me if this would be an interest to your school and parents.

The stabbings at Lone Star College last April and more recently the stabbings at Spring High School bring this issue home. The high school stabbings were reportedly secondary to gang problems. This underscores the complexity of the issues. Our schools, both public and private, rich or poor, need help.

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.

ADHD in College Students

Amber Pastusek, M.D.
Board Certified Child, Adolescent, & Adult Psychiatrist

Rx Corner

Children with Attention Deficit Hyperactivity Disorder (ADHD) graduate from high school and go on to attend college. Some of these children learn to manage their ADHD symptoms effectively without medications, and others need to continue medication throughout their college career. Young adults with ADHD often struggle in learning and maintaining self-management skills that are necessary for every young adult going off to college. People with ADHD tend to struggle most with time management, organizational skills, and procrastination during college.

College students typically lead a disorganized and unstructured life compared to living at home and going to high school. Adolescents who are going to college do not realize how much their family contributes to their daily rhythm that no longer exists in college. There is no daily rhythm in college. A daily rhythm is important in keeping a biological rhythm stable in regards to sleeping and dietary needs. For example, students may have night classes and keep late hours studying. For the ADHD college student, medication may be necessary to help him/her be successful in school; however, these students also need structure and routine to provide them with a necessary stability in college. These students can also utilize educational accommodations to provide additional assistance in college as well. However, psychiatrists need to be wary of some warning signs of medication misuse in college students with ADHD.

How common is stimulant misuse on college campuses?

As a physician, I am concerned about the misuse of stimulants on college campuses. College students use stimulant medications (usually Adderall & Ritalin) to enhance academic performance. In 2010, the National Survey on Drug Use and Health show that 11% of people ages 12 to 25 have used prescription drugs non-medically over the past year. In addition, 30 to 40% of people being prescribed the medication have misused it or diverted it at some point. These numbers are alarming to me as a prescribing physician.

For students with ADHD, they need their medication to function on a day to day basis in school and maintain their academic functioning. For students without ADHD, they are using stimulant medications to stay up all night and enhance their performance on tests. However, recent studies suggest that students **without ADHD** who abuse stimulant medications do NOT have improved grades.

Stimulant medications also carry a big side effect profile. As a psychiatrist, I have to weigh the risks versus benefits of using this medication in a person with ADHD. Multiple factors such as routine blood work and a physical examination must be done prior to starting this kind of medication due to the cardiac risk warning on all stimulant medications. For the non-ADHD person trying to enhance their grades, this person isn't aware of the possible adverse side effects and may not be taking a safe dosage. There are some serious side effects about stimulant medications that someone misusing may not be aware of. For example, a person can become psychotic if taking high doses of stimulants and/or not sleeping. Stimulants can also cause depression, irritability, anxiety, or mania. Another important point to mention involves the distribution of stimulant medication among other college students is considered a felony crime.

If your college student is taking ADHD medication while away at school,

I strongly encourage parents to be involved in their child's treatment. Parents are the best advocates for their child even after the child is technically an "adult." Once your adolescent turns 18, you lose your parental consent in his/her treatment. As a parent, your child can consent to a release of information for you to be a part of their treatment. I also require college students to have an appointment with me around every 1-3 months depending on his/her situation. Students will have an appointment when they are home on school breaks and have the option to have a phone appointment while away at school. Keep in mind, stimulant medications are regulated by the government (DEA) and require careful and frequent monitoring by a physician.

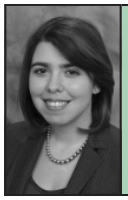
Red Flags to Watch for in your college student with ADHD:

- **Needing a prescription refill too soon.**
- **Staying up late pulling all nighters and/or not getting 8 hours of sleep at night**
- **Behavioral and/or mood changes.**
- **Engaging in more risky/impulsive behaviors**
- **Experimentation with drugs**
- **Confusion, hallucinations**

My job as a psychiatrist is to educate families and students going away to college about the dangers and warning signs when taking this kind of medication. My ultimate goal is to help each college student be successful and hopefully not have to rely on medication but learn more self-management skills.

