

# The Center Piece

**Tarnow**  
CENTER  
*for Self-Management<sup>SM</sup>*

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

## From the Director

**Jay D. Tarnow, M.D.**



The research is in! It confirms what I've been preaching for the past 30 years, and it also lends additional support to the Tarnow Center Treatment Model. Recently published studies examining children and adolescents with ADHD demonstrate that combined integrated treatment of psychotherapy and medication is the most effective and enduring form of treatment (Abikoff et al., 2008). Patients in the combined treatment group performed significantly better on several outcome measures than did those in medication-only or therapy-only groups. The long-term follow-up outcome research from these studies has been a prominent focus in Psychiatry for the past ten years, as the results have been reported in an ongoing manner. Two years after the initial study, patients in the combined treatment group continued to exhibit persistent benefits. Other disorders, such as Oppositional Defiant Disorder, Anxiety Disorders, Tourette's Disorder, Bipolar Disorder, and Conduct Disorders, appear to produce the same results when

examined. (For more information on the benefits of therapy on children with Anxiety Disorders, please see Dr. Teresa Scott's article on page three of this newsletter.)

The research demonstrates that when medication alone is not effective, adding psychotherapy to the treatment process improves the outcome. When medicine is used alone, the results are short-lived and

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## Help Your Kids Succeed: Introducing the SMART Family System

*An Online Behavioral Management Program for Developing Self-Management Skills*

Do you struggle to get your children or adolescents to perform household chores? Does your home become a battle zone when it's time for the kids to study and complete their school assignments? If your answer is yes, you're certainly not alone. Many parents experience difficulties with motivating their children to complete tasks that they don't perceive as being "fun." There's no need to engage in family combat any longer, however, because we've created the perfect solution for you. This fall, we will celebrate the release of the long-awaited parenting software that Dr. Jay Tar-



now, Dr. Myah Gittelson, and Allen Wrinkle, MIS have been developing: the **SMART Family System**. It's a web-based program that is designed to equip parents with the tools necessary to raise responsible and independent children. The SMART program teaches self-management skills, a concept that has been utilized with success for over a decade

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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.*

## From the Director

*Continued from page 1*

the positive effects often diminish until the next dose is taken. In my (now confirmed) opinion, the use of medication can increase the speed of improvement, but used alone it is simply not enough.

***Adding psychotherapy to the treatment process improves the outcome. When medicine is used alone, the results are short-lived.***

So why is it that patients disregard our advice and continue with a medication-only approach? Is this just another example of the American “quick fix” mentality? This trend became the rule as managed care companies increasingly mandated the cheapest treatment methods available. These are companies that are paid large amounts of money to lower the costs of health care – money that should be used for actual health care. Now we must endure insurance companies making decisions about health care; we are forced to observe helplessly as they make decisions that have huge impacts on our lives. Meanwhile, their primary concern seems to be the size of their profit margin...and these profits are huge, indeed. The companies are paid bonuses based on how much they ‘lower’ the cost of health care, resulting in a strong motivation for them to seek quick, cheap fixes.

But what about the long term? Children have their whole lives ahead of them. Choosing the quick fix may decrease spending in the short term, but what about the

rest of their lives? This popular medicine-only approach doesn’t even approximate the level of health and productivity that the combined psychotherapy and medication approach produces. So what of the years of pain and suffering that accompany an incomplete fix? What about the loss of productivity in a person’s life? Incomplete fixes cost not only the patient, but also the patient’s family, their children, and their children’s children.

This quick fix mentality is eroding our way of life. Quick fixes have precipitated environmental, energy and economic crises, and have contributed to the prevalence of obesity and other health problems. The American form of health care was once considered the best in the world. With the introduction of managed care, our health care system has become watered down – and the problems only continue to increase.

For me, my children’s care is the most important investment of my life. It’s more important than that super-duper vacation trip, the new video game console, or a fancy plasma TV.

Jay D. Tarnow, M.D.

