

The Center Piece

Spring | 2011

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

Here to Stay

“The rumors of my demise have been greatly exaggerated” - Mark Twain

I recently heard rumors buzzing the Houston psychiatric community that I am retiring. If you know anything about me, you know the mere suggestion is laughable. ADHD people like me don't retire! Of course I would like more time for my grandchildren, helicopter ski trips and rock climbing. Who wouldn't? During one climb last year, I even tore my bicep muscle, engaged in a selfless act of heroism. My wife is rolling her eyes, but I digress.

Why would I want to retire? My job is getting easier, less stressful, and more satisfying. I love my practice, and I particularly love watching children grow up. These patients keep teaching me so many things books never will. True, each year makes me older, but it also makes me wiser. After 35 years of experience, I am better at my predictions of prognosis and what patients need to improve. In the past, I could predict and plan for a patient's next one to two years. Now when I evaluate a patient and family, I see the possibilities for the next 5, 10, 15, even 20 years.

I'm just now hitting my stride! I'm blessed to work every day with some of the best in the mental health field. Some of my colleagues have been with me for more than 20 years, and I depend on them for their own wisdom (and to tell me when I'm being obnoxious). Others, such as Dr. Allen and Dr. Peacock, joined us in the last couple of years, but we all learn from each other. This is what excites me so much about The Tarnow Center: we have a wonderful blend of "old" wisdom and "new" ways of thinking. In this way, we're constantly able to combine our years of experience with new methods, technologies and research to provide the best services to our clients.

So this edition of *The Center Piece* is dedicated to that harmonious blend. The articles contained within looks at some of the most pressing mental health issues of today, combining our own experiences and insights with the latest data.

Freud said it better than I could: *“I could not contemplate with any sort of comfort a life without work. Creative imagination and work go together with me; I take no delight in anything else. That would be a prescription for happiness were it not for the terrible thought that one's productivity depends entirely on sensitive moods. What is one to do on a day when thoughts cease to flow and the proper words won't come? One cannot help trembling at this possibility. That is why, despite the acquiescence in fate that becomes an upright man, I secretly pray: no infirmity, no paralysis of one's powers through bodily distress. We'll die with harness on, as King Macbeth said.”*

Jay Tarnow M.D.

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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.

Is My Teen Ready for High School?

Paul Clear, Ph.D.

Starting high school is a major rite of passage for teenagers. There is more freedom and more choices, such as the opportunity to develop friendships and the chance to participate in more extracurricular activities.

This is a critical juncture for students. The cost of failing to make this transition successfully is high. Unsuccessful high school transitions contribute to high dropout rates, low on-time graduation rates, and academic problems. Students who have difficulty transitioning to high school experience a decrease in achievement, find it more difficult to motivate themselves, tend to withdraw, and exhibit a significant increase in behavior problems.

On the other hand, students who make a successful transition into high school are good self-managers. They know how to respond to the new social demands and temptations, and they get plugged in to the clubs and organizations both on campus and off campus.

When parents are involved in their child's high school experiences, students have higher achievement, are better adjusted, and are less likely to drop out of school.

Parents Can Help

Parents can play an important role in helping their children during the transition from middle school to high school. When parents are involved in their child's high school experiences, students have higher achievement, are better adjusted, and are less likely to drop out of school.

Remember that the transition into high school is the toughest one for many students. Don't make the mistake of



thinking that your "independent" high school student doesn't need your help. In a survey conducted by the non-profit research group Public Agenda, most parents reported believing that it is natural for parents to be less involved when their children reached high school. However, almost all teens surveyed said that the most important thing parents can do is stay involved in their lives and school activities.

What Parents Can Do

- You and your child can visit the new high school before the school year begins. This can help ease some of the anxiety about going to an unfamiliar school.
- Help your teen develop a plan for selecting courses. Review those selections to be sure he or she is on track to meet academic goals.
- Once school starts, ask your teen how things are going at school. Show sincere interest and let him or her know that you are interested in helping with any problems.
- Set a regular time each day for homework and studying. During this time, distractions such as phone calls, television, or visitors should not be allowed.
- Monitor homework to ensure it is

being completed and turned in. Many schools post homework assignments on a website that parents can view. Ask teachers to email you when assignments are not turned in.

- Communicate with teachers each semester.

When you set reasonable expectations, regularly ask your child how things are going, monitor schoolwork, and check in with teachers, you boost your child's chances of success. Students whose parents intervene positively are more likely to have a smooth transition from middle school to high school.

Self-Management

Research has shown that students who have strong self-management skills are happier and do better in school. They know how to balance their academic and social activities. High school students surveyed identified time management, staying on task, being organized, and having good study skills as essential elements for success.

