

## SOCIAL GROUP PROGRAMS OFFERED AT PPA

### Social Understanding & Relationship Fundamentals (SURF) Group

PPA's SURF Group (Ages 6-18) Program  
Group topics/goals include:

- ✓ Develop Social Understanding, Improve Perspective Taking & Social Responsiveness
- ✓ Enhance Self-Esteem, Increase Feelings of Competence while Reducing Anxiety
- ✓ Foster Successful Peer Relationships
- ✓ Increase Prosocial, Adaptive & Cooperative Behaviors
- ✓ Improve Self-Monitoring & Self-Regulation Skills
- ✓ Improve Flexibility & Conflict Resolution Skills

### Program for the Education & Enrichment of Social Skills (PEERS®) Group

PEERS® for Adolescents (ages 14-18)  
PEERS® for Young Adults (ages 18-30)

- ✓ Appropriate Use of Humor
- ✓ Assessing Interest in Others and Handling Feedback
- ✓ Being a Good Host
- ✓ Dating/Courtship Topics
- ✓ Handling Bullying & Forms of Rejection
- ✓ Initiating & Maintaining Conversations
- ✓ Managing Disagreements
- ✓ Successful Get-Togethers with Friends

### SURF & PEERS® Program Calendar Fall 2020 – Spring 2021

PROGRAM	DATES	MEETING DAY & TIME
SURF Series I (Ages 6-18)	September 15-October 22, 2020 6 sessions*	 <p>Tuesdays, Wednesdays, Thursdays 4, 5, 6 or 7 pm (1 hour) Depending on Group/Office- Call to Confirm</p>
SURF Series II (Ages 6-18)	November 3 - December 17, 2020 6 sessions	
SURF Series III (Ages 6-18)	January 5-February 11 6 sessions	
SURF Series IV (Ages 6-18)	February 16-March 25, 2021 6 sessions	
SURF Series V (Ages 6-18)	April 6-May 13 6 sessions	
PEERS® Adolescents (14-18)	September 16-December 16, 2020 12 sessions*	<p>Wednesdays, 6-7pm (1 hour) Adolescent &amp; Caregiver Groups</p>
PEERS® Young Adults (18-30)	September 15-December 15, 2020 12 sessions*	<p>Tuesdays, 6-7pm (1 hour) Young Adult &amp; Caregiver/Social Coach Groups</p>

\*Group sessions will be offered via HIPAA-compliant video conference software; SURF Series II-V Modality TBD

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Our ***SURF (Social Understanding and Relationship Fundamentals) Group Program*** has been very successful for over 18 years, providing stimulating, fun, and effective social experiences for participants. Our SURF Group Program utilizes an evidence-based approach, which includes Social Thinking Methodology®, Applied Behavior Analysis, Relationship Development Intervention®, Social Modeling, Cognitive Behavior Therapy, and other strategies/programs. We incorporate a variety of researched-based strategies to best meet each group member'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, 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 ***PEERS® (Program for the Education and Enrichment of Social Skills) Group Program*** is a caregiver/social coach assisted evidence-based intervention for social skills, developed out of UCLA. PEERS® Groups provide a unique opportunity for adolescents/young adults to learn and practice social skills through didactic presentations, demonstrations, and rehearsals. PEERS® is easily adapted to an online format, during which adolescents/young adult and their caregiver/social coach will each be attending their respective online sessions at the same time to help generalize learned skills.

### **Group Steps & Requirements for our SURF & PEERS® Group Programs**

#### **Initial Consultation**

- This meeting is for potential group members and caregivers. This is a crucial step in the intervention process. As such, it is required for all new group members and must occur prior to starting group interventions. *If you are an existing group member, an initial consultation is not required.*
- During this meeting, pertinent history is gathered, target behaviors are identified using motivational interviewing, and our Mind Tools are reviewed. This meeting also provides an opportunity to get acquainted with our group facilitators and to ask any questions you may have about our programs.

#### **Review Fees & Policies**

- The fee for the 30-minute Initial Consultation is \$100.
- **SURF:** Payment for the entire SURF Series (\$450 for 6 group sessions) is required to participate, in order to ensure a commitment to the program. For SURF programs, a student can join at any time and the fee will be prorated.
- **PEERS®:** Payment for PEERS® (\$1,500 for the 12-week series) will require half to be paid prior to the start of the first group and the remaining balance prior to the 6<sup>th</sup> group. For PEERS® programs, new participants cannot join after the 2<sup>nd</sup> week of group.