Diplomate of the American Board of Psychiatry and Neurology  
 Certified in General Psychiatry and Child and Adolescent Psychiatry  
 Clinical Associate Professor of Psychiatry  
 Baylor College of Medicine

## For Anxious Children, Give Therapy a Shot

**Teresa Scott, Psy.D.**



Today, most people in our society expect a quick fix for everything. In a world filled with fast food, one-click

online shopping, and a pill for every problem, it can be easy to fall into a pattern of expecting immediate results. The field of mental health is certainly no stranger to this way of thinking; concerned parents often want their children’s symptoms to vanish instantly. Accordingly, if your child begins experiencing symptoms of anxiety, your first instinct may be to acquire medication to treat the symptoms. However, studies demonstrate that it may be best to delay getting those prescriptions filled, and instead give cognitive-behavioral therapy a chance first.

***Starting a child on medication for anxiety without treating the cause or equipping them with the tools to manage their symptoms will likely result in continued anxiety problems in the future.***

Cognitive-behavioral therapy (CBT) has been shown to work effectively in uncomplicated cases of childhood anxiety. Disorders proven to respond well to CBT in childhood and adolescence include Obsessive-Compulsive Disorder (OCD), separation anxiety disorder, generalized anxiety, and social anxiety (social

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# Autistic Spectrum Disorders and Neurotherapy

## Ron J. Swatzyna, Ph.D.



Autistic Spectrum Disorders (ASD) are the fastest growing group of developmental disabilities in the United States, with a 10% to 17% annual growth rate (US Department of Education, 1999). These disorders are usually diagnosed in childhood and have a tendency to radically alter family dynamics. Children with ASD often present with extremely complex psychological and behavioral issues that change with developmental levels, making successful treatment very challenging. Although behavioral

therapy (Smith et al., 2000; Sallows & Graupner, 2005) and psychopharmacology (Siegel, 1996) have been viewed as traditional treatment options for ASDs, they have demonstrated limited success. Parents of ASD children can easily become frustrated, isolated, and overwhelmed.

To better understand why “traditional” treatments have met with limited success, it is important that ASDs be viewed as neurodevelopmental brain disorders. The brains of children with ASDs are different in two important ways: metabolic function and neuroregulation (Coben, 2005b, 2005c). This article will explain why medicine

*Neurofeedback is a non-invasive therapeutic intervention which has been shown to enhance neuroregulation and metabolic function.*

—Coben, 2006

and/or behavioral therapy do little to effectively improve these two dysfunctional states.

### Metabolic Function/Connectivity

Neuronal metabolism refers to how well the brain cells are metabolizing glucose, which ultimately is tied to blood flow. When this metabolism ceases, cell death occurs.

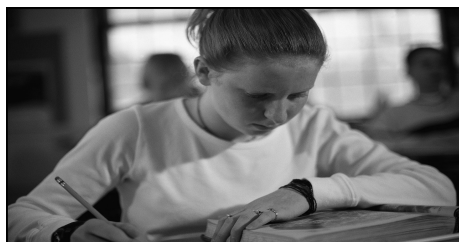
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## SMART Family System

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at the Tarnow Center for Self-Management.

Using the SMART system, you'll be able to easily create a customized positive reinforcement framework that's simple to use and makes it fun and rewarding for children and adolescents to exhibit good behavior.



With the SMART Family System, you'll be able to:

- Choose weekly and long-term behavioral goals using our extensive sample list—or add your own
- Track daily points earned in a user-friendly interface
- Select rewards that your children would like to earn
- Set privilege levels
- Provide an interactive “dashboard” for parents and teachers, enabling a truly collaborative treatment process
- Coordinate care with divorced parents or multiple caregivers
- Customize a variety of behavioral contracts

### SMART Goals

All goals are not created

equal. When choosing goals for children and adolescents, it's important to ensure that they are SMART:

**Specific  
Manageable  
Achievable  
Reinforceable  
Trackable**

The SMART Family System provides you with all the information you need to create goals unique to your family, or you can choose from an extensive list of pre-defined SMART goals.

### Who should use the SMART Family System?

The SMART Family System is an effective tool for a wide range

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## Anxious Children

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phobia). Children may exhibit signs of anxiety by refusing to attend school or separate from his/her care giver; other symptoms include increased worries in multiple areas, test anxiety, perfectionism, obsessions, or increased anxiety in the presence of those who are not family members. Some children report more vague concerns but exhibit physical signs of anxiety, such as stomachaches, headaches, rapid heartbeat, sweating, dizziness, or shortness of breath.



