

## Social Understanding Group Program 2016-2017 Information & Registration Packet

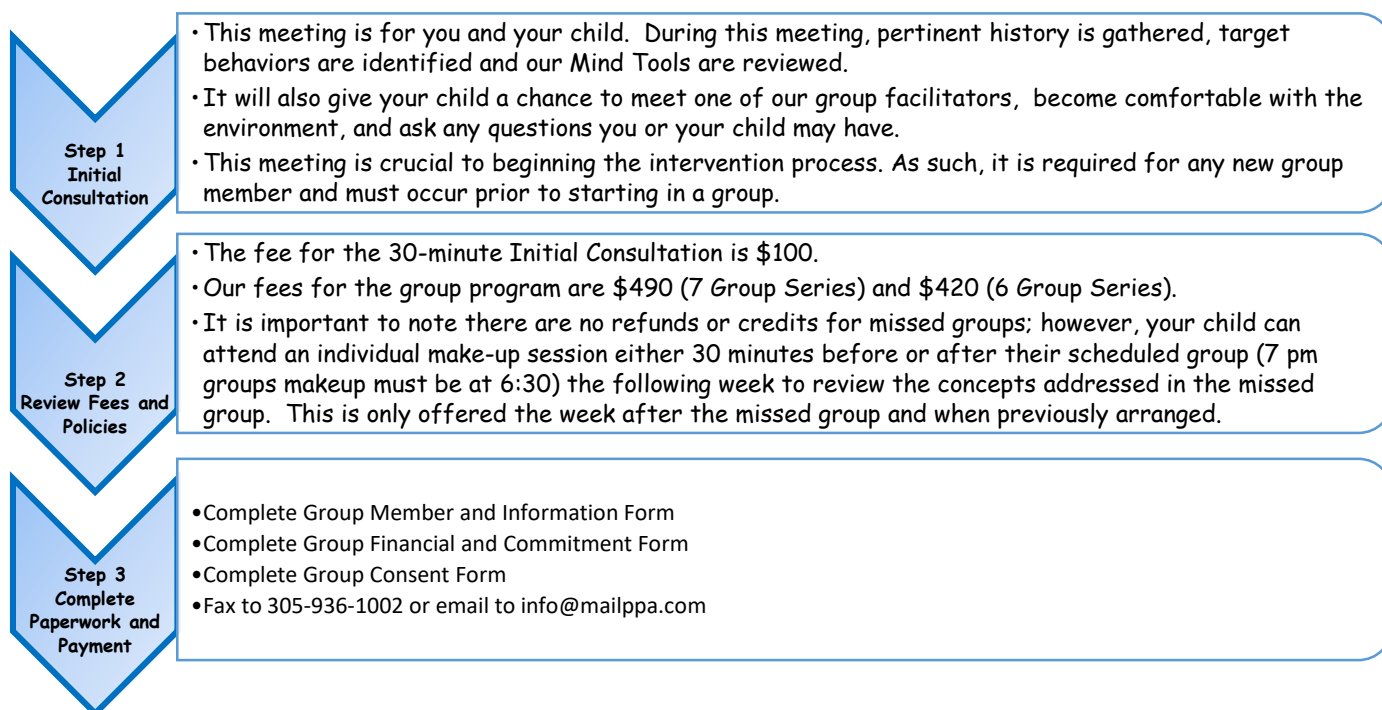
PPA's *Social Understanding Group Program* has been very successful for over 15 years, providing stimulating, fun, and effective social experiences for participants and their families. We offer weekly social skills groups during the school year and various social skills summer camp programs during the summer. We provide groups for individuals aged 4 to 18 years old-after school.