Dr. Pastusek is trained as a child, adolescent, and adult psychiatrist and is Board Certified.

Currently in addition to her position at the Tarnow Center, Dr. Pastusek is a member of the American Academy of Child and Adolescent Psychiatry (AACAP) and serves on the Systems of Care Committee to work on improving practice parameters and integrating the various systems of care in order to provide the best treatment possible for patients. Dr Pastusek has a wealth of experience, having worked inpatient, MRMRA, psychiatric emergencies rooms, research, and developmental disability clinics. To schedule with Dr. Amber Pastusek please call 713-621-9515 or by email at drpastusek@tarnowcenter.com.



Deliberate Self-Harm in Adolescents

Melissa M. Gonzalez, Psy.D.

While it can be hard to understand, some individuals turn to self-harm (also known as self-injurious behavior or self-mutilation) as a maladaptive means of coping with painful emotions. They deliberately inflict pain on themselves or engage in self-destructive acts. Alarmingly, the research suggests that the incidence of such behavior is increasing among adolescents, especially adolescent girls. However, because these acts are often hidden from others and are typically not reported, it is difficult to determine how common this practice actually is. According to the research available, self-harm appears to be distinct from suicidal behavior. Nonetheless, those who self-harm often experience suicidal ideation and may be at greater risk for suicide attempts. Intentional acts of self-harm should not be taken lightly, no matter how minor the injuries may appear.

Parents often wonder why their child would deliberately hurt themselves. In adolescents who self-harm, sadness, loneliness, and/or increasing tensions are often reported prior to episodes of hurting themselves. Some individuals use self-harm as a means of controlling their minds, stopping racing thoughts, or providing the relief necessary to relax. Others find themselves seeking to feel something when plagued by feelings of numbness or apathy. Furthermore, there are some individuals who report feeling the need to punish themselves. Ultimately, many of these individuals are simply trying to take control when they feel very much out of control. While self-harm is often not an attention-seeking strategy, such behavior may be used as an expression or physical manifestation of the adolescent's pain. Additionally, it is important to understand that since adolescents are easily influenced by their peers they may be more likely to experiment with self-harming when they know of other peers who are already engaging in similar acts.

There is some research that suggests that while many teens may first experiment with self-injurious behaviors

during times of high stress, many do not continue this behavior. However, for those who do continue to hurt themselves repeatedly, it seems likely that they are experiencing more significant emotional difficulties or chronic distress. From a clinical perspective, anxiety and depression are often present in those who self-harm as are bipolar disorders and Borderline Personality Disorder. Alcohol or substance abuse, problematic relationships with family or peers, low self-esteem, bullying, impulsivity, behavioral problems, and poor academic performance have also been associated with self-injurious behavior.

Self-harm may take a number of forms, including cutting, burning, poisoning, or hitting oneself; and cutting seems to be the most common method used by adolescents. Cutting may be preceded by hair pulling, picking at scabs, or scratching the surface of the skin without breaking the skin. Surprisingly, cutting has been found to have an almost addictive quality for some. This may be related to the release of endorphins while cutting and the sense of relief from painful emotions experienced immediately after cutting. Consequently, when teens stop cutting themselves, they often continue to feel "urges" to cut and they may relapse into self-harm in times of intense distress.

Teenagers often hide self-injurious behavior from their parents and sometimes even from peers. Parents may only find out about such acts accidentally or when their child hurts themselves badly enough to become scared or require medical attention. In order to hide their behavior, they may cut or burn themselves in locations on the body which are not often seen. Common sites include the thighs, arms, feet, and abdomen. Adolescents may attempt to cover up their scars with long sleeves or pants (even in warm weather) or with jewelry on wrists. Parents may find blood stains on clothing or towels if their child is cutting. Other warning signs include having friends who engage in self-harm, seeking isolation or privacy when extremely distraught, or keeping instruments in one's room or bathroom that could be used for self-harm. Knives, razors, and needles are commonly used for cutting. However, some adolescents can get quite creative, for example using tweezers, sharpened hair pins, or pencil sharpeners that have been taken apart. For those who choose to burn themselves, lighters, matches, cigarettes, candles, curling irons, or flat irons may be used.