*The Wall Street Journal* recently highlighted the importance of treating childhood anxiety disorders early, citing studies that point to increased risk for developing other mental disorders later in life. CBT is discussed as the first line of treatment chosen by many doctors and psychologists.

The American Academy of Child and Adolescent Psychiatry recommends that anxious children and adolescents start with a six- to twelve-week trial of CBT treatment before trying medication. If the child/adolescent does not respond to treatment during the trial period, a selective serotonin reuptake inhibitor (SSRI) or other psychotropic medication may be warranted. Starting a child on medication for anxiety without treating the cause or equip-

## Introducing Kimberly Kjome, M.D.



Dr. Kim Kjome is a native Texan, originally from Ballinger, Texas. She attended the University of North Texas and received a Bachelor of Science in Biology, graduating Magna Cum Laude and with honors. She attended and completed medical school at the University of Texas Medical School–Houston, where she also later completed her residency in Psychiatry and Behavioral Sciences.

Dr. Kjome's interest during residency was in mood spectrum illness and anxiety spectrum illnesses, as well as treatment of sub-

stance use disorders and dual-diagnosis disorders. She has received training in both the psychopharmacologic treatment of psychiatric illness as well as different psychotherapeutic modalities, giving her an informed and balanced view toward the treatment of emotional illnesses.

Currently, in addition to her position at the Tarnow Center, Dr. Kjome is a clinical research fellow at the UT Medical School–Houston. She is presently involved with research investigating substance abuse treatments.

Please join us in welcoming Dr. Kjome to the Center!

ping them with the tools to manage their symptoms will likely result in continued anxiety problems in the future. Children and adolescents need to learn how to identify their symptoms and use effective methods to cope with and reduce their anxiety levels on their own.

CBT therapists employ multiple techniques to help children and adolescents recognize and manage their concerns. One such method is diaphragmatic breathing, which helps children learn how to control their respirations and subsequently decrease heart rate. This is especially beneficial for children who frequently exhibit shortness or rapidness of breath and/or increased heart rate when anxious. Other effective techniques include progressive relaxation training, visualization, systematic desensitization, and thought stopping. All of the CBT components are aimed at teaching the child or adolescent how to manage their own anxiety and thereby feel a sense

of control over their disorder.

Multiple studies have demonstrated that CBT is effective in children with anxiety disorders. One such study examined 47 children aged nine to thirteen years who had anxiety disorders (Kendall, 1994). One group of children participated in 16 sessions of CBT, while the other group was placed on a waiting list. The researchers administered pre- and post-tests to each of the children participating in the study to directly measure reported progress. More than 60 percent of the children who underwent CBT treatment were found to be without a diagnosis after the sessions and remained within normal limits on anxiety measures one year after treatment.

### Family work is an important component of childhood anxiety treatment

In February 2006, the *Journal of the American Academy of Child and Adolescent Psychiatry*

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# SMART Family System

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of families, but it is especially useful for children/adolescents with behavioral disorders such as ADHD, Oppositional Defiant Disorder, Anxiety Disorders, Tourette's Disorder, Bipolar Disorder, Asperger's Syndrome, Conduct Disorders, Substance Use Disorder, and Learning Disorders. Any children who are required to take medication regularly could also greatly benefit from the program because self-management skills are important for developing the discipline necessary to adhere to daily routines.

Since the SMART program is web-based, therapist assistance can be provided remotely. This makes it a great solution for divorced parents, families who reside in rural areas, traveling parents, and families with parents serving in the Armed Forces.

## How does the program work?

After signing up for the SMART Family System program, you will be guided through a step-by-step process that enables you to easily set up behavioral plans for each of your children.

Prior to beginning the behavioral program, you will complete our in-depth self-management questionnaire. This thorough and innovative tool examines each child's functioning on numerous levels (e.g. organization, impulse regulation, empathy, sharing) and identifies problem areas.