Students need to know how to manage time effectively. Managing time is one of the most important and useful skills to help your teenager learn. A time schedule helps your student worry less about deadlines and see the big picture in terms of goals and commitments. Teens can learn to make weekly and daily schedules. Dividing the semester into weekly and daily schedules breaks it into manageable sections, which helps your student track assignments, deadlines and activities.

We all have trouble focusing from time to time, and teens are no exception. Like everyone else, in order to complete work, fulfill obligations, and do well in school, students need to focus. From the Internet to movies, teens are bombarded with distractions. The first thing any student needs to do to succeed is to limit those

THE TARNOW CENTER FOR SELF-MANAGEMENT®

distractions. Students need a regular time and place for homework. Nearby televisions should be off, and time spent on the internet or playing video games should be limited.

Good organization makes studying easier by cutting down on wasted time. Notebooks make learning materials easy to find. Students should write down assignments for all classes in one designated place. Include due dates and important information for each one. Folders and binders with dividers are great to organize notes and assignments. Each class should have its own section, and there should be a separate place for completed assignments that need to be turned in.

Developing good study habits is essential for success in high school. Here are a few tips.

- A consistent time and place for studying is best. If your teen does not have a desk, establish a “study place” to use each time.
- Studying should begin immediately when your child sits down. Distractions like answering email from friends should be a reward to themselves when they finish their work.
- Large tasks such as projects or term papers should be broken down into smaller, manageable parts.
- Your teen needs to know his or her limits. Studying too long leads to daydreaming and distractions. Everyone needs regular breaks to refresh the brain. Use weekends when teens are not tired from the school day.

There's More to High School than Classes

Extracurricular activities, sports and social functions are just as much a part of the high school experience as classes. Research shows that involvement in activities makes the high school transition easier for freshmen. Extracurricular activities are a great way for your student to try new things and connect with peers.

High schools offer many special-interest clubs, such as computers, drama, debate, and photography. There is usually a broader range of sports available than in middle school, and many sports teams need students to help with support functions, such as scorekeeping. Your child can get involved in student government, activity planning (dances, rallies, etc.), leadership, and community volunteering. Encourage your child to participate. Getting “plugged in” to the high school community is an important aspect of a successful transition.

Transitioning to High School, a Summer Group at the Tarnow Center for Self-Management

The Tarnow Center offers a four-week group during the summer to help students prepare for these new academic and social challenges. During group meetings, students learn time management strategies, as well as, organization and study skills. Group discussions also focus on managing the new temptations adolescents face in high school and getting involved in social groups and activities (e.g., band, drama club, sports).

Transitioning to High School is facilitated by Paul Clear, Ph.D. and Lynn Ayres, M.Ed.

Neurotherapy Offers New Hope for Children with Autism

Ron J. Swatzyna, Ph.D., LCSW and Chau Nguyen, LCSW

Raising awareness about Autism has gone mainstream. When the popular television show “American Idol” recently profiled a contestant with Asperger’s Disorder, millions caught a glimpse of what it is like to live with Asperger’s. While James Durbin’s inspiring story of overcoming Asperger’s through singing is exceptional, more hope is on the horizon for children with Asperger’s Disorder. Neurotherapy, in conjunction with a multidisciplinary treatment approach that includes family involvement, is an option proven to be effective.

Asperger’s Disorder, or Asperger’s Syndrome, falls under the larger category of Autism Spectrum Disorders (ASD). In recent years, it is estimated 6 to 7 children per 1000 children live with ASD. While a diagnosis of ASD can be made as early as 18 months, a diagnosis of Asperger’s is more difficult. The diagnostic symptom criteria for Asperger’s disorder include:

1. Impairments in social interaction
2. Stereotyped or repetitive interests or behaviors

3. No significant delay in language development

In addition, Asperger’s is considered to be a milder form of ASD. These children generally have normal language development, although they have difficulty reading social cues.

Treating Asperger’s with talk therapy or medications has been met with limited success. To understand why “traditional” treatments are not effective, it is important to understand ASDs are viewed as

neurobiological disorders with a complex neural and genetic basis.

Brain imaging techniques suggest ASD brains have dysfunctional communication patterns, which points toward something going awry in the process of brain development. Even so, every person's brain is different and this includes ASD brains. By doing a quantitative electroencephalogram (QEEG) on each person, their dysfunctional electrical and connectivity problems can be identified in a process called topographical brain mapping. A comprehensive discussion of brain mapping is beyond the scope of this paper however the following link is very helpful: <http://www.qeeg.com/qeegfact.html>.

Brain mapping represents how the patient's brain compares to a normal population using a statistical method called Z-scoring. Improvement in core ASD symptoms is achieved as these dysfunctional patterns are normalized using computerized audio and visual feedback given to the patient. This form of therapy has been around for 40 years and is commonly referred to as EEG biofeedback, neurofeedback therapy, neurotherapy and more recently, computer brain



interface training.