### Social Understanding Group Program Calendar 2016-2017

Series	Dates	No Groups held on:
Series I	August 29-October 7, 2016*	*6 Series Program/will prorate group for observed religious holidays only
Series II	October 17 - December 9, 2016	Week of Thanksgiving, November 21-25, 2016
Series III	December 12 - February 10, 2017	Winter Recess, December 26-January 6, 2017
Series IV	February 13 - March 31, 2017	n/a
Series V	April 1 - May 26, 2017	Miami-Dade/Broward Public Schools Spring Recess, April 10-14, 2017

***If you are interested in having your child participate in our Social Understanding Group Program, below is the registration process and steps:***



***Below is valuable information about our program. If your child will be attending, we encourage you to review below and let us know if you have any questions.***

**Group Method/Instruction:**

Our Social Understanding Group Program utilizes a diverse, evidence-based approach. We incorporate a variety of researched-based strategies in order to best meet each child's individual needs. In addition, we utilize instruction methods such as incidental teaching and errorless learning to help our students feel successful and competent, and to build their self-esteem. These methods involve the use of positive reinforcement to increase positive behavior, while also teaching children developmentally and/or socially expected alternative behaviors in order to foster connections with peers. Each group consists of both structured and unstructured activities (e.g., board games, science experiments, cooperative activities, etc.- something that is fun!), which are play-based and consistent with their developmental age, in order to create as close to a natural environment as possible. As such, the structure of the intervention and environment promotes skill generalization across settings. We strive through years of experience, along with knowledge gained from current research regarding children's acquisition and generalization of social skills (social thinking and understanding) to develop our program. Our program is not based on a specific curriculum or protocol, since these do not generally provoke or lead to interactions and learning experiences that resemble the natural environment, thus limiting application and generalization of skills to real life. Instead, our mission is for each child to have a positive experience while also developing skills through organic interactions with their peers.

We are pleased to offer a diverse and experienced team of group facilitators. Our group team includes: Ms. Melissa Balgobin, Dr. Lauren Carbonell, Dr. Jessica Garcia, Dr. Kelly Painter, Ms. Christina Sullivan, and Ms. Susanne Wardy. Your child will have the opportunity to work with different facilitators, which will encourage generalization of skills.

### **Group Readiness and Matching**

Based on your child's needs and individual goals, the group facilitators appropriately match your child to a particular group. If your child has previously attended our group program, it is possible that he/she may have group members that differ from past groups. Further, the day/time of his/her assigned group may also be different from that of a previous year. Finally, please understand that we will do our best to accommodate your family's schedule of days/times; however, appropriately matching your child to a particular group is our first priority. For some of our new families- individual or dyad intervention (different fees apply) is at times needed before going into larger groups, as this allows us to assess effective intervention strategies for when your child is in a larger group. Children who are new to our social skills program often need more intensive interventions in order to feel competent and successful in larger groups. Your group facilitator will discuss this with you directly if she feels this is necessary.

### **Group Responsibility and Commitment**

Each group consists of four to six members in order to facilitate successful therapeutic intervention. The group facilitators create activities and address target skills based on this number of participants. Any absence can adversely affect the group dynamics, intervention and learning for all of the group members. Group therapy is a very different process than individual therapy. We structure the groups to mirror a naturalistic environment so that members are provided with situations and challenges that arise in everyday settings such as school and home. As such, members are not only learning skills through the instruction of the facilitator, but also through the interactions that occur with other group members. Accordingly, attendance of the group sessions is not only important for your child's growth and progress, but also for the integrity of the entire group. While we understand emergencies can arise, our office policy for our social understanding group program is that a commitment to attendance is mandatory.

### **Information on Other Services**

Every child is unique in his/her needs and response to interventions. Our groups are designed to facilitate optimal growth for each child, however, generalization of skills will vary for each child. We encourage our families to attend periodic individual/family appointments; as it is an excellent opportunity to assist you and your child in generalizing the techniques and skills learned in the groups. Individual/family appointments will boost the learning process of the skills practiced in group, as well as attend to other areas not addressed by group therapy or that require a more intensive intervention or an approach different from that provided by group therapy. Our group therapists are available for consultations, school observations/meetings and direct individual and/or appointments. This is a separate service to your child's group. These fees are in accordance with our standard office fees of \$200 per session.