Based on your responses to the self-management questionnaire, the program will recommend age-

appropriate target behaviors for each child. You can select as many of these behaviors as you would like to be included in the weekly behavioral plan, or you can add your own customized target behaviors. All of the points computations are performed automatically by the SMART software, which makes tracking a breeze. You simply need to indicate whether each target behavior was completed, and the program does the rest.

The SMART Family System also suggests an extensive list of age-appropriate rewards and privilege levels, enabling you to choose rewards that your children would like to earn. You can even add your own customized rewards. In addition, several behavioral contracts are

included with the program, making it easy for you to clearly define expectations as your child progresses through each developmental stage. You can easily customize these contracts so that they're precisely suited to your needs.

To make the process even more collaborative, you can invite therapists, teachers, and anyone else you'd like to participate in the program, giving them online access to track your child's progress. A calmer, more manageable household is within your reach—with the SMART Family System, you'll have a powerful, valuable tool that can help you parent more effectively.

*For more information, please visit [www.SMARTFamilySystem.com](http://www.SMARTFamilySystem.com), or call us at 888-SMART-51.*

From Last Week	DAILY BALANCES							For Next Week
Beginning Daily Money Balance	\$7.00	\$42.00	\$27.00	\$20.00	\$15.00	\$15.00	\$14.00	\$13.00
Beginning Daily Token Balance	2	6	6	6	6	6	5	4
<b>INCOME</b>								
<u>Money Earned</u>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
From points scored	\$25.00							\$25.00
From extra chores	\$10.00							\$10.00
Other								\$-
<u>Tokens Earned</u>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
From points scored	3							3
From extra chores	1							1
Other								
<b>EXPENSES</b>								
<u>Money Spent</u>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Clothes at the mall		\$15.00						\$15.00
Video Game				\$5.00				\$5.00
Other								

### SMART Bank Account

Week Begin Date		10/12/2008											
DAILY POINTS TRACKER													
Target Behaviors	Y Points	H Points	Time	Default	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Category	Additional \$
Study space is kept clean and neat	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly	\$0.00
Assignments are maintained in a planner	1	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	\$0.00
Records all important assignment details in planner	1	1			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	\$0.00
Begins projects immediately after they are assigned	1	1			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly	\$0.00

### SMART Daily Points Tracker

## Anxious Children

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published the results of a study that examined the effectiveness of family cognitive-behavioral therapy for children and adolescents with clinical anxiety disorders. Based on their findings, the researchers concluded that family therapy is an essential element of the CBT process when treating children. It is well documented that there exists a genetic component to anxiety disorders, and some studies have found an overlap of close to 80 percent between childhood and parental anxiety disorders. Parents who are anxious tend to be critical and controlling, which may further cultivate childhood anxiety. Parents who are affected by heightened anxiety should seek treatment to gain better control over their anxiety and to learn how to develop a parenting style that minimizes harshness and overprotection.

***Parents who are anxious tend to be critical and controlling, which may further cultivate childhood anxiety.***

An article published in *Clinical Psychiatry News* reported the findings of a study that examined the benefits of adding a family component to CBT (Schneider, 2008). The study's results indicated that CBT combined with family management was more effective than CBT alone. One year after completing treatment, 96 percent of children who had undergone CBT combined with family management did not meet the criteria for an anxiety disorder; only 70 percent of children who received CBT alone experienced similar long-

## ASD & Neurotherapy

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Brain imaging techniques reveal that ASD brains have a significant reduction in metabolism in the prefrontal cortex area (McAlonan, 2002). ASD brains have also been found to have poor blood flow to both of the adjacent temporal lobes (Boddaert et al., 2004). The combination of reduced metabolism in the prefrontal cortex and poor blood flow in the temporal lobes inhibits the brain's ability to communicate effectively and may account for many of the symptoms seen in ASD children.

The human brain begins developing during the prenatal period and continues through the school years, reaching full development in late adolescence. During the prenatal period, the child's brain begins the dual process of getting cells to where they need to be and growing the structures needed to link to other nerve cells (Shonkoff and Phillips, 2000).

Communication within and between lobes of the brain is critical to optimal functioning. Each site of the brain should communicate with

the rest of the brain to a certain extent, depending upon its need. However, if there is too much communication between sites, the individual will be very rigid and inflexible (Walker, 2002). On the other hand, if there is too little communication between certain sites, the processing of information will be slowed or inhibited. The brains of ASD patients have distinctive dysfunctional communication patterns and developmental processes.

