



C.A.L.M. KIDS -Spring 2012

(Calming your Anxiety and Lifting your Mood)

Description

The program is:

- for children diagnosed with Asperger's Disorder or High Functioning Autism
- designed to build resilience from and lessen feelings of anxiety and depression
- designed to help children have fun and experience pleasant events
- designed to promote self-esteem through success experiences
- developed and directed by Michelle DePolo, Psy.D., pediatric psychologist
- designed to have a maximum of 4-5 children per group

How

The program targets symptoms of anxiety and depression:

- through empirically supported cognitive-behavioral interventions
- through empirically supported strategies to calm physiological responses of anxiety/depression
- through group activities, discussions, and role-plays
- based on the "Therapeutic Exercises for Children" program (Friedberg & Friedberg) with adaptations specifically for children with Asperger's Disorder and High Functioning Autism

Who

- Early Adolescent (ages 12/13-15).
- 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

- Thursday evenings at KidsLink NeuroBehavioral Center. (Map available at www.kidslinkohio.com)
- Groups meet for 1 hour for a 10 week program + 1 week of parent orientation (MANDATORY!!)
- Early Adolescent -Ages 12/13-15- (Program will run, 5:00-6:00 PM)

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| Spring 2012 DATES: | |
| PARENT ORIENTATION - March 29, 2012 at 5:00-6:00 PM (Parents only; children stay home!) | |
| | April 5 |
| | April 12 |
| | April 19 |
| | April 26 |
| | May 3 |
| | May 10 |
| | May 17 |
| | May 24 |
| | May 31 |
| | June 7 |

Cost

- The program fee is \$600.00
- To reserve your spot, please send payment of \$300.00 with the attached application. The remaining \$300.00 is due at the Parent 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!



Date _____

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?

Please describe the best things about your child.
