1061 Sierra Court

Jackson, MO 63755

TrendlineMO@gmail.com

573-999-3568

Teen & Young Adult Social Skills Group

Information

Consent Form

Participant Information Form

The Perry County Teen & Young Adult Social Skills Group has existed since June of 2010, and typically serves 8-12 teens and young adults at any given time. These services are free because they are funded by the Perry County Board for the Developmentally Disabled (PCBDD) or through Medicaid-based funding sources.



A teen or young adult can register for this group if he/she:

* Lives in Perry County (or a nearby county).
* Has a documented developmental disability.
* Is 13 - 22 years old (or with special permission).
* Has permission from a parent or guardian.

Pages 1-3 of this packet contain information about this project and are yours to keep. Pages 4 and 5 are a consent form and a "Participant Information" form that must be turned in before a

teen or young adult can begin attending. After completing these forms, you can mail or deliver them to either of the following locations:

Trendline Consulting

1061 Sierra court

Jackson, MO 63755

PCBDD

1404 Corporation Lane, Suite 10

Perryville, MO 63775

The Perry County Teen & Young Adult Social Skills Group meets twice weekly and sometimes takes 1-2 additional community outings per month. Group sessions are used to teach important skills and leisure activities and to foster friendships and social connections. Core skill areas that are addressed include:

Knowing / Advocating for Self

Self-Monitoring / Self-Management

Understanding Others' Perspectives

Group Management / Leadership Skills

Making & Maintaining Friendships

Understanding Relationships / Boundaries

Managing Conflict

Employment

Self-Protection

Time Management

Conversation Skills

Expressing Emotions

Community Access Skills

Responding to Change

Social Reciprocity

We can also share lists of specific target skills within each core area on request.

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Trendline staff are required to submit progress reports to service coordinators each month. We typically also share these with participants and/or their guardians.

Staff of Trendline Consulting LLC cannot provide services to teens and young adults without the written consent of a young adult, a parent, or a legal guardian. The list below outlines information that you may find important before providing consent.

1. Every member of our Teen and Young Adult Social Skills groups is treated with respect and with dignity. They can expect services that will improve social skills and independence.
2. Young adults will participate in planning group goals, group activities, and group outings.
3. Parents and/or legal guardians of young adults who are in our Teen and Young Adult Social Skills group can be involved in the process of identifying goals and strategies.
4. Young adults can stop attending group sessions at any time without penalty of any kind.
5. If Trendline Consulting LLC staff suspect that a group member is not benefiting from this service, we will discuss this with the young adult, his /her parents, and his/her legal guardian in an attempt to rectify the situation or to suggest other services.
6. Trendline Consulting LLC staff are bound by law to maintain confidentiality. We cannot discuss or release identifying information about the young adult without consent. However, we are required by law to notify proper authorities when we suspect that the young adult may seriously injure him/herself, may seriously injure someone else, or may have suffered from abuse or neglect.
7. While Trendline Consulting LLC staff do not expect behavioral issues to arise during group sessions, we must plan for them. Our general behavior plan is outline below:
   1. Participants sometimes monitor their behavior during group sessions and earn tokens based upon their participation and their positive interactions with their peers.
   2. When a participant becomes agitated, staff will attempt to prompt him/her to use a coping strategy, to produce self-calming statements, or to produce appropriate requests. These strategies are generally considered attempts to "re-direct" the individual.
   3. If the participant does not calm and find an appropriate way to solve the problem, a second and third attempt will be made to re-direct him/her.



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1. If the participant does not calm, but is not interfering with the activity or causing distress for his/her peers, he/she will be permitted to remain within the area. However, other young adults in the group will not interact with him/her until he/she has calmed.
2. If the participant does not calm and is interfering with the activity or is causing distress, he/she will be asked to accompany an adult staff member to an adjoining room. Once the participant calms, he/she will be encouraged to re-join the group.
3. If the participant does not calm and reuses to accompany staff to an adjoining room, the other members of the group will be moved to the adjoining room with the other staff member who is overseeing the group.
4. If a participant ever walks off the property where the group is taking place, a staff member will accompany him/her and periodically encourage him/her to return. If two attempts are ignored or rejected, the staff will immediately call the young adult's parents, guardians, and emergency contacts. If there is any perceived possibility that the individual might be in danger, staff will also call the police while continuing to follow him/her.

Please contact Matt Stoelb at any time if you have questions about our Teen & Young Adult Social Skills Group. We always welcome ideas about ways to improve this very unique project. Matt can be reached at either 573-999-3568 or at TrendlneMO@gmail.com .



You may keep pages 1-3 of this informational packet. Pages 4 and 5 must be completed and returned before a teen or young adult can join the group.