***QEEG-guided neurotherapy can normalize dysfunctional patterns, restore normal functioning, and in many cases eliminate the need to medicate the symptoms of ASD.***

It has been suggested that in ASD children, something goes awry in the process of brain development. Most researchers in the field believe that the problem occurs between the ages of six months and two years. As one researcher state, "The most consistent finding [in ASD children] is that of enlarged brains, likely due

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term effects.

When faced with the decision to start your child on CBT, medication, or a combination of the two, there are many factors to consider. First, the severity of the anxiety must be assessed. Mild to moderate anxiety would likely respond well to CBT alone. In cases of more severe anxiety, however, a combination approach would be more likely to achieve the desired results. Severe anxiety is defined as anxiety that prohibits the child from functioning

well in everyday circumstances. Examples include severe obsessive/compulsive behavior, extreme school refusal/separation issues, and panic attacks. Combination therapy has been shown in multiple studies to be more effective than medication or CBT alone; however, a thorough evaluation is necessary to assess whether a major psychotropic drug is necessary and to understand potential side effects of the drug(s) on the child. It is also important to consider comorbid disorders when de-

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## Anxious Children

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ciding whether to include medication in the child's treatment. Comorbidity refers to the simultaneous presence of two different disorders in the same person. Common comorbid disorders with childhood anxiety include attention-deficit/hyperactivity disorder (ADHD) and depression. These disorders can mask or be mistaken for anxiety, but anxiety can also worsen the other conditions. Children who are on medication for ADHD sometimes feel that their medication is not working; often, this is caused by ADHD-related attentional difficulties and distraction resulting in added anxiety. The anxiety issues must be treated first so that the ADHD medication will be maximally effective. The best treatment in a case like this would likely be a combination CBT/medication approach.

Dr. Teresa Scott and the Tarnow Center believe in treating childhood anxiety disorders by developing self-management skills in children and their families. Medication may be warranted for severe cases of anxiety, but even then therapy is strongly recommended to treat the disorders. Cognitive-behavioral therapy has been shown many times to be an effective treatment for childhood anxiety. In order for children and their families to learn how to effectively self-manage, they must acquire the tools and strategies necessary for reducing anxiety and increasing coping skills. CBT is one way to do this and can be an effective alternative to medication treatment for many children and adolescents. The first step is to be evaluated for the severity of anxiety and potential comorbid disorders. From

## ASD & Neurotherapy

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to white matter expansion, which is abnormal. This sets off a series of neural connectivity and other problems" (Coben, 2007). During this critical stage, instead of splitting into individual lobes and hemispheres, the development of the frontal area of ASD brains is stunted and differentiation occurs at a much slower rate. The stunted independent development of the frontal brain region creates two connectivity problems: too *much* communication in the frontal lobes, and too *little* communication between the frontal and all other brain regions.

When the frontal lobes are too undifferentiated or "glued together," this creates other communication problems. In this regard, the development of communication with other brain regions is greatly inhibited. Recent research supports previous findings that showed disconnections between two or more brain regions, particularly long-range connectivity. This study finds that long-range connectivity disconnection may actually start with maladaptive connections within brain regions (Wilson et al., 2007). In turn, maladaptive connections affect neuronal regulation in unique ways in ASD brains.

that point, learn all you can and feel empowered by taking control of a disorder that often takes on a life of its own without treatment.

—Teresa Scott, Psy.D.

*To schedule a consultation with Dr. Scott, please call the Tarnow Center for Self-Management at 713-621-9515.*

## Neuroregulation/Electrical Distribution

Neuroregulation refers to how the power is distributed in the brain. Reduced metabolism and blood flow produce distinct patterns of electrical activity specific to the areas affected. In survival situations, the human brain is a highly sensitive and reactive organ and the electrical distribution changes instantly in order to respond to internal cues or environmental stimuli. However, in ASD brains, these patterns become somewhat fixed. ASD brains have four common patterns of dysfunctional electrical distribution dependent upon the individual. Four subtypes of Autism have been identified:

1. Over Focused/Over Aroused Pattern (High Beta)
2. Abnormal EEG/Seizure Pattern
3. High Delta/Theta
4. Low Voltage/Metabolic

*QEEG identifies dysfunctional electrical activity and connectivity problems and demonstrates them in a topographical brain map.*

Each of these patterns can provide quantifiable biological markers that are indicative of ASD. However, even though these patterns are made very evident using a topographical brain mapping procedure called quantifiable electroencephalogram (qEEG), the diagnosis of ASD should not be made without clinical correlation and psychiatric evaluation.