Many in our industry just use standardized protocols to do neurofeedback therapy and have found success in 70 to 80 percent of ASD cases. We have found that when we use the QEEG to personalize our protocols to each individual, greater success can be achieved. Although not a cure, substantial

gains are found in about 35 to 40 sessions. In many cases, medications can be reduced and at times eliminated as the brain becomes more functional. The areas of gain most often seen using neurotherapy with ASD children are in the core measures of attention, executive and visual perceptual function, and language skills. Behaviorally, we see gains in emotional self management, anxiety management, and reduction/elimination of tantrums. What's more, no adverse side effects are reported when using neurotherapy.

Even though Autism and Asperger's are lifelong disorders with no known cure, early intervention while the brain is rapidly growing seems to be a key factor in a child's progress, with improvements in communication, social skills and behavior. What we hope you take away from this article is that ASD is a treatable disorder and there is hope for your child, thanks to the incredible ability of the brain to fix itself when given instruction. Neurotherapy is gaining acceptance as an effective intervention that optimizes treatment and improves outcomes. Parents should consider neurotherapy for their ASD children.

Providing A Balancing Summer

Lynn Ayres, M.Ed. And Linda Narun, M.A., CCC-SLP

Summer is around the corner. For students, it's time for a break from the routine and stress of school, tests and homework. This is also a wonderful opportunity to improve your child's ability to memorize and master new skills, while reinforcing skills learned during the school year.

For students with attention deficit hyperactivity disorder (ADHD) or a learning disability (LD), they have specific cognitive challenges that can impact their success in school. They need to make functional changes in their brains so they are ready to learn. Their brains often lack connectivity, processing, speed, organization and working memory skills. No amount of traditional tutoring will fix these issues.

The concept of neuroplasticity has well been established in the last decade. That is, we can change our brain based on our experience. Programs designed by worldwide leading scientists can help ADHD and LD students build new and stronger brain pathways, improving cognitive skills and learning.

The interventions are tailored to meet each child's needs. This will empower students to become more efficient and effective learners. Activities should be selected depending on the age and specific needs of the child. Deciding on a specific program should be undertaken with parents, students, clinicians and teachers.

At the Tarnow Center, we offer the following neuro-cognitive programs:

Fast ForWord

The Scientific Learning family of proven reading intervention software products strengthens brain processing and literacy skills to increase reading proficiency in students of all ages. Fast ForWord helps struggling students improve vocabulary, reading comprehension, fluency and memory.

Cogmed

Cogmed Working Memory Training is a computer-based solution for attention problems caused by poor working memory. A strong working memory is essential for learning. Poor working memory can be the cause of a significant impairment for students. This is why working memory capacity is a very good

predictor for academic success, and why working memory capacity is strongly correlated with students' performance, particularly in reading and math

Interactive Metronome

The interactive Metronome (IM) uses a patented auditory guidance system to systematically exercise and thereby improve a person's timing and capacity to plan action.

The IM enables improvements to be clearly measured, and it progressively challenges the trainee to enable the continuing progress. Benefits of IM include attention and focus, motor control and coordination, balance and gait, language and processing and control of aggression and impulsivity



state, then delivers targeted instructions on the exact topics the student is most ready to learn. The program was developed from research at New York University and the University of California Irvine. The development team comprised of cognitive scientists, mathematicians and software engineers incorporated an artificial intelligence engine to assess each student individually and continuously

AttenPro

AttenPro is a software-based training guide for ADHD and LD students. It consists of neuro-cognitive and memory related exercises designed to improve working memory, executive functions, attention, focus and reaction time.

ALEKS Math

ALEKS is founded on groundbreaking research in mathematical cognitive science known as Knowledge Space Theory. Through adaptive questioning, ALEKS accurately assesses a student's knowledge

Why Are These Kids So Complicated? Launching Young People with Self-Management Disorders

Sophia K. Havasy, Ph.D.

In my work with older adolescents and young adults, the question, "Why are these kids so complicated?" usually comes to me from parents in unspoken form. The parents have done everything. The child has been evaluated, diagnosed, medicated. He has attended special schools; she has had special tutors. Behavioral plans have been instituted at home and at school. "What's next? When will we be done?" they ask. I talk with them about 10-year plans as development is delayed and the brain is not fully developed until the mid-twenties. We discuss the limits of psychiatry and psychology as diagnostic categories only give us a gross understanding of each particular child. Labels and diagnoses, in and of themselves, do not always tell us much. It becomes more important with young adults to understand each family's patterns of interactions and accommodations in order to support an effective launching plan. I tell parents, "The young adult can't do it without you."

