



SUCCESS! CLUB-Fall 2010

(Social Skills, Understanding, Caring, Coping, Emotions, Self-Esteem & Success)

Description

The program is:

- for children diagnosed with Asperger's Disorder or High Functioning Autism
- designed to improve friendship behaviors and social skills
- designed to build resilience from anxiety and depression and improve overall coping
- designed to promote self-esteem through success experiences
- developed and directed by Michelle DePolo, Psy.D., pediatric psychologist
- designed to have a maximum of 6-7 children per group

How

The program promotes social development, friendship skills, and self-esteem in two formats:

- **TEACHING** (first 45 minutes) provides direct instruction about targeted social behaviors, coping, problem solving and emotions through group discussions, activities, video examples, and role-plays.
- **PRACTICING** (second 45 minutes) provides unstructured opportunities ("incidental teaching moments") to practice their skills in a safe, low risk, atmosphere while receiving immediate coaching and feedback; 2-3 of the 9 groups are dedicated to practicing skills in the community and will involve group outings (e.g., bowling, restaurant, laser-tag, "fun-n-stuff")
- Treatment goals are specifically tailored to meet the needs of the group. Targeted skills and topics include:

<p>making/keeping friends resilience from depression turn-taking in play/talking building self-esteem</p>	<p>conversational manners non-verbal communication sportsmanship/losing understanding social cues</p>	<p>reducing social anxiety responding to teasing staying on topic problem solving</p>
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Who

- Middle Childhood (ages 7-8) and Early Adolescent (ages 9-12).
- Children are diagnosed with Asperger's Disorder or High Functioning Autism
- Children have primary placement in a regular education setting
- Children have generally average speech and language skills.

When and Where

- Saturday Mornings at KidsLink NeuroBehavioral Center. (Map available at www.kidslinkohio.com)
- Groups meet for 1 ½ hours for a 9 week program (+ 1 week of parent orientation if your child is new to the program)

Middle Childhood - 9:00 a.m. -10:30 a.m.

Pre-Adolescent Groups - 10:45 a.m. - 12:15 p.m.

***The Last 10 minutes of each group session are dedicated to providing parent feedback about your child's progress in the program.**

Fall 2010 DATES:
PARENT ORIENTATION for children <u>new</u> to the program- Thursday, September 9 th from 6:30 p.m.- 7:30 p.m.
9/18
9/25
10/2
10/9- NO GROUP
10/16
10/23
10/30
11/6
11/13
11/20

Cost

- The program fee is \$720.00
- To reserve your spot, please send payment of \$360.00 with the attached application. The remaining \$360.00 is due at the Parent Orientation (or first day of group, if you do not need to attend the orientation).
- Per guidelines of your insurance, the program costs may be reimbursable under the CPT code 90853 (group psychological treatment).

Application and Enrollment Process

- Complete the attached application and return it with your payment to: KidsLink NeuroBehavioral Center: Attention: Dr. Michelle DePolo, 2132 Case Parkway North, Suite A, Twinsburg, Ohio 44087. **Parents are encouraged to reply as early as possible, as enrollment is limited.** Call KidsLink at 330-963-8600 with any questions.

We look forward to working with you and your child!



Application-Fall 2010 -SUCCESS CLUB

Please Circle Group Preference-Childhood or Adolescence

CHILD INFORMATION:

Name: _____ DOB: _____ Age _____

Address: _____

Medical Problems (if any): _____

Medications (if any): _____

FAMILY INFORMATION:

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

Parents are: _____ Married _____ Separated _____ Divorced;

If divorced: ___ shared parenting ___ primary custody with _____

Siblings (Names and Ages): _____

EDUCATION INFORMATION

What is the name of your child's school? _____

What grade is he/she in? _____

Please describe your child's current educational program (i.e., regular education, inclusion, special education services, supplemental therapies, etc.):

What are your goals for your child's participation? You may wish your child to develop certain skills, for example. If so, name the skills.

Please describe the best things about your child.
