



## Social Skills/Social Understanding Groups Program 2015-2016 Aventura & Coral Gables

Are you looking for your child to make gains in socialization and overall skills? Our Group Program has been successful for over 13 years and many of our families' report that their children love to attend and they see positive changes in their children. Our Social Skills/Social Understanding Groups aim to:

**Foster Successful Peer Relationships**  
**Develop and Improve Self-Monitoring and Self-Regulation Skills**  
**Develop and Improve Flexibility and Adaptive/Cooperative Behaviors**  
**Develop Social Understanding, Improve Perspective Taking and Social Skills**  
**Enhance Self Esteem, Increase Feelings of Competence while Reducing Anxiety**  
**Develop and Improve Pro-social Behaviors, Problem-Solving and Conflict Resolution Skills**

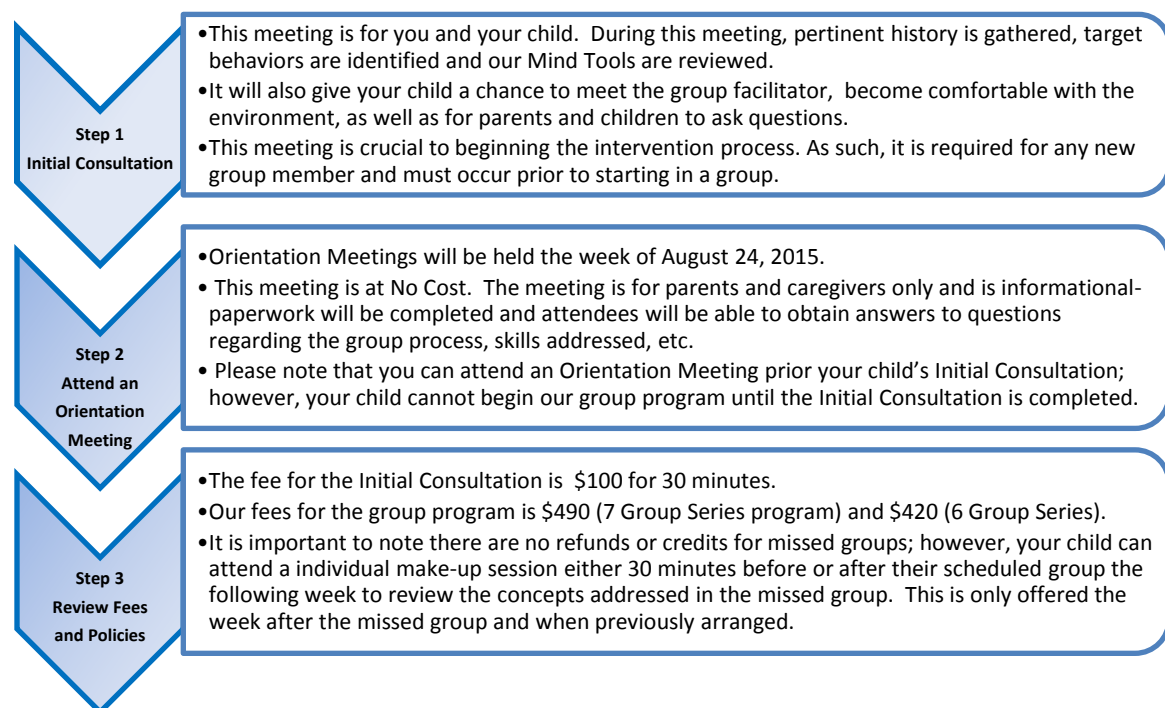
We are excited to have new group members and we look forward to our returning families. We want to thank all of the families and group members who participated in our group program last year. Your commitment and involvement made it a success. For our new families joining us, we are confident that your child will both enjoy and learn from our social groups. This introduction packet is to inform our families about our schedule, process, 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 individuals, ages 4 to 18 years old. Below is our calendar for our 2015-2016 Group Programs:

<b>Social Skills and Understanding Group Program Calendar 2015-2016</b>		
<b>Series</b>	<b>Dates</b>	<b>No Groups held on:</b>
Series I	September 8 - October 22, 2015 (7 Series Program)	Yom Kippur, September 23 <sup>rd</sup> (Wednesday's group will be 6 Series)
Series II	October 27 - December 17, 2015 (7 Series Program)	Week of Thanksgiving, November 24-26 <sup>th</sup> Winter Recess, December 21-31 <sup>st</sup>
Series III	January 5 - February 18, 2016 (7 Series Program)	n/a
Series IV	February 23 - April 14, 2016 (7 Series Program)	Miami-Dade/Broward Public Schools Spring Recess, March 21-25 <sup>th</sup> ; Purim, March 23-24 <sup>th</sup>
Series V	April 19 - June 2, 2016 (6 Series Program)	Week of Passover, April 25-29 <sup>th</sup>

WWW.SOUTHFLORIDATHERAPISTS.COM • FAX (305) 936-1022

**If you are interested in having your child participate in our Social Skills Group Program, below is the registration process and steps, as well as important areas to review:**



### **Group Readiness and Matching**

Based on your child's needs and individual goals, the group facilitators appropriately match your child to a particular group. It is possible that your child may have different participants in their group than they had in the past. Further, the day/time may be different from the 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 Dynamics**

We will be continuing our blocks/series of groups in order to assess the structure and dynamics of the groups to meet the individual child and group needs accordingly. Four to six members in a group is ideal for 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 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 structure the groups to mirror a natural environment so that members are provided with situations and challenges that may occur in a natural setting such as at school or home. Our members develop friendships with each other, which contributes to their sense of competence and success. 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 groups is that a commitment to attendance is mandatory.

### **Information on Other Services**

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. 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. All matters relating to billing, cancelling or scheduling, please contact the office at (305) 936-1002.

Over the past 13 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: Group Member Information  
Financial and Group Commitment Form  
Group Consent form



### Group Member Information (2015-2016)

*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. You can attend an orientation meeting (to learn more about our program) prior to attending an initial appointment; however, please note that appointments are limited in the afternoon after the week of September 8, 2015 since the therapists spend most of their time in groups. This may delay your child starting group.

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

Aventura

Coral Gables

**Please circle which Orientation Meeting you plan on attending (please attend the office which your child would be in group to meet the group facilitators at that location):**

Aventura	8/26/15 @ 4 pm	8/26/15 @ 6 pm	8/27/15 @ 5 pm	9/2/15 @ 12 pm	9/2/15 @ 6 pm
Coral Gables	8/26/15 @ 4 pm	8/26/15 @ 6 pm	8/27/15 @ 5 pm	9/2/15 @ 12 pm	9/2/15 @ 6 pm

\_\_\_\_ Not applicable I have attended a meeting in the past

WWW.SOUTHFLORIDATHERAPISTS.COM • FAX (305) 936-1022

2925 Aventura Boulevard, Suite 300  
Aventura, FL 33180  
(305) 936-1002

7301 Wiles Road, Suite 106  
Coral Springs, FL 33067  
(954) 753-1112

1390 South Dixie Highway, Suite 1305  
Coral Gables, FL 33146  
(305) 662-9162

**Page 2/2 - 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?

---

---

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:** \_\_\_\_\_

This form must be completed and submitted before or at the orientation meeting you will be attending. 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 I, II, III & IV) and \$420 (Series I [Wed group only] & V)-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 \_\_\_\_/\_\_\_\_/\_\_\_\_

WWW.SOUTHFLORIDATHERAPISTS.COM • FAX (305)936-1022



## 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

WWW.SOUTHFLORIDATHERAPISTS.COM • FAX (305) 936-1022