Treatment with older teenagers and young adults with self-management disorders is about getting to know each young

person, his or her family, and how they function, both individually and together. There is no "one size fits all" for the high school or college student with ADHD, Tourette's, learning disabilities, anxiety or depression-- to name just a few. For example, the usual approaches to SAT/ACT preparation can be confusing, overwhelming, and defeating for the vulnerable teenager with ADHD or learning differences. That student may respond much better to working with someone who understands her learning strengths and weaknesses, as well as, how anxiety can derail her best cognitive skills on any given day.

***"Parents must believe
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Launching these complicated young people is not a generic process. It must become individualized in order to increase the potential for the incremental successes that keep the student and family going. Movement towards successful outcomes, such as a Bachelor's degree or vocational certifications, may seem glacial. Families can get discouraged when their young person is compared to friends, siblings, or cousins. The traumatic impact on these same students, however, of major failures, such as DWI's or Academic Probation, can add years to the launching process. It is a difficult, and sometimes, devastating process for the family of a failed student to pick him up and start over, sometimes, again and again. The toll on self-esteem, confidence, and courage to try again can make it all feel insurmountable to a vulnerable young adult.

The key to successful launching of young people with self-management disorders is to get them, and then keep them, engaged in their own growth as much as possible. This sounds easier than it is. It is also not linear. There are stops and starts, detours and road blocks. It is

painful to observe a young adult who is stalled out with no movement in any direction. Parents in response tend to get fearful and frustrated which seems to immobilize the young adult even more.

Parents must believe in growth. They must believe that their young person can learn to make their way in the world. The developmental process and neuroplasticity are the family's main allies for growth, but they are not passive processes. Things to remember: 1) The brain learns. Learning is what builds a brain. 2) The brain grows new pathways in struggle; skills emerge out of active engagement. No learning occurs if a task is too easy or too hard. For each of us, it is about finding that optimal level of frustration with a task being just too hard, and then, figuring it out. Over and over again.

When children are young it can be easier to encourage growth. Their friends know how to swim or ride a bike. Parents say, "You can have swimming lessons." Or, "We will teach you how to ride a bike." Your child does not want to get left behind. As children get older they are often very aware of what peers are able to do and they, themselves, can't. Parents may get tired of hearing what Annie gets to do, but at the same time, there is awareness that kids encourage each other's growth.

When vulnerable teenagers and young adults get stalled or derailed from their own growth path, it can be very difficult for parents to get them moving again in a good direction. It is an individualized process. The neurological differences which are subsumed under various diagnoses, interfere in ways that are hard to comprehend and make sense of by parents and even some mental health professionals. The goals for launching may be the same for your vulnerable young adult as it is for any of your other children. The path, the route may look much different. This is where parents need special help to get the young person engaged in growth.



A dear friend wrote to me and said, "Thanks for understanding, but how are you going to help me to help my child? I feel helpless and hopeless. I've done so much and here we are coping with another huge hurdle. The hurdles get bigger and bigger and never seem to end."

We start with opening up a dialogue. The parents are going through various stages of grief all the time. They need to be able to express their fears, resentments, sadness, and frustrations without the young person taking it on and feeling miserable, and without the parents feeling guilty or blaming each other. The family is living in a complicated launching process that no one planned or wanted. Each family member feels blamed, responsible, and stuck. This is where a therapist, experienced with these types of young people, is useful.

***"20 years of
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us that the vulnerable
young adult can not do
it without you"***

Meeting separately with parents and the young adult or teenager, the therapist begins to get a clearer sense of the family and where the work is. Learning Style, Self-Management, and Psychological Evaluations help to clarify how the young adult's brain processes information, where the self-management skills are in place, and what needs to be developed. At the same time, the parents engage in a process of determining what they will and will not support, what is involved or required to live in their home, and what they will and will not pay for. We work together to distinguish between enabling and supporting the young person. Enabling is when the actions of others interfere with an individual experiencing the consequences of his or her actions. This sounds simple enough until the young person gets in trouble and looks to be rescued. Families feel the pull to rescue quite intensely, and sometimes, they should rescue. But, there is always a price to pay. It is a highly individualized process. There is no one way to do this!

The next step comes when the teenager and parents comprehend that growth is not about good intentions alone. The good intentions must become operationalized in daily life. It is not enough for the young person to say, "I want to get good grades." The intention must be partnered with hard work and persistent effort—by the student, not the parents. Teens will tell you they are ready to go away to college. If, during their senior year of high school, parents have to get them up and moving each day, monitor their medicines, track their tests and projects, then it is clear that they are not ready to leave home. Parents must help these young people appreciate how acquiring and implementing self-management skills at age-appropriate levels are in their best interest. The young people must be engaged in their own growth. But 20 years of experience has taught us that the vulnerable young adult can not do it without you.

