

Little Ripples

Starting Friday 24.05.2019 at 4:30 – 5:30pm

ART THERAPY & MINDFULNESS GROUPS FOR KIDS - DAPTO

Little Ripples is a place for little beings to find quietness and compassion. This group invites children between 8 – 12 years old who would like to make some new friends with other like-minded children and learn some new things about themselves along the way. The children will be doing a lot of fun art work whilst learning about ways to manage anxiety, symptoms of depression and problems with peers.

**\$100 Registration with a
Mental Health Care Plan**

(\$320.00 Without a Mental Health Care Plan. Registration is non-refundable. Payment required before attending)

**Participants need to
acquire a Mental Health
Care Plan from their doctor
prior to attendance to
cover the cost of weekly
group sessions.**

**Maximum of 10
children per group**

To secure a spot for your child the registration must be paid in full before the first session. Payments can be made via cash, direct deposit, credit card or Eftpos.

**Register now! Contact
Loan Pham for an
application form.
M: 0479 055 023**



Ripples

Allied Health Consultancy

Information about the Mindfulness Groups

Little Ripples is an amalgamation of Acceptance and Commitment Therapy techniques that Loan has learnt along the way which has been creatively aligned with art processes that help children learn experience the Mindfulness practice during art making. Acceptance and Commitment Therapy (often referred as ACT) – is a model of therapy that helps clients recognise thoughts and feelings as experiences and teaches individuals to be in the present moment, and helps individuals to choose actions that are in line with their values. It has been extensively researched in the treatment of a number of problems including depression, anxiety, pain management, self injury and borderline personality disorders.

Children who come to therapy often present with challenging behaviours, which often stem from other issues such as struggles with managing uncomfortable feelings, struggles to regulate their arousal levels, struggles to concentrate on their school work, anger issues, sadness, grief and loss etc. The exercises within the Little Ripples Mindfulness Groups aims to help children develop greater self awareness, and learn to be in the here and now so that they can make choices in their daily lives that helps them live the life they would like to live.

Art making for therapeutic purposes have been found to have beneficial effects for individuals struggling with depression, anxiety, trauma and other issues. The Art Therapy component of the group is blended within the mindfulness activities – each week the children will take home handouts related to mindfulness practices as well as the art piece matched with these.

The facilitators are Loan Pham & Nicola Edmonds, both registered psychologists. There will be 4 group sessions offered during this first block of groups, with another group of 6 sessions after a short break. Group dates and times will be held on a weekly basis and then fortnightly basis at the Ripples Allied Health Consultancy office, Dapto, as set out below.

4 X Fortnightly Sessions

Session 1: Friday, 24.05.19, 4:30pm

Session 2: Friday, 07.06.19, 4:30pm

Session 3: Friday, 21.06.19, 4:30pm

Session 4: Friday, 05.07.19, 4:30pm

Break (& School Holidays)

6 X Fortnightly Sessions

Session 5: Friday, 26.07.19, 4:30pm

Session 6: Friday, 09.08.19, 4:30pm

Session 7: Friday, 23.08.19, 4:30pm

Session 8: Friday, 06.09.19, 4:30pm

Session 9: Friday, 20.09.19, 4:30pm

Session 10: Friday, 04.10.19, 4:30pm

THINGS TO NOTE:

- Wear comfortable clothes – that **you won't mind getting dirty and paint on**
- Kids can bring a water bottle and snacks – however not necessary

Also included in this registration package are pre-group assessments that need to be completed by the children with the support of their carer/parent. These assessments will provide information that help Loan support each child in group.

If you need further information about the group please do not hesitate to call or email Loan.