It is important for parents to seek help immediately if they learn that their child has intentionally hurt themselves.

It is important for parents to seek help immediately if they learn that their child has intentionally hurt themselves. A qualified professional can then determine if the behavior qualifies as deliberate self-harm or was, instead, a suicidal gesture and if psychological diagnoses, such as anxiety disorders or mood disorders, are present. Treatments such as individual therapy, family therapy, group therapy, and/or the use of psychotropic medication may be considered in order to address this behavior once an appropriate assessment has been made. Individually, a therapist can work with the adolescent to understand their behavior, to address feelings that precipitate self-harm, and to develop healthier, more adaptive coping skills. Use of Dialectic Behavior Therapy (DBT) in individual and/or group settings may also be useful. Family therapy can offer support for parents, can provide guidance about ensuring the safety of the child, and work on the resolution of familial patterns or conflicts that may be contributing to the adolescent's distress. First and foremost, the primary goal is, of course, the safety of the adolescent.

If your child has hurt themselves or you have fears that they are, please contact Melissa M. Gonzalez, Psy.D. by phone at 713-621-9515, x403 or by email: drgonzalez@tarnowcenter.com.

My Son is Sick of Being Sick….And Frankly, So are We!

Melissa Carpentier, Ph.D.

When your son was diagnosed with Type 1 diabetes at the age of 10, it took everything you had to tear yourself away from him for just the slightest moment. Now, at the age of 14, the time you spend interacting with him is not one you look forward to at all.

How he's doing…

Over the past couple of years, your son has become increasingly angry and withdrawn, the friends he was once inseparable from no longer come around, and his grades have dropped from all A's to all C's. He hasn't kept up with his insulin injections as he should, and this has resulted in two hospitalizations in the past year. The nonchalant, happy, and compliant boy living with diabetes is long gone and in his place is this new person who is virtually unrecognizable to you. You're baffled by the transformation and not quite sure what to do. Things seem to be getting worse, too. As high school is getting closer, he's making comments indicating that he would be better off if he was home-schooled. Although the thought of high school can be scary for any 14-year-old, the fact that your son has been living with diabetes for the past 4 years means that he is, unfortunately, not a typical teen. Rather, he has faced significant challenges throughout his short life thus far, and this will continue for the rest of his life unless something changes soon.

How you're doing…

You've had it pretty rough, too. You've been so busy taking care of

your son's needs that you've failed to realize that you haven't been taking care of yourself and neither has anyone else. You've gained 20 pounds in 2 years and you can't remember the last time you spent time with friends. You've also been falling behind at work, which is completely unlike you. You're exhausted in more ways than one, yet you are determined to keep putting up a front that everything is fine and you've just "been busy". Behind closed doors, though, you often find yourself wondering "Why him? Why our family? What if he hadn't been diagnosed with diabetes – would we have had more children?" Life just doesn't seem fair. You imagined your life with your son to be a certain way and things have turned out far different than you could have ever imagined.

You've experienced a loss – but since it is not a tangible one, it can be difficult to put into words what this is. This has been a problem for both you and your husband. It seems like you lost the ability to communicate and support one another once you heard the word "diabetes". You've let your relationship slide to the point where there hasn't been any "we" time in a very long time. The limited interactions you do have consist of arguments about how to get through to your son. Recently, things have progressed to the point where you've each thrown out the "d" word in the heat of the moment, something which was once never an option.

What the research suggests…

The available research suggests that you and your family are not alone. Many children and families have

struggled with very similar issues. Fortunately, research indicates that psychological intervention can lead to significant improvements in chronically ill children's behavioral and emotional outcomes, social competence, problem-solving, and adherence to the treatment regimen. We also know that parental involvement in therapy is associated with more positive and persistent positive effects on the child, and better family functioning is also associated with a number of improved child outcomes, including decreased anxiety and depression symptoms, acting out, and post-traumatic stress symptoms. Taken together, the research suggests that it is possible for families to overcome this stressor and impact one other's adjustment in a positive and meaningful manner.