High School Launching Prep Group *By Sophia K. Havasy, Ph.D.*

For: Adolescents in high school (10th-12th grade)

Time: One hour each week, Thursdays 6:15-7:15 PM
June 16– July 14

Cost: \$80 (per session)
(Participants who are new to the practice require a one-hour evaluation by Dr. Havasy. The cost of this evaluation is \$205.)

Topics: Self-awareness, Strengths, Weaknesses, Motivation, Goals, Active processing, & Skills and accomplishments.

Parent

Topics: Defining launching goals, In place vs. under construction, Risk factors, and Life skills development.

**Parents meet one hour three times, Thursdays 5-6 PM
June 16, June 30, July 14*

College Launching Group

By Sophia K. Havasy, Ph.D.

For: Incoming college freshman and college students who have already faced significant struggles

Time: One hour each week, Mondays 6:15-7:15 PM
June 13– July 18

Cost: \$80 (per session)
(Participants who are new to the practice require a one-hour evaluation by Dr. Havasy. The cost of this evaluation is \$205.)

Topics: Self-awareness, Strengths, Weaknesses, Stress management, Time management, Goals/motivations, and Expectations

Parent

Topics: Risk factors, Expectations, and Plan B

**Parents meet one hour three times, Mondays 5-6 PM
June 13, June 27, July 18*

Changing the Path of Anxiety

Lesley Solomon, LPC

Anxiety in childhood can lead to serious disturbances. It can pervade family life and every day functioning. Anxiety can also undermine a child's self-esteem and level of confidence. Anxiety can lead to early alcohol use, smoking, drug use and depression.

At the Tarnow Center, we are aware of the increasing evidence for the importance of early intervention in order to prevent serious adolescent and adult problems.

What happens to the body and brain when we are worried or anxious?

fMRI data show that anxiety causes changes in the brain. These changes involve a dysfunction in the brain circuit involving the amygdala and various prefrontal cortical regions. The reactivity of the amygdala in patients with anxiety is heightened so that these patients are more sensitive to perceived stressors. This anxiety response is instinctual and requires no prior learning. This continual

anxiety response can become an over learned pathway.

Our children face different kinds of stressors, bombarded with constant day-to-day events such as:

- A new environment like divorce or a move
 - Perceived rejection by peers at school
 - Yelling or a harsh tone of voice of an adult
 - An unexpected change in routine
- Because these stressors are constant and

“Everybody worries from time to time. This is perfectly normal, even healthy.”

never go away, they demand more of the nervous system than it can handle effectively. While we are quite well adapted to

threats that require immediate action, our stress responses are less effective against the chronic, daily stressors. These perceived threats might be physical, psychological, or social, real or imagined, and still elicit the anxiety – or “fight-or-flight” response. Being constantly tense and easily aroused can cause restlessness, inattentiveness, and distractibility.

Everybody worries from time to time. This is perfectly normal, even healthy.

Anxiety is a natural response to anticipated future problems. After all, we *are* like animals that have an instinct to survive in the jungle. Anxiety can be a valuable friend and increase our productivity and excitement about life. Some anxiety can motivate or mobilize us to change and accomplish goals. But when worry becomes a full-time preoccupation, it can lead to anxiety or stress-related disorders. Children with anxiety are more predisposed to:

- Migraine and tension headaches

- Irritable bowel syndrome
- Insomnia
- Obsessive Compulsive Disorder
- Phobias
- Panic attacks
- Post-traumatic Stress Disorder



The Fight / Flight or Freeze Response

Just as the word “anxiety” has many different meanings to different people, anxiety can be expressed in different ways. The “*fight-or-flight*” response is the most active defense. This fight or flight can be expressed as “acting out”, for example, some children become oppositional and aggressive.

Stressed elementary students tend to show emotional stress behaviors such as crying, throwing tantrums, wetting themselves, and vomiting. Older children, such as those in middle school, are more likely to exhibit “rebellious” responses such as refusal to participate, cutting class, avoiding studying, appearing lazy, and deliberately undermining a test by answering incorrectly. In high school, anxiety can be seen as refusal, defiance, anger, aggression, drug and/or alcohol use. These behaviors might be a way for these children to actively avoid their uncomfortable feelings of anxiety.

Expressions of anger and frustration are examples of the “fight” response, whereas the instinct to run away or avoid is an example of the “flight” response.

When fighting or fleeing are no longer physically possible, there is a freeze response and a person becomes immobile. This frozen state is just like an animal playing dead in the wilds – the predator might leave him for dead.

This freeze response is an instinctual and reptilian response that completes the escape response.