CHILD/YOUNG PERSON REFERRAL FORM

Child/Young Person's details

Name:	_____	D.O.B.:	_____
Address:	_____	Phone:	_____
	_____	Mobile:	_____
Email:	_____		_____
Medicare #:	_____	Ref #:	_____ Expiry: _____
Country of Birth:	_____	Nationality:	_____
Physical Disability:	_____	Other:	_____
Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown			

MHCP Referral Details (Please Attach Mental Health Care Plan):

G.P. Name:	_____	Plan Date:	_____
Address:	_____	Phone:	_____
Provider #:	_____	Fax:	_____

Other Specialists Involved

Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____

Significant Others: Parent 1: ☐ N.F ☐ F.F ☐ S.F

Parent 2: ☐ N.M ☐ F.M ☐ S.M

Name:	_____	_____
Phone:	_____	_____
Address:	_____	_____

Sibling's Name:	_____	D.O.B.:	_____	M <input type="checkbox"/> F <input type="checkbox"/>
Sibling's Name:	_____	D.O.B.:	_____	M <input type="checkbox"/> F <input type="checkbox"/>
Sibling's Name:	_____	D.O.B.:	_____	M <input type="checkbox"/> F <input type="checkbox"/>
Sibling's Name:	_____	D.O.B.:	_____	M <input type="checkbox"/> F <input type="checkbox"/>

Referrer/ Case manager:	_____	Phone:	_____
Address:	_____	Mobile:	_____
Email:	_____	Fax:	_____

PLEASE ATTACHED THE MENTAL HEALTH CARE PLAN FROM YOUR GP

Current Presenting Issues

Please indicate below which of the following are concerns about this child/young person. Do not mark items that are not of concern. Indicate severity of concern as follows: **XXX** Most severe/important, **XX** Less severe or **X** Problems, but not severe.

Severity

- | | |
|---|-------|
| <input type="checkbox"/> a. <u>Toileting</u> : Bedwetting, soiling, smearing, regressed to diapers, constipation | _____ |
| <input type="checkbox"/> b. <u>Eating</u> : Refuses to eat, compulsion to eat, picky eater, vomiting/purging, obesity | _____ |
| <input type="checkbox"/> c. <u>Sleeping</u> : Difficulties falling asleep, night waking, apnea, sleep-walking, terrors. | _____ |
| <input type="checkbox"/> d. <u>Attention</u> : Inattention, distractibility, can't concentrate. | _____ |
| <input type="checkbox"/> e. <u>Aggression</u> : Fighting/bullying, setting fires, hurting animals, destroying property. | _____ |
| <input type="checkbox"/> f. <u>Self-Destruction</u> : Cuts, hits, kicks, burns, bangs head, risk taking, suicidal. | _____ |
| <input type="checkbox"/> g. <u>Social Skills</u> : No friends, prefers younger/older peers, loses friends quickly. | _____ |
| <input type="checkbox"/> h. <u>Depression</u> : Withdrawal, low energy, hopeless, sad, helpless, suicidality (current? <input type="checkbox"/> Y <input type="checkbox"/> N) | _____ |
| <input type="checkbox"/> i. <u>Anxiety</u> : clinginess, fears, shy, easily startled, panicky, hyperventilates. | _____ |
| <input type="checkbox"/> j. <u>Activity Level</u> : Over-active, hyperactive, out of control, inactive, passive. | _____ |
| <input type="checkbox"/> k. <u>Memory</u> : Disorientated, Seeming lost, forgetful, memory impairments, odd statements. | _____ |
| <input type="checkbox"/> l. <u>Movement Problems</u> : Twitches, tics, paralysis, seizures, weakness, compulsions. | _____ |
| <input type="checkbox"/> m. <u>School</u> : Falling grades, suspended, expelled, refuses to attend, bullying. | _____ |
| <input type="checkbox"/> n. <u>Sexual</u> : Preoccupation, intrusive ideas, exposing self, touching others | _____ |
| <input type="checkbox"/> o. <u>Medical Problem</u> : Chronic illness, terminal illness, medication non-compliance | _____ |
| <input type="checkbox"/> p. <u>Separation/loss</u> : Death, divorce, relocation. | _____ |
| <input type="checkbox"/> q. <u>Oppositional/defiant</u> : Disrespectful, defies authority, disobedient. | _____ |
| <input type="checkbox"/> r. <u>Delinquent</u> : Theft, assault, police involvement, court order. | _____ |
| <input type="checkbox"/> s. <u>Drugs and Alcohol</u> : Experimentation, abuse, addiction, peer pressure, trafficking. | _____ |