### **Communication with Office and Group Therapists**

Our office provides friendly email reminders of group appointments as a courtesy, so please make sure we have your most recent email address on file. Please note that whether or not you receive a reminder, your child's group will occur based on the published schedule unless we contact you to cancel or to inform you of a change. Once your child is enrolled in our group program, we recommend you contact the group facilitators directly with any questions or concerns. For all matters relating to billing, cancelling or scheduling, please contact the office at (305) 936-1002. Over the past 15 years the progress that our group members have shown has been outstanding. We are looking forward to starting another successful year of groups and working with your child.

Warmest Regards,

*Pediatric Psychology Associates*

Enclosures: Biographies of Group Facilitators at PPA  
Financial and Group Commitment Form

Group Member Information  
Group Consent form

## Biographies of our Social Understanding Group Facilitators

**Ms. Melissa Balgobin** has been a Group Facilitator at PPA since 2011. She completed her Psychology Internship at PPA in the Social Understanding Group Program from 2011 to 2012 and since stayed on as a group facilitator. When she is not at PPA, Ms. Balgobin also works in the Miami-Dade County School system teaching AP Psychology and Inter Baccalaureate Psychology at Miami Beach Senior High School. She is currently completing her Thesis on the Perceived Stress and Coping Styles of Parents with Children with Autism to receive a Master's Degree in Clinical Psychology. Ms. Balgobin co-facilitates our Social Understanding Group Programs in both the Aventura and Coral Gables locations, and facilitates our therapeutic summer camps.

**Dr. Lauren Carbonell** is a Clinical Psychologist and has been facilitating social understanding and mindfulness-based individual and group programs at PPA since 2013. She specializes in the assessment and treatment of children and adolescents. Dr. Carbonell She completed her graduate work in clinical psychology at Nova Southeastern University, and pre-doctorate internship in Boston, Massachusetts at The May Institute. In addition to her group work, she provides individual and family psychotherapy, as well as psychological evaluations. She primarily works with children and adolescents with social, emotional, executive functioning and behavioral challenges, as well as with their families. Her group work focuses on emotional identification and expression, regulation strategies, and social skills training. Dr. Carbonell co-facilitates our Social Understanding Group Program in the Coral Gables location as well as our therapeutic summer camps.

**Dr. Jessica Garcia** is a Board Certified Child and Adolescent (ABPP) Psychologist and has been at PPA since 2007. She completed her doctoral training in Clinical Psychology at Nova Southeastern University (NSU) with a specialization in Neuropsychology and is currently an adjunct faculty member at NSU's Center for Psychological Studies teaching advanced graduate students. She is licensed and specializes in the assessment of learning and attentional difficulties, Autism Spectrum Disorders, and emotional/behavioral challenges in children and adolescents. Dr. Garcia conducts comprehensive developmental, neuropsychological, and gifted evaluations. She works collaboratively with parents and teachers to improve children's emotional and behavioral functioning at home and school. Dr. Garcia also specializes in working with children and adolescents on improving their social understanding and building skills to improve their social communication/interactions. She facilitates our PEERS program in the Aventura and Weston offices and Social Understanding Group Program in the Weston office.

**Dr. Kelly Painter** is a Clinical Psychology Post-Doctorate Resident specializing in the treatment of children, adolescents, and families. After earning her Masters in Community Counseling at the University of Georgia, Dr. Painter completed her Ph.D in Clinical Psychology at Nova Southeastern University with an internship at the Johns Hopkins School of Medicine, Kennedy Krieger Institute. She has experience in evidence-based treatment of ADHD, Oppositional Defiant Disorder, depression, anxiety, behavioral issues, social skills deficits, school behavioral issues, and family conflict. Moreover, she has provided individual, group, and family therapy services in a variety of settings. Additionally, she collaborates with other providers and school personnel in order to comprehensively address families' needs. Dr. Painter runs the Emotion Detectives Groups and co-facilitates the PEERS Program and Social Understanding Group program at the Aventura and Weston offices.