What happens to the body in this “freeze state”

- Heart rate decreases
- Blood pressure drops

- Muscle tension decreases
- The focused and alert mind become numb and dissociated
- Cognitive functioning is compromised
- Memory access and storage are impaired

When children freeze, they display passive aggressive behavior, “not doing” or forgetting homework. In a test situation, these children feel trapped and shut down, like “*deer caught in the headlights.*” What is in fact happening, *fighting or fleeing* are no longer physically possible, the child feels helpless and is not able to run away/flee from the classroom. The only way the child can escape the situation, is to play dead, and like the caveman or an animal in the wilds, the child *freezes*. This has become a very effective yet dysfunctional escape response.

What does a child look like in the freeze response

- Lazy
- Avoidant
- Spacey
- Inattentive
- Distractible
- Not listening

What happens to anxious children when they grow up

Children who experience anxiety at a young age are at greater risk for developing depression in adolescence. Depression can be an extreme freeze response. Children with anxiety and depression are more prone to engage in destructive behaviors to soothe these uncomfortable feelings of anxiety and depression. These coping skills can include:

- Drugs
- Alcohol
- Self mutilation
- Risk taking
- Aggression
- Isolation
- Eating disorders
- Suicide

How can we change the path of anxiety

Although anxiety is a natural part of life, it must be managed effectively for our healthy well being. Early awareness of anxiety is key in understanding and treating anxiety. Developmentally, it is common for anxiety to occur before depression. Anxiety disorders are the most common form of mental disorder in early to middle childhood, and depression shows a dramatic increase around middle adolescence. Early awareness is key to timely interventions. Timely interventions promote lasting, positive results.

Children learn in two important ways:

- directly through observing, experimenting, experiencing, imitating (a child putting a hand on a hot plate)
- through adults who present information from the outside world and direct children’s responses (a parent pointing to the hot plate, saying “Hot” and blowing on their hand)

Children can be born with an inherited predisposition to anxiety. Anxiety in children can be sustained in a cyclical way. The child, for example, might exhibit

difficulty in separating from parent(s) and the parents might respond in an overprotective or controlling manner in response to their own anxiety. In this case the parents provide an environment which could shape not only the child's behavior, but also the way the brain develops. Parents can model an anxious response to a child. Conversely, parents can learn to model a more relaxed response.

Because parents are important role models for their children's learning, early intervention and prevention of anxiety can be accomplished by parents.

At The Tarnow Center, we teach parents skills to help their child overcome stress and anxiety, and reduce the risk of depression in adolescence and adulthood. We offer a series of 4 sessions, each 50 minutes long. Both parents are strongly encouraged to attend in order to achieve success.

Session 1: Explanation of anxiety and how the anxiety is interfering with their child's current behavior.

Session 2: Demonstration and practice of *biofeedback-assisted relaxation skills*.

Session 3: Learning about exposure hierarchies and systematic desensitization: The application of relaxation skills to overcome the fear in each step of the hierarchy.

Session 4: How to recognize high risk periods and learn to replace the anxious response with a calmer response. This is achieved by using biofeedback skills to address the physical response and cognitive retraining to address the thinking / interpretation of the event that triggers the anxiety.

Biofeedback Therapy:

Biofeedback therapy teaches skills that help produce a state of relaxation.

We learn to reduce our state of anxiety and learn that we do have control over how our body responds to a stressful event. Biofeedback-assisted relaxation training is more than seeing a movie to take our mind off things, or taking a long quiet walk to unwind.

Biofeedback training most often includes a combination of deep breathing, progressive muscle relaxation, and visualization skills. Through biofeedback training sessions, we will discover that our racing thoughts will start to slow down, and our feelings of fear and anxiety will ease. We learn how to interrupt panic and how to use self-regulation skills to overcome phobias. In fact, when our body is completely relaxed, it is not possible to feel fear and anxiety. *Relaxation and anxiety are physiological opposites.*

“Healthy modeling by parents can potentially alter the path of anxiety in their children”

Cognitive Behavioral Therapy

What goes hand-in-hand with the biofeedback training, is to address the way we think of, or interpret an event. Thoughts can cause feelings and emotions. How we feel, determines how we will behave or function. In fact, most of our behaviors are driven by our unconscious thoughts. These thoughts are so over-learned over our lifetimes, that we are typically not aware of them anymore (like learning to drive that car – we don't have to think about it at all – we drive

from our unconscious knowledge that results from doing it over and over for most of our lives). Simply put, when we change the thought, we change the feeling. Cognitive retraining teaches you how to recognize, challenge, and then change the thought.

Medication Management

This is the biological part of the biopsychosocial human. Some children need medicine, especially in the beginning, so they can learn the psychological and social parts of the therapy. It is important to frequently consult with the psychiatrist because in many cases, as the child learns healthy ways to manage his/her anxiety, or depression, a medication adjustment is needed.

The psychiatrist is the physician who is most up-to-date with these medicines. At the Tarnow Center, our psychiatrists are available to consult with the treating therapist so that both mental health professionals can treat the child collaboratively, as a team.

