

PPA'S SURF GROUP PROGRAM

SURF-Social Understanding & Relationship Fundamentals

Riding the Friendship Wave

Interested in building your child's social skills?

Would you like your child to have more meaningful relationships?

Our SURF (Social Understanding and Relationship Fundamentals) Group Program has been very successful for over 15 years, providing stimulating, fun and effective social experiences for participants.

PPA's SURF Group Program aims to:

- Improve Social Skills
- Foster Successful Peer Relationships
- Develop Social Understanding and Social Responsiveness
- Improve Self-Monitoring and Self-Regulation Skills
- Improve Flexibility and Conflict Resolution Skills
- Increase Prosocial, Adaptive and Cooperative Behaviors

SURF Group Program Calendar 2017-2018

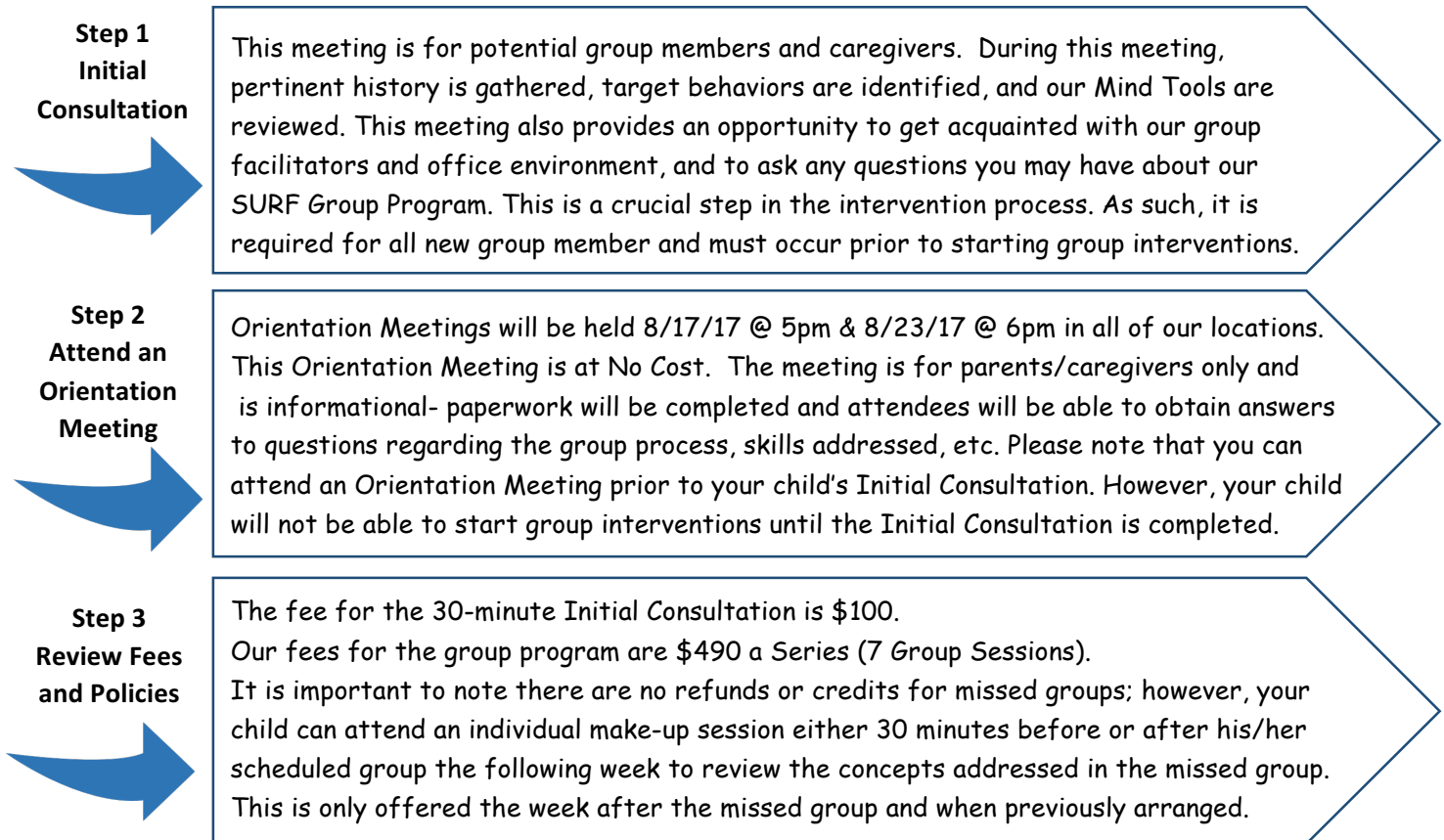
| Series | Dates | No Groups held on: |
|------------|---------------------------------------|---|
| Series I | August 28-October 20, 2017 | Week of Rosh Hashana, September 18-22, 2017 |
| Series II | October 23 - December 15, 2017 | Week of Thanksgiving, November 20-24, 2017 |
| Series III | December 18, 2017 - February 16, 2018 | Winter Recess, December 25, 2017 -January 5, 2018 |
| Series IV | February 20 - April 13, 2018 | Spring Recess, March 26-March 30, 2018 |
| Series V | April 16 - June 1, 2018 | n/a |

*will prorate group for observed religious holidays only

www.SouthFloridaTherapists.com

Mailing Address: 2925 Aventura Boulevard, Suite 300, Aventura, Florida 33180

Below are steps involved in registering your child for our SURF Group Program:



Below is valuable information about our program. We encourage you to review this information and let us know if you have any questions.