How you can begin to turns things around, starting today…

Change is a process – it will not happen overnight. But, you can start on the path toward change for your chronically ill child, for yourself, and for your family today. One relatively easy thing to try in the short-term involves setting up a contract and reward system to motivate and reinforce your child's compliance with his treatment regimen. Sit down with your child and discuss what would be motivating to him. Once you've identified this, develop a contract *together* that specifies what he needs to do (e.g., comply with a certain percentage of injections), how often he needs to do this (e.g., over the course of one day), and what you will do in return (e.g., increase computer privileges). Whatever you do, make sure that you each stick to what you've outlined in the contract. This will increase the likelihood that your child will learn to trust what you say and thereby increase his level of motivation to hold up his end of the bargain.

How we can help…

The recommendation described above is just one example of how you can start to successfully manage childhood chronic illness. At the Tarnow Center, our Chronic Illness Self-Management Program provides comprehensive diagnostic and treatment services to chronically ill children and adolescents and their families. To inquire about individual, family, and/or group therapy to help you and your family successfully manage childhood chronic illness contact Melissa Carpentier, Ph.D. at 713-621-9515 or by email: drcarpentier@tarnowcenter.com. In the meantime, please stay tuned for additional topics related to managing chronic illness in forthcoming newsletters and blogs on our website. See website for references.

Showing Up To Your Marriage: The creation of intimacy in couples

Lynn Kamara, LCSW

Given the estimated 40-50% US divorce rate of first time marriages and the reality of countless dissatisfied and unfulfilled partners, one is left to wonder what is going so wrong within relationships? And perhaps more importantly, what can we do about it? As a therapist who works with couples, I have enjoyed the privilege of entering into the rich and varied lives of partners throughout the world who have courageously stepped up to the worthy challenge of working through their relationship struggles. Clearly, while the players and specific details are different, the underlying dynamics driving the conflicts remain uncannily similar. Often, the surface challenges can range from acute crises related to specific incidents and direct threats against the partnership (e.g. infidelity, abuse, addiction) to

a general yet insidious malaise or overall sense of disconnection.

Yet, underpinning the specific situation, what we often see are two people who are not bringing their best and healthy selves into the relationship, and therefore are unable to show up and be seen. This reality is the breeding ground for destructive and self-reinforcing interaction cycles in which the people find themselves at the mercy of their reactionary and fragmented selves. From this perspective, it is not surprising to see so many couples painfully suffering rather than enjoying the priceless gifts of vitality, connection, and passion that relationships inherently offer.

Arguably, this reality is a real tragedy, not only for individuals and couples, but also for the world at large. It is particularly troublesome because there is so much we can do to enter into and develop relationships that are healthy, sustaining, and intimate. The healing and skill-based work such relationships require is something that we all can accomplish. In this article, we will take a look at some of the core elements of the active therapeutic work that can increase a person's capacity to develop and sustain healthy connection and intimacy in one's marriage or partnership. But first, let's begin by exploring what typically inhibits couples from showing up to their relationships and how we can effectively engage such threats. We will then discuss the major building blocks that intimacy requires in order to emerge within couples.

Our Unfinished Business

Clearly, while it is not necessarily the case that women tend to marry their fathers and men marry their mothers, my own work with couples nevertheless has revealed and supported the common clinical assertion that "we are drawn to people whose issues fit perfectly with our own in a way that guarantees a reenactment of the old, familiar struggles we grew up with (Real p. 45)." Undoubtedly, this aspect of personal attraction and mate selection seems quite scary to most people, at least initially. But, its brilliant silver lining is that close relationships offer us all the dangerous opportunity to heal and liberate ourselves from our past. In fact, as Real writes, " a good relationship is not one in which the raw parts of ourselves are avoided. A good relationship is one in which they are handled. And a great relationship is one in which they are healed (p. 46)."