In summary, healthy modeling by parents can potentially alter the path of anxiety in their children. Healthy modeling can help teach anxious children to self-regulate. Children who have learned effective ways to manage the discomfort of anxiety are less likely to choose destructive coping behaviors and less prone to depression and other anxiety-related disorders. Because anxiety is a learned response, effective parental behavioral and cognitive-behavioral modeling can be accomplished using these interventions of biofeedback and cognitive retraining. These practical and concrete approaches focus on specific problems and help to teach emotional self-management skills. These self-management skills promote good health.

Preparing for the SAT/ACT: The Tarnow Center Approach

Cameron Cope, Tutor

Taking the SAT and ACT are critical components of the college admissions process. These college entrance exams can be deciding factors in whether a student is admitted into the college of his or her choice.

Each year, millions of parents search for programs that will help their children achieve the scores they need to get into the colleges of their choice. For the academically gifted student, these SAT and ACT prep courses often serve as an

insider's view of the exams. This gives the already advantaged student the competitive edge.

Still, traditional approaches to SAT and ACT preparation often fail to help stu-

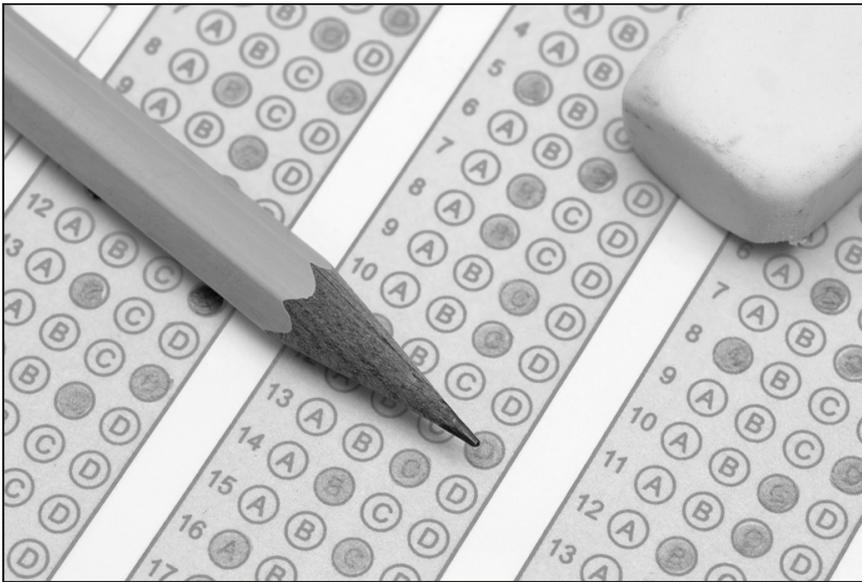
dents with more specific challenges, such as ADHD and other learning disorders. Parents of these students might spend thousands of dollars on prep courses, books, videos and tutors trained in methods for 'beating the test.' These tutors lack experience or understanding of how to assist an academically challenged student.

At the Tarnow Center, we recognize these students need a new approach in preparing for the SAT and the ACT test. Instead of one tutor, our multidisciplinary team combines 30 years of experience. In addition, we offer programs for the GMAT, GRE, LSAT, H-ESI, TEA and other entrance exams.

The Case of Charlie

To illustrate the benefits of our breakthrough approach to preparing for college admissions exams, we will use the example of Charlie, a high school student entering his junior year. He has trouble staying focused in a classroom setting, and his grades are average. He would like to attend a state university, and the only thing that stands in the way of his goal is his low SAT score. He has always had trouble with standardized tests, because they stress him out and his mind goes blank.

Charlie has taken an SAT prep course offered by a local test prep company and administered at his school over the summer. During the course, he was required to sit in a classroom with ten other students, and each day his class learned a different strategy designed to assist with the varying types of questions on the SAT. Some days were devoted to learning how to make flashcards for the thousands of vocabulary words he would need to learn for the reading and writing sections of the exam. Other days were spent learning how to use the process of elimination and other techniques to turn complex math questions into simple. Still,



other days were spent reviewing mathematics formulae and other facts Charlie should have learned in his high school math classes. A practice exam was given at the beginning of the course, and at the end.

To Charlie's surprise, and to his parents' dismay, his score *actually went down* from the first practice test to the one given at the end of the course. Charlie's self-confidence has taken a hit and his parents feel they may have wasted both time and money for an unacceptable result.

At this point, we may feel, as Charlie surely does, that his situation is hopeless. Perhaps he may have to settle for a college with a lower standard for SAT scores. After all, he took the same SAT prep course as his friends, and their scores went up. Is there something wrong with Charlie? Should he simply give up on his goal?

Before we give up hope for Charlie, let us look at *why* the traditional SAT approach did not work.