#### **Caregiver/Social Coach Participation & Feedback:**

- **For SURF participants through 4<sup>th</sup> grade\*:** The first group of the series will be a parent education group, the next four sessions will be for the group member only, and then the last group session will be a combined parent/child group.
- **For SURF participants 5<sup>th</sup> grade and up\*:** All six group sessions will be with the group members only.  
*\*Please note that many groups are mixed in grade-level. Parent education groups may or may not be part of your child's group program if grade-levels overlap; however, this can be requested as a separate service.*

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- **Feedback for SURF Groups:** During times in which the series is being offered through telehealth, parent feedback will be provided via email. This email will include a description of what skills were targeted during the session, as well as tips on how to practice these skills. During times in which the series is being offered in person, facilitators will provide this feedback during the last 10 minutes of most groups.
- **For PEERS® Programs, there are separate groups for members and caregiver/social coach:** Group members and their respective caregiver/social coach will attend separate meetings simultaneously. Caregiver/social coach will learn the same didactic information as the adolescents/young adults and will learn about ways they can help support and facilitate the adolescent/young adult's use of these skills at home and with their friends. Caregiver/social coach participation is required to participate in our PEERS® program.

#### Group Matching, Schedule, and Commitment

- **Matching:** Groups are matched based on the group member's needs and individual goals by the group facilitators.
- **Schedule:** Please understand that we will do our best to accommodate your family's schedule preferences; however, appropriate matching is our priority. If the group member has previously attended our group program, it is possible that they have group members and/or the day/time of their assigned group may be different from previous years.
- **Commitment/Absences:** Any absence can adversely affect the group dynamics, intervention, and learning for all the group members. Consistent attendance is not only important for the member's growth and progress, but also for the integrity of the entire group. While we understand emergencies can arise, our office policy for our group programs is that a commitment to attendance is mandatory.
- If a group session is missed, for either program, there is the option to do a 30-minute make-up session during the following week. *This must be arranged in advance* and will be a review of the concepts addressed in the missed group. Otherwise, there are no refunds/credits for groups sessions missed.

#### Information on Other Services and When Additional Services are Clinically Indicated

- Individual/family appointments may also be necessary to attend to other areas (depression, anxiety, acting out behavior, etc.) not addressed by group therapy, or those areas that require a more intensive intervention or an approach different from that provided by our group program.
- There may be times when a higher level of care is indicated, either in conjunction with our program or in place of the group program. If this were to be the 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 email/text reminders of group appointments as a courtesy, so please make sure we have your updated email address/cell phone number 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 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 related to billing, cancellations, or scheduling, please contact the office at (305) 936-1002.

Over the past 18 years the progress that our group members have shown has been outstanding. We are looking forward to starting another successful year of our Social Group Programs.



Aventura • Weston • South Miami  
Miami-Dade (305) 936-1002  
Broward (954) 753-1112  
Fax (305) 936-1022

## 2020-2021 Social Group Member Registration Form

*Must be completed by New & Returning Families*

Participant's First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Participant's Gender:  Female  Male

Parent #1 Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

*(Please write legibly. Email will be used to provide courtesy reminders for group sessions.)*

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

School and Grade Attending (*if applicable*): \_\_\_\_\_

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

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

If member is new patient, do you have an initial appointment scheduled?  Yes  No

*If not, please note that an initial appointment must be completed prior to attending group.*

Select Program to Attend: *\*Note that 18-year-olds will be assessed during the consultation for the appropriate PEERS® program*

SURF (6-18)

PEERS® for Adolescents (14-18)

PEERS® for Young Adults (18-30)

*TBD- see below*

*Wednesdays: 6-7pm*

*Tuesdays: 6-7pm*

For SURF Group Only:

Please check location your child/teen would be attending group\*:  Aventura  South Miami  Weston

**\*NOTE:** *The first SURF group series will be offered via telehealth. Office selection will determine where your child attends for future in-person groups, once it is considered safe enough to offer this format. To ensure a good fit, there may be some members from different offices attending groups together during the first series since the modality is via telehealth.*

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.

*Aventura Group Days: Tuesdays and Wednesdays @ 4 pm, 5 pm, 6 pm & 7 pm*

*South Miami Group Days: Tuesdays, Wednesdays, and Thursdays @ 4 pm, 5 pm, 6 pm & 7 pm*

*Weston Group Days: Tuesdays and Thursdays @ 4 pm, 5 pm, 6 pm & 7 pm*

Preferred Day-1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Preferred Time-1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

[www.SouthFloridaTherapists.com](http://www.SouthFloridaTherapists.com)

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

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For SURF & PEERS® participants, please give a brief description of the educational (employment) program and any additional support they are provided during the day: \_\_\_\_\_

Please list strengths and challenges the participant has in the area of social and interpersonal skills:

Strengths: \_\_\_\_\_

Challenges: \_\_\_\_\_

Please list three goals you have for the participant in the area of social skills:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are some of the participant's interests/activities? \_\_\_\_\_

Are there any situations, relevant to our group, which may upset or agitate the participant? \_\_\_\_\_

If applicable, what are some strategies you use to help calm the participant? \_\_\_\_\_

Does the participant have any allergies (food or otherwise) or other medical conditions we need to be aware of and how do these issues affect him/her? \_\_\_\_\_

Please add any additional comments and/or information regarding the participant, which you feel would be relevant to our social group programs? \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian/Adult Participant*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*



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## Group Consent Form

Participant's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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/my participation in the group activities described in the informed consent agreement under the conditions stated above.

\_\_\_\_\_  
*Signature of Adult Participant/Parent/Guardian*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