Thankfully, our reenacted relational dramas actually offer profound healing and growth in that the drama is similar yet different enough to grant us a new outcome in the present. And this is fantastic news! However, without an awareness and ownership of our unfinished business, we are all prone to entering into relationships in which it is impossible for us to show up given that our past wounds keep us needy on one end and/or walled off and shut down on the other. And this is much of what I tend to see in couples: two adult caricatures fighting real yet unconscious childhood battles where neither party is responsibly showing up to the dance in the present. The costs to this outcome are too great to ignore.

But just imagine if people entered into relationships understanding and knowing a priori that their partnership was inevitably going to expose their unresolved wounds; that such relationships would offer them a solid chance to effectively work through their unfinished business. By embracing their own and their partner's fallibility, humanness, and vulnerability, I would argue that such couples would be more inclined and better able to show up and engage in the liberating work of creating and sustaining intimacy and respect both for themselves and for each other.

To be sure, this groundwork is a pre-requisite for the creation of intimacy. Surely, a person cannot show up and be seen without choosing first to be vulnerable enough to own and accept their past childhood struggles so that the healing adult can step forward with eyes wide open. By developing greater self-awareness and compassion, we can significantly decrease the chance that our unconscious unfinished business will sabotage our ability to create and otherwise enjoy a potentially sustaining and connected relationship with another.

Healthy Boundaries: What's Mine? What's Yours? What's Ours?

Once a couple begins to see how their individual unfinished business tends to play out in their current adult relationship, boundary work becomes even more essential to the process of creating intimacy and healthy connection. Boundaries share similar purposes that defense mechanisms strive for, yet they are our conscious and deliberate attempts to keep ourselves safe from spiritual, physical, sexual, and/or emotional harm. Developing and setting solid boundaries creates a safe space and framework in which a couple can engage in working through their individual unfinished business and transform their past struggles into newer and more adaptive ways of functioning and relating.

In order to respectfully assert and maintain physical and psychological boundaries, couples benefit from developing shared ideas around their individual unresolved issues that tend to

get triggered by the relationship. A couple who can make sense of their individual storied pasts typically come to a clearer sense of and clarity around the fundamental questions of: What is my stuff? What is your stuff? What is our stuff? And lastly, how can we best navigate through all of it? Answers to these questions allow couples to more effectively set their boundaries and increase the chances that each person will maintain his/her integrity in the relationship. This type of self-care and nurturance of one's own worthiness is the cornerstone of intimate and connected relationships.

Inevitably, however, boundary violations will occur and the integrity of the couple's bond will be threatened. Yet, couples committed to intimacy creation are able to refocus and repair the damage in order to restore balanced connection once again. In fact, it is precisely this attuned and active restoration work that tends to soften couples into turning to face each other with respect, offering the relationship an even greater level of sustained intimacy and growth.

Differentiation: The Promise of Healthy Boundaries

After a couple is able to understand and own their individual unfinished business and establish healthy boundaries, they come closer to experiencing what is called differentiation. Differentiation is "the process by which we become more uniquely ourselves by maintaining ourselves in relationship with those we love… It is the key to not holding grudges and recovering quickly from arguments, to tolerating intense intimacy and maintaining your priorities in the midst of daily life (Schnarch, p. 51)." Essentially, differentiation occurs when we are able to balance our often competing need for individuality and our drive for togetherness. Healthy boundary setting both affects and is reinforced by the level of differentiation each partner enjoys.

Differentiation is a powerful force within the creation of intimacy as it allows couples to navigate and establish how each person can be who they are individually while concomitantly building a shared sense of "us." In this sense, the partners can relax into themselves and each other, resting in the comfort that enough space has been created for all parts of the relationship to be sufficiently honored. Conflicts remain as workable and potentially transforming events rather than escalating straight into damaging crises that threaten the fabric of each person's well-being, never mind the quality of the relationship itself. With the gift of differentiation, neither partner will have to lose their sense of self in order to stay in connection. Such grounding and security beckons a sense of freedom and vitality that intimacy so beautifully unleashes, and which exists as all of our birthrights.