Thank you for considering participation in the Perry County Teen & Young Adult Social Skills Group.

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TrendlineMO@gmail.com

573-999-3568

Consent to Various Aspects of Trendline Teen and Young Adult Social Skills Groups

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | I allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | (name of | | Yes | | No | |  |
|  |  | young adult) to participate in this Social Skills group. | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | I allow Trendline Consulting staff to supervise this young adult during | | | | Yes | | No | |  |
|  |  | sessions and community outings. | |  |  |  |  |  |  |  |
|  |  | I understand that social group activities will occur both indoors and outside. | | | | Yes | | No | |  |
|  |  | I have listed any concerns in the attached "Participant Information Form." | | | |  |  |  |  |  |
|  |  | I have listed my concerns about relevant medical, physical, and sensory | | | | Yes | | No | |  |
|  |  | issues within the attached "Participant Information Form." | |  |  |  |  |  |  |  |
|  |  | I understand and agree that group members will sometimes be transported | | | | Yes | | No | |  |
|  |  | to and from group events by Trendline Consulting staff. | |  |  |  |  |  |  |  |
|  |  | I understand that members of the group often go shopping together to | | | | Yes | | No | |  |
|  |  | purchase food for group sessions. They sometimes walk to the store and | | | |  |  |  |  |  |
|  |  | sometimes ride in cars. I give permission for my teen to join in this activity. | | | |  |  |  |  |  |
|  |  | I understand that members of the group take 1-2 community outings each | | | | Yes | | No | |  |
|  |  | month. By sending my teen on these outings, I consent to allowing him/her | | | |  |  |  |  |  |
|  |  | to go and to be transported to and from them as is necessary. I understand | | | |  |  |  |  |  |
|  |  | that I can contact Trendline Consulting staff at 573-999-3568 about any | | | |  |  |  |  |  |
|  |  | outings beforehand. | |  |  |  |  |  |  |  |
|  |  | I allow this young adult to help prepare and to eat snacks/meals during | | | | Yes | | No | |  |
|  |  | social skills group sessions. I have listed known food allergies in the | | | |  |  |  |  |  |
|  |  | attached "Participant Information Form." | |  |  |  |  |  |  |  |
|  |  | I will not hold Trendline Consulting or Trendline Consulting staff responsible | | | | Yes | | No | |  |
|  |  | for medical, physical, or emotional harm that occurs as a result of this young | | | |  |  |  |  |  |
|  |  | adult's participation in this group except when it is caused by negligence. | | | |  |  |  |  |  |
|  |  | I have reviewed the "General Behavior Plan" on the prior page of this | | | | Yes | | No | |  |
|  |  | document and approve it for my teen during group sessions. | |  |  |  |  |  |  |  |
|  |  | I understand that any questions that I have about this Consent Form or | | | | Yes | | No | |  |
|  |  | about this group can be directed to Matt Stoelb at either (573) 999-3568 | | | |  |  |  |  |  |
|  |  | or at TrendlineMO@gmail.com . | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |
|  | Parent/Guardian Signature | | |  | Date |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |
|  | Witness | | |  | Date |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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Participant Information Form

Please complete this information form about the participant.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
|  |  | Age (1/1/15): |  |
|  |  |  |
| Address: |  | Phone Number 1: |  |
|  |  |
|  |  | Phone Number 2: |  |
|  |  |  |
| Emergency Contact 1 |  | Phone Number 1: |  |
|  |  |
|  |  |
| Relation: |  | Phone Number 2: |  |
|  |  |
| Emergency Contact 2 |  | Phone Number 1: |  |
|  |  |
|  |  |
| Relation: |  | Phone Number 2: |  |
|  |  |
| Other Contact: |  | Phone Number 1: |  |
|  |  |
|  |  |
| Relation: |  | Phone Number 2: |  |
|  |  |
| Other Contact: |  | Phone Number 1: |  |
|  |  |
|  |  |
| Relation: |  | Phone Number 2: |  |
|  |  |
| Transportation To |  | Transportation From |  |
|  |  |
|  |  |
| Group: |  | Group: |  |
| Food Allergies: |  | Other Allergies: |  |
|  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Medical Conditions: |  | Medications: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

After completing these forms you can mail or deliver them to either of the following locations:

|  |  |
| --- | --- |
| Trendline Consulting | PCBDD/County Disability Services |
| 1061 Sierra court | 1404 Corporation Lane, Suite 10 |
| Jackson, MO 63755 | Perryville, MO 63775 |
| Please call or e-mail us at (573) 999-3568 or at | TrendlineMo@gmail.com with questions. |
|  |  |
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