Trauma History: Please indicate if you have a history of trauma and the age when this trauma occurred

Sexual Abuse:	_____	Neglect:	_____
Physical Abuse:	_____	D.V.	_____
Frightening Parent:	_____	Bullying:	_____
Natural Disasters:	_____	Other:	_____
War Crimes:	_____		_____

Health: Please indicate here any current/previous physical conditions/illnesses or psychological diagnosis:

Diagnosis: _____	Diagnosed by: _____
Diagnosis: _____	Diagnosed by: _____
Diagnosis: _____	Diagnosed by: _____

Prescribed Medication: Please indicate here medications the child is currently taking:

Medication	Dosage	Frequency	Prescribed by Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family History: Please indicate here any known family history of physical (example: epilepsy, diabetes) or psychiatric (example: Manic-depressive illness) disease:

Relation: _____	Illness/Condition _____
Relation: _____	Illness/Condition _____
Relation: _____	Illness/Condition _____

School Details:

School: _____	Grade: _____
Address: _____	Phone: _____
Teacher: _____	Fax: _____

HAS THE CHILD...? (Please provide details on any YES responses, and attach reports)

Failed or Repeated Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had prolonged absences from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had Psychological Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been suspended or expelled before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had Speech Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had Audiological testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Likes & Dislikes

Likes	Strengths	Dislikes	Struggles
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____

PRIVACY & CONSENT FORM

Information Collection

As part of providing your child with skills in mindfulness, self regulation and social skills within a group setting, the group facilitator at *Ripples Psychology*, will need to collect and record personal information about you and your child, pre-group and post-group assessments to measure baseline behaviours to determine whether the group has had a positive impact on your child's ability to be mindful and develop positive outcomes.

The group facilitator will also keep brief notes of each child's presentation in group and any other pertinent information which they may disclose during the session. The information is retained in order to document what happens during sessions, and enables the facilitator to provide a relevant and informed psychological service.

Your child's information will be kept in an individual file, and stored in a locked filing cabinet.

Confidentiality

All personal information gathered by the group facilitator during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to
 - a. provide a written report to another professional or agency. e.g. a GP or a lawyer; or
 - b. discuss the material with another person, e.g. a parent or employer; or
4. If disclosure is otherwise required or authorised by law.

Information about certain concerns that a facilitator may observe may be shared with parents after session face to face or by phone if time does not permit.

Fees & Attendance

Groups sessions are 50 minutes to 1 hour. Each group will have a minimum of 6 and maximum of 10 participants. Registration for groups is \$100 and is non-refundable. This payment will allow the facilitator to prepare the groups, and covers general costs. Payments must be made prior to the first session (payment options are cash, direct deposit, eftpos or credit card).

Your child will also require a Mental Health Care Plan provided by a GP to cover for each weekly session. This needs to be provided prior to the first group otherwise the registration fee will need to cover weekly costs, totalling \$320.

It is vital that you arrive on time so that there are little interruptions during exercises. It is also appreciated that parents arrive back at 5:25pm to pick up your child.

Photos

I above named authorise *Ripples Allied Health Consultancy* to take photos or videos of my artwork and art making, or play-work

- ✓ FOR YOUR BENEFIT: to keep in my file, or to develop into other resources for you as required,
- ✓ FOR THE BENEFIT OF OTHERS: to show others, to help the learning of other therapists, and to discuss cases in a peer supervision format. At no stage will my name/identity, or personal details, or face ever be shown in these discussions or forums. At no stage will this work ever be posted on social media or other similar platforms. Authorisation for ongoing use of these materials in this manner will not be revoked at the termination of my treatment unless otherwise specified.
- ✓ Use of these photos or videos in any other manner will need to be requested by this Allied Health Practitioner, separate to this consent.

Acknowledgement

I _____ (parent/guardian name) am the parent/guardian of
_____ (name of child), have read and understood the above Consent Form. I agree to these conditions for the group work provided by *Ripples Psychology*.

