



# STEP-UPP<sup>®</sup>

Uplifting youth through a Skills Enrichment Programme.  
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## CHILD/ADOLESCENT CLIENT ADMISSION INFORMATION FORM

Surname: ..... First name: .....

Date of birth: ..... Age: .....

Address: .....

City: ..... Postal code: .....

Home phone: ..... Cell Phone: .....

Email address: .....

School & Grade: .....

### PARENT/GUARDIAN DETAILS

Surname: ..... First name(s): .....

Relationship to client: .....

Identity Number: .....

Occupation & name of employer: .....

Work Address: .....

City: ..... Postal code: .....

Home phone: ..... Cell Phone: ..... Work phone: .....

Email address: .....

Referred by: ..... Tel number: .....

### PERSON TO ALERT IN CASE OF EMERGENCY: (if different to above)

Name ..... Contact number: .....

**CONSENT FOR TREATMENT OF MINORS**

Client name: .....

Date of birth: .....

Counselor(s): Mark de la Ray / Jonathan Mitchell

*This document certifies that I give my permission to the counselor/s listed above to facilitate the Step-upp group of which my child will be participating in.*

*This contract neither replaces nor alters the key-working role of others. I understand that Step-upp makes a distinction between the roles of my child’s other providers and his or her therapist and that the Step-upp programme is skills based and peer driven, it is not a therapeutic group.*

*While the counselors agree to take measures to ensure the safety and containment of the patient, they will not be held liable for any self-inflicted injury or relapse by the client or otherwise, either during the course of the sessions or outside of those times.*

*The counselors will maintain confidentiality at all times. It is understood that they have permission to liaise with any relevant professionals such as psychologist, psychiatrists, school counselors and so forth regarding the client’s treatment history and process*

**Signature of Parents(s)/Guardian**.....

**Date:** .....

**Printed names of Parents(s)/Guardian:** .....

**Witness:**.....

The agreed contracted fee is R4500.00 for the 12 week Step-upp programme. Fees cannot be claimed from medical aid, as there is no claim number accredited to skill's groups

1. The parent/guardian agrees to take full responsibility for the settling of an account directly. A deposit of R2200.00 is required prior to the start of the programme and is non refundable the balance is payable in the sixth week of the program.
2. While the counselors agrees to take measures to ensure the safety and containment of the client, they will not be held liable for any self-inflicted injury and/or relapse by the client or otherwise, either during the course of the session or outside of those times.
3. The counselors will maintain confidentiality at all times. It is understood that they have permission to liaise with any relevant professionals such as psychologists, psychiatrists and so forth regarding the clients history and process.
4. There are some limits and exceptions to patient confidentiality:

**CHILD OR ELDER ABUSE**

Generally, Providers are required by law to report any known or suspected cases of child or elder abuse to the Children's Services Division or to any local law enforcement agency.

**HARM TO SELF OR OTHERS**

If a Provider learns that someone is about to kill or do harm to someone else she/he will do her/his best to warn the intended victim. If a Provider learns that a client intends to harm his/her self. The Provider will breach confidentiality to the extent necessary for his/her protection.

*You acknowledge that you have read the above information, clarified any uncertainties and that you consider yourself bound to the contents therein.*

**Client Signature(s)**.....

**The Step-upp team** .....

**Signed at** .....

**Date:**.....



## STEP-UP SKILLS TRAINING GROUP GUIDELINES

1. Information obtained during sessions (including the names of other clients) must remain confidential. It is imperative that everyone in the group understands the importance of this guideline. Group members may run into each other at a party or at the mall, and if they do, they must not say, "This is my friend from my DBT group!" Similarly, teens must not reveal one another's identities to their friends outside of group, by saying something like this: "I met this really cool guy, Joe Smith in my DBT program!" The point is that the group needs to be experienced by everyone as a safe place, and if people breach each other's trust, it becomes a real problem.
2. Clients are not to come to sessions under the influence of drugs or alcohol.
3. Clients who miss more than two group sessions (absences) in a 12-week program will be considered to have dropped out of the Step-up group. They can apply to reenter after sitting out for one complete skills module.
4. Group members who come more than 20 minutes late will be allowed in the group but will be considered absent.
5. Clients are not allowed to discuss any risk behaviors with other clients outside of sessions. Sharing information about your risk behaviors with your peers can be a triggering to them, and if they don't have the necessary skills, it may result in their engaging in that behavior.
6. Group members may not contact one another when in crisis and instead should contact their skills coach/therapist. It is not acceptable for a client to call someone from group and say, "I'm going to hurt myself or run away." This guideline helps to not trigger other group members or leave them feeling anxious and helpless. We ask that you try some skill that your therapist recommends and, in crisis, call your therapist rather than a peer from group.
7. People may not form private relationships (cliques or dating) with one another while they are in skills training together. We have this rule for two simple reasons: (a) If the relationship were to become unstable or dissolve, one or both members may feel uncomfortable attending group. For similar reasons, we do not allow clients to have their boyfriends or girlfriends serve as the accompanying "family member." (b) When people form private relationships in a group, others may feel excluded and uncomfortable as well. Thus, we ask that if the group members want to have a bite to eat after group, all members need to be invited. You are free to decline the invitation, of course.
8. Clients may not act in a mean or disrespectful manner toward other group members or group leaders. As has been said, we want this group to feel safe and comfortable for people to share, learn, and be supported. If people are mean or disrespectful, the remaining group members have greater difficulty accessing the help they are seeking.

Client sign \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_