



## **OTPT Transition Services: Thrive Program**

### *PERSONAL SAFETY AND RELATIONSHIP CARE*

**PROGRAM DESCRIPTION:** Under the supervision and direction of a skilled occupational therapist, participants will engage in group-based outpatient OT sessions focused on personal safety and relationships. Specific content will be determined collaboratively with families and therapist but may include:

- Knowing how to maintain personal safety at home
- Identifying a "safety network" of trusted people
- Recognizing safe and unsafe relationships in person and online

*For maximal benefit, caregiver participation is encouraged for this group!*

**WHO CAN PARTICIPATE:** Adolescents with development disabilities age 14 + who are interested in group intervention on topics related to personal safety and relationship intervention. Each group will be limited to 6 participants. Requirements for participation include:

- Must have an OT evaluation within the past 6 months or complete an OT evaluation before group
- Have an established method of communication including receptive and expressive capabilities
- Able to follow multi-step directions
- Complete one 30-60 minute goal setting visit (in person or telehealth) prior to first session

**WHERE:** Cincinnati Children's Medical Office Building, 4<sup>th</sup> Floor  
3430 Burnet Ave  
Cincinnati, OH 45229

**WHEN:** Once a week for six weeks starting Wednesday, March 15 from 5:00-6:00pm

**BENEFITS OF PARTICIPATION:** Therapeutic treatment focused on skill development in personal safety and relationships. In addition, participants will have the opportunity to focus on social interaction skills with peers. Development of these skills will help prepare participants for transition to adulthood.

*If you are interested in enrolling, please speak to your therapist or contact  
Rebecca Weisshaar at [Rebecca.weisshaar@cchmc.org](mailto:Rebecca.weisshaar@cchmc.org) or 513-517-8484*

## Frequently Asked Questions

### **Does insurance cover this program?**

Some payers may exclude payment for group therapy which is billed as CPT code 97150. It is important that YOU check with your insurance provider first prior to the start of the program regarding coverage. In addition, you may contact our Financial Services Representative Tim Williams-Keller at (513)636-8528. Please reach out to Rebecca Weisshaar with questions and/or if group services are not covered.

### **Do caregivers/parents attend all session?**

If site location can accommodate, caregivers are encouraged to attend sessions. If caregivers prefer to remain out of the sessions, they will be provided with a summary of each session and activities to promote carry over of transition skills at home. A parent or caregiver does need to remain on the CCHMC campus during each session unless the child is 18 years or older.

### **What is required for my child to participate in this program?**

- A physician referral
- Checking with your insurance in regard to coverage (see above)
- Consideration of signed Photo Release Authorization Form

### **What if I don't get into a session?**

Each round of the program is first come first serve. If the patient does not get into the program round of choice, they can be added to our listserv for future sessions.

### **What if I cannot attend a therapy session?**

Attendance at all group sessions is strongly encouraged. Please refer to the Therapy Participation Agreement for further details.