## QEEG-Guided Neurotherapy for ASD

The qEEG identifies dysfunctional electrical activity and

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## ASD & Neurotherapy

*Continued from page 7*

connectivity problems in a person's brain and demonstrates them in a topographical brain map. Brain maps are the representation of how the patient's brain compares to a normal population of like individuals 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 (35 to 40 sessions on average). In many cases, medications can be reduced and possibly eliminated as the brain becomes more functional (Hirshberg, 2004). Studies have demonstrated a significant improvement in ASD core measures of attention, executive and visual perceptual function, and language skills (Jarusiewicz, 2002; Cohen, 2005). Additionally, there have been no adverse effects reported using neurotherapy. In general, neurotherapy statistically has been found to work well in approximately 70% to 80% of ASD cases (Coben & Padolsky, 2007). However, it has been documented that using qEEG-guided neurotherapy appears to increase the success rate to 90 percent. Lastly, the positive changes appear to be lasting unless the brain incurs additional trauma, which has the potential to render it dysfunctional again.

Psychotherapy, behavioral therapy, and psychopharmacology interventions work well for many childhood disorders, but children with ASD experience little success with these traditional approaches. Thanks to the technological advances of qEEG and the research over the past ten years, we may now

## High School Launching Prep Group

Students who begin college with a clear understanding of how they learn start this phase of their education at a distinct advantage. This is true for any student, but it is particularly applicable to those who have experienced educational difficulties in the past. The **High School Launching Prep Group** helps college-bound students develop the tools necessary to take advantage of their strengths and minimize any weaknesses, thereby increasing their likelihood for success in the less supported college environment.

**For:** Adolescents in high school (11th - 12th grades)

**When:** One hour each week – Wednesdays from 5:00pm to 6:00pm

**Topics:**

Self-awareness  
Strengths and weaknesses  
Motivation  
Goals  
Active processing  
Hidden curriculum  
Skills and accomplishments

*Parents meet for one hour three times*

**Parent Topics:**

Defining launching goals  
In place vs. under construction  
Risk factors  
Life skills development

**Therapist:** Sophia K. Havasy, Ph.D.

*For more information or to enroll, please call us at 713-621-9515.*

## Fast ForWord® at the Center

The Fast ForWord® family of products help children, adolescents, and adults build the cognitive skills critical for improving reading and language abilities. Exercises focus on memory, attention, processing, and sequencing—all essential skills for reading and learning—and improve phonemic awareness, phonics, fluency, vocabulary and comprehension.

have a better understanding of why these cases are so challenging. QEEG-guided neurotherapy is an efficacious non-medication treatment option for children with ASD because it can normalize the dysfunctional patterns, restore normal functioning, and in many cases eliminate the need to medicate the symptoms.

—**Ron J. Swatzyna, Ph.D.**

*A full list of references for this article is available at [www.TarnowCenter.com](http://www.TarnowCenter.com).*

Fast ForWord products develop Learning MAPs skills, which are critically important prerequisites for successful reading. When Learning MAPs are stronger, students are able to benefit from reading instruction.

- **Memory** - hold information and ideas short and long-term
- **Attention** - focus on tasks and ignore distractions
- **Processing** - see and distinguish images and sounds quickly enough to discriminate their differences
- **Sequencing** - cognitive skill that relies on memory, attention, and processing, and is essential for phonics, word fluency, reading and oral comprehension



# GROUPS

## Elementary School

### Self-Management and Relationship Skills for School Age Children

*Promoting Competence: Self-Management and Relationship Skills for School Age Children*

#### 1st - 2nd Grade Boys and Girls

Mondays, *Galleria*

THERAPIST: Lourdes Valdés, Ph.D.