Signature _____ Date _____

Acceptance and Fusion Questionnaire for Youth (AFQ-Y)
(GRECO, MURRELL, & COYNE, 2005)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle a number between 0-4 that tells how true each sentence is for you.

	Not at all True	A little True	Pretty True	True	Very True
1. My life won't be good until I feel happy.*	0	1	2	3	4
2. My thoughts and feelings mess up my life.*	0	1	2	3	4
3. If I feel sad or afraid, then something must be wrong with me.	0	1	2	3	4
4. The bad things I think about myself must be true.*	0	1	2	3	4
5. I don't try out new things if I'm afraid of messing up.	0	1	2	3	4
6. I must get rid of my worries and fears so I can have a good life.	0	1	2	3	4
7. I do all I can to make sure I don't look dumb in front of other people.	0	1	2	3	4
8. I try hard to erase hurtful memories from my mind.	0	1	2	3	4
9. I can't stand to feel pain or hurt in my body.	0	1	2	3	4
10. If my heart beats fast, there must be something wrong with me.*	0	1	2	3	4
11. I push away thoughts and feelings that I don't like.	0	1	2	3	4
12. I stop doing things that are important to me whenever I feel bad.*	0	1	2	3	4
13. I do worse in school when I have thoughts that make me feel sad.*	0	1	2	3	4
14. I say things to make me sound cool.	0	1	2	3	4
15. I wish I could wave a magic wand to make all my sadness go away.	0	1	2	3	4
16. I am afraid of my feelings.*	0	1	2	3	4
17. I can't be a good friend when I feel upset.*	0	1	2	3	4

*Items included on the AFQ-Y8.

Note: Instructions for scoring and guidelines for interpretation are available at:
www.apa.org/journals/pas and www.contextualpsychology.org.

Child Acceptance and Mindfulness Measure (CAMP) (Greco, Dew & Baer, 2005)

We want to know more about what you think, how you feel and what you do. Read each sentence. Then, circle the number that tells how often each sentence is true for you.

	Never True	Rarely True	Sometimes True	Often True	Always True
1. I notice small changes in my body, like when my breathing slows down or speeds up.	0	1	2	3	4
2. I get upset with myself for having feelings that don't make sense.	0	1	2	3	4
3. I pay attention to my muscles and notice when they feel tight or relaxed.	0	1	2	3	4
4. At school, I walk from class to class without noticing what I'm doing.	0	1	2	3	4
5. I do things without thinking about what I'm doing.	0	1	2	3	4
6. I pay close attention to my thoughts.	0	1	2	3	4
7. I try only to think about things that make me feel happy.	0	1	2	3	4
8. I keep myself busy so I don't notice my thoughts or feelings.	0	1	2	3	4
9. When I'm doing something, I focus only on what I'm doing and nothing else.	0	1	2	3	4
10. I tell myself that I shouldn't feel the way I'm feeling.	0	1	2	3	4
11. When something good happens, I can't stop thinking about it.	0	1	2	3	4
12. When I take a shower or bath, I notice how the water feels on my body.	0	1	2	3	4
13. I notice my thoughts as they come and go.	0	1	2	3	4
14. When I'm eating, I notice the way it feels to chew my food.	0	1	2	3	4
15. I push away thoughts that I don't like.	0	1	2	3	4
16. It's hard for me to pay attention to only one thing at a time.	0	1	2	3	4
17. I think about things that have happened in the past instead of thinking about things that are happening right now.	0	1	2	3	4
18. I get upset with myself for having certain thoughts.	0	1	2	3	4
19. I do many things at once.	0	1	2	3	4
20. I think about the future.	0	1	2	3	4
21. I think that some of my feelings are bad and that I shouldn't have them.	0	1	2	3	4
22. I notice when my feelings begin to change.	0	1	2	3	4
23. I pay close attention to whatever is happening right now.	0	1	2	3	4
24. I notice how things around me smell.	0	1	2	3	4
25. I stop myself from having feelings that I don't like.	0	1	2	3	4