Charlie's reasons for failure

First, the majority of the course was spent learning new things. Meaning, Charlie was required to learn new strategies, new techniques and new ways of thinking with no feedback as to whether he was learning these new strategies effectively. The only feedback Charlie

received was at the end of the course, which only served to demonstrate that the course was ineffective.

Secondly, while the course did cover the algebraic and geometric formulas and methods that would be required on the exam, there was no time set aside for remediation of basic math skills, in which Charlie was weak. Without remediation of these basic skills, learning formulas will be of little help.

Let's be honest though, with a class of eleven students, even the most skilled instructor would be hard pressed to address the specific needs of each individual student.

Lastly, but perhaps most significantly, the course did nothing to specifically address Charlie's test anxiety. Even with a sound skill set and all the strategies at his disposal, the physical and emotional symptoms of anxiety would be an almost insurmountable barrier to any test taker.

Of course, every student is going to have different needs. The ADHD student for example, would never be able to accomplish boring tasks, wasting more time. This student will often lie, hide and struggle with parents.

A specific approach is necessary to help each individual student. This is where Tarnow's approach to preparing for college entrance exams is dramatically different from the typical approach.

Our solution follows a *three-tier framework of assessment, remediation, and feedback*.

Assessment

Our team of experts first carries out an assessment. We determine the individual student's academic strengths and weaknesses. We identify the specific areas the student experiences the most difficulty in preparing for and taking standardized tests. Our experts draw from decades of experience in cognitive

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processing, affective and learning disorders and academic coaching in order to find the exact areas where the student needs to focus in order to show improvement and to reach their specific goals. During this phase, our experts share results and work together to create a plan that focuses in on the areas that will benefit the student the most, while making the most effective use of their time as well.

In Charlie's example, our team will be able to determine he would benefit specifically from support and assistance to reduce his test anxiety, as well as remediation of some basic math and reading skills in a setting that worked *with* and not *against* his ADHD. For the parent, this means you will know from the beginning a basic plan of action, allowing you to fit the program easily into your schedule. Because the course is individualized, the investment is designed to cut out what is unnecessary, saving you money in the long run.

Remediation

In the remediation phase, in the case of Charlie, he will work directly with our experts to improve his weak areas. By using cutting edge learning technology such as Cogmed, our experts will assist Charlie to improve his attention and work-

ing memory. Using the TechnoTutor vocabulary builder, he will be able learn *hundreds* of the most common SAT and ACT words in an accelerated period of time. Both of these tools will have a direct impact on improving his reading comprehension and ability to focus during the several hours he will spend taking the SAT.

In this phase, he will also work with an academic coach to rebuild any missing skills and concepts, such as multiplication, division, fractions, and percents. The key here, as it is throughout the entire course, is this: the areas Charlie works on are the ones he *specifically* needs to work on. When combining a *therapeutic* approach to reduce Charlie's test anxiety, he stands a much better chance of facing the SAT and college with confidence and success. As a parent, you will have the certainty that we are working with your child and their specific needs, and not using a set of canned material that ultimately won't help your child.

Feedback

In the third phase, feedback is carried out simultaneously with the remediation phase. Using state-of-the art diagnostics tools, we provide continuous feedback and fine tuning of the support provided. For Charlie, this means we don't just teach him

a new concept and hope for the best. We walk him through every step of the way to make sure he actually learns the concept or skill and is able to apply it with consistency.

From a parent's perspective, this means that you are investing in a real improvement in your child's skills, ones that they can take with them to college and beyond.

At the Tarnow Center, by using a three-tiered approach of assessment, remediation and feedback, combined with our unique combination of academic coaching and therapy, we can assist students at multiple levels, especially those students with ADHD.

Our 30 years of experience allows us to teach them specialized test taking techniques. By giving repeated practice tests, we can analyze the student's errors to improve their scores. We also offer ALEKS, an internet based enhancement education program to help students improve in math.

The student has a much greater chance of showing real improvement traditional tutoring or a classroom setting cannot provide.

For a student with a learning disorder like Charlie, it very well could be the key to getting into his dream school.

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ANNOUNCING.....

Updates that enhance usability
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Record Points

View Week Of: 1/31/2011

Goal	Points	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Extra \$\$\$	Extra Tokens
Gives 3 examples of how their actions have impacted others this week	1	7:00 pm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	1
Able to develop plan. In a Franklin Planner (Using day planner)	1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	0
Asks for help when needed. (From Mrs. Bryan at school)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	0

Mackenzie

Main Set Up My Data

Record Points
View Scorecard
Purchase Rewards

Next Comments

Levels Earned By Week

Bar chart showing levels earned by week for Mackenzie. The x-axis is labeled 'Week' and the y-axis is labeled 'Level'. The bars represent the number of levels earned each week.