Intimacy as a Learned and Practiced Skill

With the basic foundation set where couples seek to take responsibility for their unfinished business, set healthy boundaries, and enjoy the experience of differentiation, the real work of intimacy creation continues to unfold. Nearly all of the couples I have seen have cited intimacy issues as major concerns. Yet, not many people have ever been taught the skills and tools behind developing a healthy closeness in which partners are able and choose to show up and be seen! In fact, our current expectations regarding relationships and our desire for them to be deeper and of greater quality have changed the entire reality of what it means to be in a relationship in today's world. As Real explains, "If the twentieth-century marriage was companionable, the new marriage is intimate- physically, intellectually, and above all, emotionally (p. 8)." In order to successfully greet this radical shift, it is clear that we need to begin helping "men become more responsible and more emotionally available while helping women become less resentful and more effective (p. 9)." This type of focused work offers couples a rich opportunity to stand up together for the health and quality of their relationship rather than fighting unwinnable wars of individual empowerment stances in which the possibility of connection is no longer attainable.

Couples Therapy at the Tarnow Center: Take Charge of Your Experience

Take a minute now to contemplate the status of your marriage or partnership. Are you both showing up and enjoying the rewards of intimacy and high quality connection? While relationship struggles have become so common that many people unfortunately settle by coping with or ignoring their dissatisfaction, I suggest that these stances are fundamentally toxic to your overall health and are completely unnecessary. There is no reason compelling enough to choose to languish in an unfulfilling relationship as you navigate your life. Intimacy, vitality, and sustained healthy connection are possible for all who make the courageous choice to finally work through their unfinished business enroute to learning the teachable and practical skills involved in authentically and vulnerably showing up to their relationship.

If you are interested in engaging in couples work and/or exploring your own unfinished business as it relates to your patterns of relationships, or if you have any questions about the process, please email Lynn Kamara, LCSW at lynnkamara@tarnowcenter.com or call the Tarnow Center at 713-621-9515 to set up an appointment.

Real, Terrence. (2007). The New Rules of Marriage. NY: Ballantine Books.

Schnarch, David. (1997). Passionate Marriage. NY: W.W. Norton & Co, Inc.

G R O U P S

Group therapy seems to be one of our more popular avenues for treatment. The benefit of group therapy is that it allows people the opportunity to learn and practice appropriate skills with their peers. Whether the goal is to improve social skills, practice emotional regulation, learn coping skills, or support each other through life's transitions, group provides a supportive and dynamic environment to produce change.

We offer groups for all ages, from childhood through adulthood. Most of our groups are ongoing, and allow new members to join at any time as long as the group has availability. Below, you can find a description of the types of groups we offer, along with the clinicians who run each group. If you are interested in more information about any of our groups, please contact our intake coordinator at 713-621-9515, ext. 227.

Social Skills Groups: Social skills aren't taught in school, although they should be. Learning how to communicate and interact with others is essential for effective self-management. Our social skills groups are available for elementary school, middle school, and high school. Each group aims to develop age-appropriate skills. For example, our younger groups may work on sharing and turn-taking, while our older groups focus on relationships and empathy. Each of our social skills groups includes Parent Only groups every 6 weeks, for parents and clinicians to share thoughts and feedback.

Launching Groups: Each stage of development requires us to conquer certain challenges before we can move on to our next developmental phase. For adolescents, there are distinct launching points between 8th grade and 9th grade, and again between high school and young adulthood. Our launching groups are designed to assist our clients with these transitions. First we assess where the teen lands in his/her own readiness for the next stage, and then we help them develop the necessary skills to take on the challenge.

Young Adult: So you've graduated high school. Now what? Whether the next step is college or the workforce, many young adults find that they are unprepared for the challenge ahead. Once the structure of high school is in the past, it can be difficult to manage time and juggle responsibilities in order to be productive and effective. Our Young Adult groups offer support and guidance for young men and women who are looking to find their way towards independence.

Dialectical Behavioral Therapy (DBT) Skills Training: DBT Skills Training teaches adolescent girls how to better manage emotions and life, via skills in mindfulness, self-soothing, self-acceptance, distress tolerance, interpersonal effectiveness, and parent-teen conflict resolution. Our DBT group is unique in that both teens and parents participate. Each week, teens work together to learn specific skills, while parents are in a separate group learning and practicing skills to support their child's growth.