**Ms. Christina Sullivan** has been a group facilitator at PPA since 2010. She has specialized experience working with children with social and developmental delays, including Autism Spectrum Disorders, attention disorders, non-verbal learning disorders, and other various social/emotional and behavioral challenges. Ms. Sullivan is a Licensed Clinical Social Worker and for the past 20 years, she has served children suffering from mild to severe mental health issues in schools, hospitals and in the foster care system. Ms. Sullivan utilizes a multi-disciplinary and comprehensive approach when working with children and their families and provides school observations and consultation, individual psychotherapy, and group therapy. Ms. Sullivan facilitates our Aventura Social Understanding Group program.

**Ms. Susanne Wardy** is a Group Facilitator and Educational Consultant who joined PPA in 2002. She worked with the Miami-Dade County Public School (MDCPS) system for 30 years and retired in 2011 from MDCPS. Ms. Wardy primarily works with children and adolescents presenting with Autism Spectrum Disorders, nonverbal learning disabilities and related social, learning challenges, and attention disorders. Her work focuses on social understanding, theory of mind and social skills training. Ms. Wardy provides consultations and educational therapy to children, adolescents and their families, as well as school consultations to assess learning and social environments to make appropriate recommendations. Ms. Wardy co-facilitates our Social Understanding Group Program in the Coral Gables location.

## Group Member Information (2016-2017)

*Please fax the forms to (305) 936-1022 or email the forms to: info@mailppa.com*

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent(s)/Caregiver(s) Name:** \_\_\_\_\_

**Best Contact Phone#:** \_\_\_\_\_

**Email address(es):** \_\_\_\_\_

(Email will be used to provide courtesy reminders of your child's group-please write legibly)

**Emergency Contact-Name and Phone #:** \_\_\_\_\_

**School and Grade Child Attends:** \_\_\_\_\_

**Home Address, City, State and Zip:** \_\_\_\_\_

**Are you a new patient/family to our practice? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If your child is a new patient, do you have an initial appointment scheduled?** \_\_\_\_\_

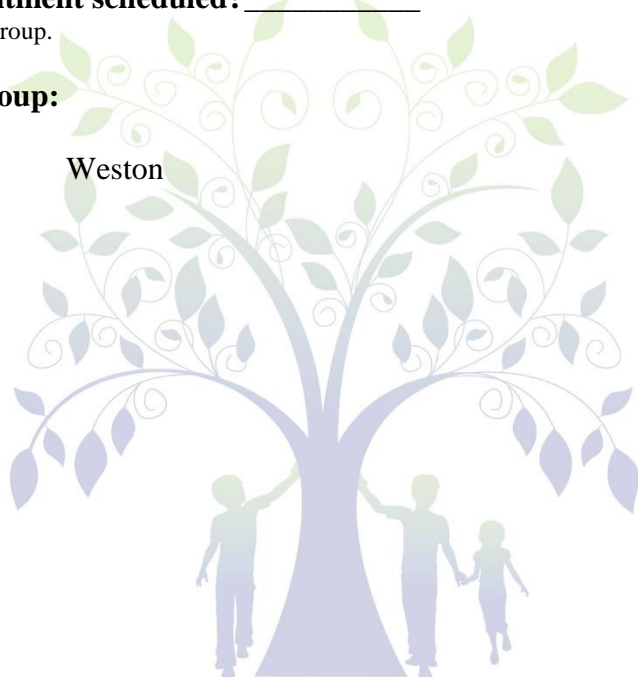
If not, an initial appointment must be completed prior to your child attending group.

