



## Social Skills Group Program 2014-2015 Aventura & Coral Gables Location

Our Social Skills Group Program has been very successful for over 12 years and many of our families' report that their children love to come and they see positive changes in their child. Our Social Skills/Social Understanding Groups aim to:

- Develop Social Understanding, Social Skills and Perspective Taking
- Enhance Self Esteem while Reducing Anxiety
- Foster Successful Peer Relationships
- Improve Self-Monitoring and Self-Regulation Skills
- Improve Flexibility and Adaptive/Cooperative Behaviors
- Improve Prosocial Behaviors and Conflict Resolution Skills

We are excited to have new group members and we look forward to our returning families. We want to thank all of the families and group members who participated in our group program last year. Your commitment and involvement made it a success. For our new families joining us, we are confident that your child will both enjoy and learn from our social groups. This introduction packet is to inform our families about our process, schedule, payment structure, and group dynamics.

We run our weekly social skills groups during the school year and offer various social skills summer camp programs during the summer. We provide groups for children ages 4 to 16 years old in all of our locations. At times there has been sufficient demand to run groups for younger and older children, which we have been able to accommodate.

<b>Social Skills Group Program Calendar 2014–2015</b>		
<b>Session</b>	<b>Dates</b>	<b>No Groups held on:</b>
Session 1	August 26 – October 2, 2014 (5 Group Session Program)	Week of Rosh Hashanah, September 23, 24 & 25 <sup>th</sup>
Session 2	October 14 – November 20, 2014 (6 Group Session Program)	n/a
Session 3	December 2— January 22, 2015 (6 Group Session Program)	Thanksgiving Week, November 24 <sup>th</sup> – 28 <sup>th</sup> Winter Recess, December 22 <sup>nd</sup> – January 2 <sup>nd</sup>
Session 4	January 27 –March 12, 2015 (6 Group Session Program)	All President's Day, February 17 <sup>th</sup> Purim, March 4 & 5 <sup>th</sup>
Session 5	March 17 – April 30, 2015 (6 Group Session Program)	Miami-Dade/Broward Public Schools Spring Recess, March 20 <sup>th</sup> – 27 <sup>th</sup>
Session 6	May 5 – June 4, 2015 (5 Group Session Program)	n/a

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➤ **Step 1. Initial Consultation/Meeting with Group Facilitator for You and Your Child**

If you are interested in joining our Social Skills Group Program the first step is to have an Initial Consultation with the group facilitator. This meeting provides an opportunity for the group facilitator to meet with your child, gather pertinent background information, assess strengths and weaknesses, and develop goals. It will also give your child a chance to meet the group facilitator and become comfortable with the environment, as well as for parents to ask questions, etc. This meeting is crucial to the intervention process. As such, it is required for any new group patient and must be done prior to starting group.

➤ **Step 2. Review Fees and Policies- Complete All Paperwork** This paperwork is attached. This includes Initial, Consent, and Financial & Group Commitment Form.

**INFORMATION ON FEES-** Our fees have remained the same for the past 5 years, however, our financial policy has changed, please make sure to review all paperwork and policies.

❖ **Our fee for the group program is \$390 (for Sessions 2, 3, 4 & 5) and \$325 (for Sessions 1 & 6).**

We do not file with insurance companies for groups; however, we will be happy to provide you with an itemized receipt that you can submit directly to your insurance company at the end of each group session per your request. Please note a commitment to attend an entire group session is required as we do not accept group members in our program to attend groups intermittently. This affects the group process and does not allow enough time for effective change. An exception is made if your child joins the group program after the session has started (the fee will be prorated). There are no refunds or credits for missed groups in a session; however, your child can attend a make-up session either 30 minutes before or after their scheduled group the following week to review the concepts addressed in the missed group. This is only offered the week after the missed group and when previously arranged. It will be important to make sure to let us know in advance if you plan on attending a make-up session after a missed appointment.