Parenting Support: Parenting and family work is central to what we do at the Tarnow Center. Parenting Groups help parents learn the techniques that we use in therapy to promote positive change. These groups combine education and support, and parents will walk away with an individualized plan for their home. Offered 4 times yearly.

Early Elementary Boys
Wednesdays, *Galleria 4-5 p.m.*
THERAPIST: Lourdes Valdes, Ph.D., Lynn Ayres, M.Ed. Melissa Carpentier, Ph.D.

Late Elementary Boys
Wednesdays, *Galleria 5-6 p.m.*
THERAPIST: Lourdes Valdés, Ph.D. and Lynn Ayres, M.Ed., Melissa M.Gonzalez, Psy.D.

Early Elementary Boys/Girls
Mondays, *Sugar Land 4-5 p.m.*
THERAPIST: Melissa Carpentier, Ph.D.

Late Elementary Boys
Thursdays, *Galleria 4-5 p.m.*
THERAPIST: W. Walker Peacock, Psy.D. and Lynn Ayres, M.Ed.

Middle School Girls
Wednesdays, Galleria 4-5 p.m.
THERAPIST: Melissa M. Gonzalez, Psy.D.

Child Chronic Illness
Mondays, ***Sugar Land 5-6 p.m.***
Tuesdays, *Galleria 5-6 p.m.*
THERAPIST: Melissa Carpentier,Ph.D.

Middle School Boys
Wednesdays, *Galleria 4-5 p.m.*
THERAPIST: W. Walker Peacock, Psy.D.

Tuesdays, *Sugar Land 6-7 p.m.*
THERAPIST: W. Walker Peacock, Psy.D.

Thursdays, *Galleria 5-6 p.m.*
THERAPIST: W. Walker Peacock, Psy.D.

High School Boys
Mondays, *Galleria 6-7 p.m.*
Wednesday, Galleria 5-6 p.m.
THERAPIST: W. Walker Peacock, Psy.D.

High School Girls DBT
Thursdays, *Sugar Land 5-6 p.m.*
THERAPIST: Melissa M. Gonzalez, Psy.D.

Young Adult Group
Tuesdays, *Galleria 6-7 p.m.*
THERAPIST: Sophia K. Havasy, Ph.D.

Thursdays, *Galleria 3-4 p.m.*
THERAPIST: Sophia K. Havasy, Ph.D.

Young Adult Social Learning Group
Mondays, *Galleria 5-6 p.m.*
THERAPIST: Sophia K. Havasy, Ph.D.

Women's Group
Tuesdays, *Galleria 6:30– 7:30 p.m.*
THERAPIST: Melissa M. Gonzalez, Psy.D.

ALL GROUPS COST $80 PER SESSION — Dates and times subject to change

G R O U P S

NEW Child Chronic Illness Group

- Has your child been diagnosed with a chronic medical
- condition such as asthma, diabetes, cancer, etc?
- Does he/she feel like no one else their age knows what it means to be chronically ill?
- Do you struggle with helping your child adapt to and learn how to manage his/her illness?

By participating in group, your child will receive peer support and feedback while learning new skills:

Illness acceptance, Adaptive coping, Illness management & Compliance social competence, Information seeking, Mindfulness, Problem-solving

For additional information regarding our child chronic illness groups, or to reserve a space, please contact Dr. Carpentier at 713-621-9515 or via email at: drcarpentier@tarnowcenter.com.

Dr. Carpentier's 12 Week Preteen Mindfulness Group ages 8 - 12

Mindfulness refers to a purposeful and nonjudgmental way of paying attention to one's external and internal experiences "in the moment". Mindfulness skills can decrease child stress, anxiety, depression, reactivity, and oppositional and aggressive behavior problems. In addition, mindfulness has been associated with notable improvements in children's attention, sleep, self-management, social competence, academic performance, and higher-order executive functions such as planning, problem-solving, and working memory.