**Please circle which office your child would be attending group:**

Aventura

Coral Gables

Weston





**Group Member Information- Please Complete:**

Information on your child that will be helpful for to get to know them:

What activities does your child enjoy doing? What does your child feel successful doing?

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Are there any behavior challenges your child exhibits (running away/leaving a situation if upset, aggressive behaviors)?

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What situations or events trigger frustration or anxiety in your child? \_\_\_\_\_

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Does your child have any sensory issues? \_\_\_\_\_

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Please list any goals/expectations you may have for your child's group experience: \_\_\_\_\_

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Does your child have any dietary restrictions (allergies, kosher, gluten-free)? If so, please list:

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Please tell us anything else that would be important for us to know about your child: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

Feel free to contact us with any questions. We look forward to working with you and your child!

**Financial & Group Commitment Form - Must be completed by New & Returning Families**

**Patient Name** \_\_\_\_\_

**Parent(s)/Caregiver Name:** \_\_\_\_\_

**Email address(es)** \_\_\_\_\_ **Best Contact Number** \_\_\_\_\_

**I. Please Read and Initial:**

Our office policy for our groups is that a commitment to attendance is mandatory. Attendance of the group series is important not only for your child's growth, but also for the integrity of the entire group, and any absences take away from the group process. Please note, there are no refund/credits for groups missed and payment for the entire series is required to attend.

Please note that our office does not file with insurance companies for groups and due to the multi-disciplinary methodology utilized in the group sessions, it may not be a covered service. However, we will be happy to provide you with a receipt that you can submit to your insurance company at the end of each group series per your request.

\_\_\_\_\_ **I have reviewed and agree to the group financial and commitment policy.**

**II. Please Read and Initial:**

\_\_\_\_\_ **Rates for Group Program - \$490 (7 Series Group Program)/\$420 (6 Series Group Program)**

Our rates are for the entire group series and we do not offer a per-session rate. As such, cancellations will not incur a credit for the day missed. Payment is required for the group program on or before the first group of the series.

**Please check form of payment: Check/Cash** \_\_\_\_\_ **Credit Card** \_\_\_\_\_ **(list card information below)**

*From our experience, a credit card on file has made the group billing most convenient for our families.*

Name on Card \_\_\_\_\_

Initial - I authorize *Pediatric Psychology Associates* to charge my credit card as follows:

\_\_\_\_\_ \$490 (Series II, III, IV & V) and \$420 (Series I)-We only charge for the series your child attends

\_\_\_\_\_ \$100 for initial consultation (30 minutes)

\_\_\_\_\_ \$200 for follow-up individual/family appointments or school visits (per 50 minutes)

Type of Card:  Visa  MasterCard  AMEX

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp (Month/Year) \_\_\_\_\_ CVV \_\_\_\_\_ 3 or 4-digit #

Billing Address for Credit Card \_\_\_\_\_  
Street City State Zip

**III. Sign & Date: Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Group Consent Form

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Please Read and Initial each section:

1. \_\_\_\_\_ I voluntarily give consent for treatment by *Pediatric Psychology Associates* for me and/or my family members. I understand the purpose of the groups is to assist in the formation and development of improved social skills and emotional health. However, I also understand that *Pediatric Psychology Associates* cannot guarantee that the process will always result in positive outcomes.
2. \_\_\_\_\_ I understand that group sessions may be videotaped for the purpose of ongoing assessment and training of group participants. *Pediatric Psychology Associates* will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the client is imminently dangerous to her/himself or others, or in cases of child abuse.
3. \_\_\_\_\_ I understand that the results and data from this group may be used for research and thus benefit others in the future. I have been assured that the information that I provide will be held in confidence and that my and my child's data and responses will not be used in any way that makes us individually identifiable.
4. \_\_\_\_\_ I am free to withdraw my consent at any time without penalty to me or my child.

I hereby give my consent for my child's participation in the group activities described in the informed consent agreement under the conditions stated above.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