#### 3rd - 4th Grade Girls

Mondays, *Galleria*

THERAPIST: Teresa Scott, Psy.D.

#### 3rd - 5th Grade Boys

Mondays, *Galleria*

THERAPIST: Lourdes Valdés, Ph.D.

#### 7 to 8-year-old Boys and Girls

Thursdays at 5:00, *Galleria*

THERAPIST: Lourdes Valdés, Ph.D.

#### 9 to 12-year-old Boys

Wednesdays, *Galleria*

THERAPIST: Lourdes Valdés, Ph.D.

#### 9 to 12-year-old Boys

Thursdays, *Sugar Land*

THERAPIST: Lourdes Valdés, Ph.D.

#### 5th - 6th Grade Girls

Mondays, *Galleria*

THERAPIST: Teresa Scott, Psy.D.

## Middle School

### Process and Self-Management for Girls

*Self-management skills, peer relationships, identity issues, and self-esteem*

#### 6th - 8th Grade Girls

Mondays at 6:00, *Galleria*

THERAPIST: Teresa Scott, Psy.D.

### Process and Self-Management for Boys

*Improve individual self-management, explore identity and independence, and set personal goals*

#### 6th - 8th Grade Boys

Wednesdays, *Galleria*

THERAPISTS: Lourdes Valdés, Ph.D. and Walker Peacock, Psy.D.

#### 7th - 8th Grade Boys

Tuesdays, *Sugar Land*

THERAPIST: Lourdes Valdés, Ph.D. and Walker Peacock, Psy.D.



## High School

### Process and Self-Management for Boys

*Promoting social competence, self-management, and behavior management*

#### 14 to 15-year-old Boys

Tuesdays at 6:00, *Galleria*

THERAPIST: Paul J. Clear, Ph.D.

#### 14 to 15-year-old Boys

Mondays or Wednesdays (TBD), *Sugar Land*

THERAPIST: Paul J. Clear, Ph.D.

#### 16 to 17-year-old Boys

Thursdays at 5:00, *Galleria*

THERAPIST: Paul J. Clear, Ph.D.

### Process and Self-Management for Girls

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

#### 10th - 12th Grade Girls

Wednesdays at 4:15, *Galleria*

THERAPIST: Diane N. Roche, Ph.D.

### High School Launching Prep Group

See page 8.

## Young Adults

### Self-Management and the Young Adult

*Continue to develop self-management skills as they relate to daily life, school, employment, and relationships*

#### 18 to 30-year-olds

Tuesdays at 6:00, *Galleria*

THERAPIST: Sophia Havasy, Ph.D.

## Adults

### Men's Group

*Examine and improve intimate relationships and competence*

Tuesdays, *Galleria*

THERAPIST: Jay D. Tarnow, M.D.

### ADHD & Self-Management

*Learn effective self-management skills and coping skills in work, relationships and emotions*

Mondays, *Galleria*

THERAPIST: Jay D. Tarnow, M.D.

## Parents

### Help Your Kids Succeed: The Self-Management Approach

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

Date TBA; please call 713-621-9515 for more information.

THERAPIST: Diane N. Roche, Ph.D.

# Tarnow CENTER

*for Self-Management*<sup>SM</sup>

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## *Improve Your Attention and Working Memory!*

**Cogmed Working Memory Training** is a clinically proven intervention for children and adolescents with attention and working memory deficits. Working memory - the ability to keep information “online” for brief periods - is an essential deficit of ADHD. Cogmed isn't just for those who are diagnosed with ADHD - the program is designed to help *anyone* with working memory and attention deficits.



Program features:

- 25 sessions
- Personalized weekly coaching sessions
- Rotating exercises designed to train visuo-spatial and verbal working memory
- Training is Internet- and phone-based, so it can be done from home!

Cogmed uses a computer program and coaching to help children and adolescents:

- Improve ability to sustain attention
- Strengthen working memory
- Increase impulse control
- Enhance complex reasoning skills
- Improve academic performance

Lasting improvements are reported by **more than 80%** of those who complete the training program.

*For more information about Cogmed, or to request a full listing of our programs, please call us at 713-621-9515.*