❖ **Our fee for Initial Consultation (for groups), individual/family appointments, and school visits are \$200 per 50 minute session.** We are fortunate to have highly experienced group facilitators running our group programs. Our group therapists are also available for consultations, school observations/meetings and direct individual work with your child and/or parents to help them generalize the techniques they are learning in the groups as well as work on other areas such as behavior, social interaction, parent guidance, etc. This is a separate service to your child's group.

**POLICIES OF GROUP-VERY IMPORTANT TO REVIEW**

❖ **Group Readiness and Matching is an important step to successful intervention.**

Every year, based on your child's needs and individual goals, the group facilitators figure out the best social group for them. This means that your child's group will likely have different children attending, and the days and times may not be the same as last year. Please also understand that we will do our best to accommodate days/times; however, matching of the children is our first priority. For 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 intervention strategies that will work once your child is in a larger group. Children who are new to our social skills program often need more intense work at the beginning in order to feel successful in larger groups. Your group facilitator will discuss this with you directly if she feels this is necessary.

❖ **Group Dynamics is another step to successful intervention.**

We will be continuing our 5 to 6-week group program in order to reassess the structure and dynamics of the groups to meet the individual child and group needs accordingly. We try to keep the groups between 4-6 members, as this is the most therapeutic considering the amount of individual social facilitation that occurs during the session. However with those numbers, having 1 or 2 absences can greatly affect the group dynamics and ultimately the intervention and learning for all the group members.

❖ **Group Responsibility and Commitment.**

Group therapy is a very different process than individual therapy. During group, members are learning skills both through the instruction of the facilitator, as well as from the dynamics that arise from interaction with other group members. We organize our groups so that members are connected with other children who provide the best opportunity for learning from one another. Accordingly, attendance of the group sessions 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. While we understand emergencies can arise, our office policy for our groups is that a commitment to attendance is mandatory.

❖ **Communication with Office and Group Therapists**

In addition, we provide email reminders of groups 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 be held based on the published schedule unless we contact you to cancel or to inform you of a change. Once your child is attending our group program, if you would like to provide information about your child to their group therapist, we recommend that you email your group therapist directly so your concerns can be addressed or your questions can be answered. All other matters relating to billing, cancelling or scheduling, contact the office at (305) 936-1002.

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This packet includes forms which need to be submitted before or at your initial consultation meeting with the group therapist. *Please fax the forms to (305) 936-1022 or email the forms to: info@mailppa.com.*

Over the past 12 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: Initial Group Paperwork  
Financial and Group Commitment Form  
Group Consent form



**PEDIATRIC PSYCHOLOGY**  
ASSOCIATES

**Initial Group Paperwork and Updated Information Sheet (2014-2015)**

*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** \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

What activities does your child enjoy doing? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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**PEDIATRIC PSYCHOLOGY**  
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**Financial and Group Commitment Form - Must be completed by all Families**

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

**Parent/Caregiver Name:** \_\_\_\_\_

**Email address** \_\_\_\_\_ **Best Contact Number** \_\_\_\_\_

**I. Please Read and Initial:**

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

Our office policy for our groups is that a commitment to attendance is mandatory. Attendance of the group sessions 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 program is required to attend. An opportunity to complete a make-up the following week is offered to your child to review the skills and concepts addressed in the missed group.

**II. Please Read and Initial:**

\_\_\_\_\_ **Rates for Group Program - \$390 (Sessions 2, 3, 4 & 5) and \$325 (Sessions 1 & 6)**

(Please note that these rates are for the entire group session and we do not offer a per-session rate. As such, cancellations will not incur a credit for the day missed).

I will pay for my child’s group session on or before the first group of the session.

\*Please check type of payment: Check/Cash \_\_\_\_\_ or Credit Card \_\_\_\_\_

(My credit card information is 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:

\_\_\_\_\_ \$390 (Sessions 2, 3, 4 & 5) and \$325 (Sessions 1 & 6) –You will only be charged at the beginning of each session after you confirm that you child will attend that session.

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

Type of Card:  Visa  MasterCard  Discover  We do not Accept AMEX

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp (Month/Year) \_\_\_\_\_ CVV \_\_\_\_\_ 3-digit number

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

**II. Sign and date: Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 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 give 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

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