Thursdays: Galleria, 4-5 p.m. or Fridays: Sugar Land 4-5 p.m.

For additional information regarding our pre-teen mindfulness groups, or to reserve a space, please contact Dr. Carpentier at 713-621-9515 or via email at: drcarpentier@tarnowcenter.com.

Girls' Group: DBT Skills Training and Self-Development for High School Girls

Group therapy is the best place for your high school aged adolescent to learn skills for managing her emotions and her life. She is socially oriented at this time and is primed to learn from others. Emotion regulation is a core skill that forms the foundation for future successful functioning in all areas.

Skills taught: Self-Soothing, Mindfulness, Self-Acceptance, Distress Tolerance, and Interpersonal Effectiveness.

Facilitated by: Melissa M. Gonzalez, Psy.D.

Tuesdays, Galleria 5-6 p.m..

College Readiness Group By Sophia K. Havasy, Ph.D.

A group for High School students who plan to go to college but may not have the skills, yet, to be successful there.

For: High School students (11th—12th grade)

Time: One hour each week, 6 weeks, last session—parents only

Cost: $80 (per session)

Topics: Self-awareness, Strengths, Weaknesses, data, Goals/motivations, and Expectations

Thursdays 5—6 p.m.

Women's Interpersonal Process Group

Are you experiencing conflict in one or more of your close, interpersonal relationships?

Are you interested in learning more about the ways you relate with others?

This Interpersonal Process Group will provide you with the opportunity to: • Receive and offer support and feedback in a safe, nonthreatening environment, • Improve interpersonal relationships and communication • Express feelings honestly and directly • Gain insight into one's thoughts, feelings, and behaviors by looking at relational patterns • Improve self-confidence, self-image, and self-esteem • Undergo personal growth and change

Please contact Dr. Gonzalez at 713-621-9515 ext. 403 or via email at drgonzalez@tarnowcenter.com to learn more

The Tarnow Center Experience

What is The Tarnow Center Experience?

When quality matters, the clear choice is The Tarnow Center. We have spent many years perfecting the way we deliver mental healthcare that sets us apart from all the other private psychiatric practices in town. First and foremost, we do whatever is medically indicated to help our patients and the "entire family" heal. That means we look at your whole ecosystem—from the home, to the school, to other physicians and various caretakers.

Your wellbeing is our ONLY concern!

We won't risk your health by following cookie-cutter procedures from a manual or insurance company policy. Rather, we consult with our multi-disciplinary staff to develop highly customized treatment plans, which encompass exciting, cutting edge technologies (for example, genome analysis). Then, we discuss with you what is needed and why. You actually get to participate in the important decisions regarding your care, such as medication and other available intervention techniques. We don't hesitate to pester other doctors until we get the answers we need. In more complicated cases, we'll consult with as many healthcare providers as necessary throughout the therapeutic process, so no symptoms or side effects are missed.

A staff that really cares.

Our friendly office staff goes the extra mile, as well, so you never feel like you're just a number. We call you to get you into our schedule at a convenient time. We don't make anyone wait three months to see a mental health provider. We even give you our email addresses and respond to your messages. In emergencies and crises, we are available over the phone. We have adequate staff, so it doesn't take 30 minutes to check in. And we respond to your prescription refill requests in a timely manner.

One of a kind.

With a constant eye on quality and a results-oriented approach, The Tarnow Center experience is one-of-a-kind. Drawing from years in practice and a patient population of thousands, we conduct our own research in addition to keeping up with the latest literature published in peer-reviewed psychiatric journals. In short, we push ourselves to be the best and give the best possible care in a proactive manner to prevent mental health problems from growing out of control.

In upcoming newsletters…We will highlight some of our success stories (with utmost confidentiality), to share examples of unique solutions that have worked wonders. Watch for a new section called, "Quality Matters." We are also launching a new Tarnow Center patient feedback system that will allow you to submit suggestions electronically. Meanwhile, you can tell us how we're doing today via email to any of our staff or by leaving a phone message, any time.

Tarnow CENTER *for Self-Management®*

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