Group Method/Instruction:

Our SURF Group Program utilizes an eclectic, evidence-based approach. We incorporate a variety of researched-based strategies to best meet each child's individual needs. In addition, we implement instruction methods such as incidental teaching and errorless learning to help our members feel successful and competent, and to build their self-esteem. These methods involve the use of positive reinforcement to increase desirable behaviors, while also teaching developmentally and/or socially expected behaviors as a replacement for problematic behaviors. 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, to create as close to a natural environment as possible. As such, the structure of the intervention and environment promotes skill generalization across settings. Our program was developed based on years of clinical experience, along with knowledge gained from current research regarding children's acquisition and generalization of social skills (social thinking and understanding). Our program is not based on a specific curriculum or protocol since these do not generally promote or lead to interactions and learning experiences that resemble the natural environment, thus limiting application and generalization of skills to real life. Instead, our goal 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. Your child will have the opportunity to work with different facilitators, which will also 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 priority. For some of our new families, individual and/or dyad interventions (different fees apply) are at times needed before your child can succeed in a larger group, as this allows us to assess your child's response to various intervention strategies that can then be implemented successfully within a larger group setting. Children who are new to our SURF Group Program may initially also need more intensive interventions to then 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 is limited to six members in order to optimize therapeutic interventions. Group facilitators create activities and address target skills based on of the specific participants. Any absence can adversely affect the group dynamics, intervention and learning for all the group members. 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, consistent attendance 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 SURF Group Program is that a commitment to attendance is mandatory.

Information on Other Services and When Additional Services are Clinically Indicated

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. We encourage our families to schedule periodic individual/family appointments and school/teacher consultations. These provide excellent opportunities for everyone involved in your child's treatment team to develop skills needed to implement strategies outside of our office, thus helping your child to generalize skills learned in the groups. To assist in this matter, our group therapists are available for consultations, individual/family appointments, and school observations/meetings. This is a service separate from your child's SURF Group Program.

Individual/family appointments may also be necessary to attend to other areas (depression, anxiety, etc.) not addressed by group therapy, or those areas that require a more intensive intervention or an approach different from that provided by group therapy. There may be times when your child may require a higher level of care, either in conjunction with our program or in place of the group program. If this were to be your child's case, your group therapist would discuss this directly with you and provide a referral for other recommended services either with a professional on our team or with an outside therapist of your choice.

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 our SURF Group Program and to working with your child.



Group Member Information (2017-2018)

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? Yes _____ **No** _____
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

Check and circle which (no cost) Parent Orientation Meeting will you be attending? The meetings are offered in all locations.

[] Thursday, August 17 at 5:00 Aventura Coral Gables Weston

[] Wednesday, August 23 at 6:00 Aventura Coral Gables Weston

[] I will not be attending an orientation meeting.

Groups typically run Tuesdays, Wednesdays and Thursdays from 4 to 8 pm. List below two preferred days and two preferred times for your child's group. Please understand that we cannot guarantee a specific/day and time, but we will do our best to consider your preferences.

Preferred day(s) _____ Preferred time (s) _____

Many families want to know when their child's group will be held in order to set their schedules. The sooner we receive registrations and meet our new members, the sooner we can assign the best group for your child. Please be patient in this process, as we anticipate having this information available around August 23, 2017. We will contact you by email or telephone to provide you with this information.

Group Member Information- Please Complete (Page 2):

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?

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

What situations or events trigger frustration or anxiety in your child? _____

Does your child have any sensory issues? _____

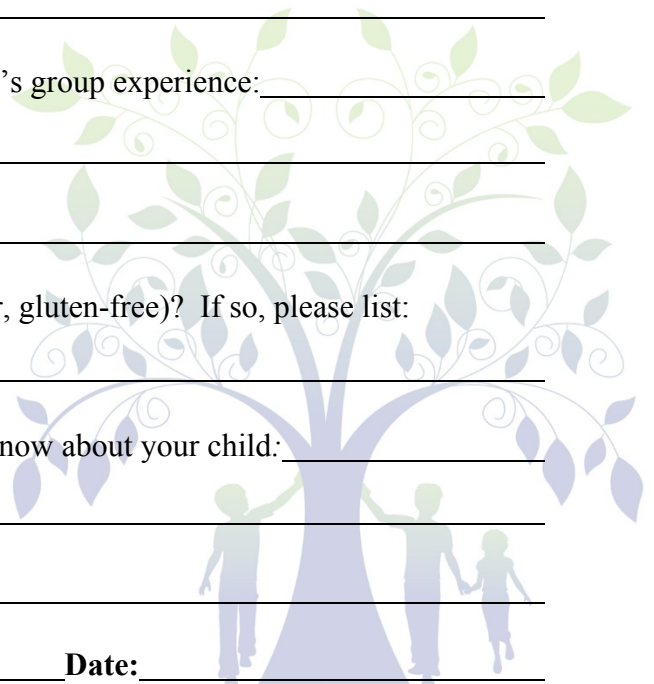
Please list any goals/expectations you may have for your child's group experience: _____

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

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

Signature: _____ **Date:** _____

Print Name: _____ **Relation to 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 are detrimental to the whole 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, when requested, we are happy to provide you with a receipt that you can submit to your insurance company at the end of each group series.

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

II. Please Read and Initial:

_____ **Rates for Group Program per series - \$490 (7 Sessions per series)**

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 per Series - We only charge for the series your child attends

_____ \$100 for initial consultation (30 minutes)

_____ \$225 for follow-up individual/family appointments or school visits (per 45 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:

_____ 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.

_____ 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.

_____ I understand that data gathered 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 will not be used in any way that makes us individually identifiable.

_____ 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

