



Dear Potential Group DBT-Lite Member,

Thanks for your interest in joining a Dialectical Behaviour Therapy Skills Group.

This group is intended to complement the treatment you are already receiving from your therapist or physician. It will help if you have difficulty and need help in the following areas:

- **Dealing with strong emotions**
- **Improving relationships**
- **Urges to engage in self-harm or other impulsive potentially harmful behaviours**
- **Feeling empty or struggling with a sense of self**

This group is designed for individuals who have the condition of Borderline Personality Disorder or a lot of the symptoms of the condition. It helps if you agree with your referring clinician on the diagnosis and the benefit of learning DBT skills. You can find a lot of material on DBT in books and on the internet ([www.dbtselfhelp.com](http://www.dbtselfhelp.com)) and we suggest you check it out to decide if it is for you.

**The group is a skills group. It runs for approximately 21 weeks on Wednesdays from 1:15pm to 3:30pm at the Civic Campus of the Ottawa Hospital.** There are up to 8 people, male and female members at one time. The group is an open group, so members are graduating and new members are joining approximately every 6 weeks.

We expect that you will attend all groups unless there are very important or unavoidable conflicts. Examples would be serious illness in self or family member, a planned vacation or trip for work, a school exam or commitment that cannot be changed. If you miss four groups in a row you must withdraw from the group.

We expect that you participate during the group. We expect that you complete diary cards every week to monitor your skills use and your thoughts, feelings, urges and behaviours.

If you anticipate difficulties attending (too many other commitments) or participating (too anxious to speak or to learn, too dissociative to be present, using prescription or recreational drugs that impair concentration and attention) or if you have another mental or physical health condition such as severe major depression that is unstable, we advise you to wait and attend to that first, at least to the point that you can benefit from the skills teaching. If you have to withdraw, we will not be able to offer you another opportunity to attend the group.

We will teach the skills and you will have the opportunity to practice and get feedback from group leaders and other participants. Unfortunately we cannot offer you individual support or therapy. It is important that you arrange how you will get support, particularly in a crisis, from your referring clinician.

You will also work with your individual therapist on how to apply the skills to your particular urges and behaviours, for example, self harm, substance use, disordered eating, angry outbursts.

**We expect that you;**

- 1. Agree on the necessity to stop all self harm behaviours.**
- 2. Commit to stopping them.**
- 3. Work on reducing and stopping the behaviours with your individual therapist.**

A principle of DBT is that skills must be practiced in all areas of life. This means that you have to be engaged in a minimum of two hours of activity outside the home per week. This could be paid or volunteer work, school, belonging to an organized recreational or artistic/musical group.

It works best if you identify some goals to work towards during the group time. Goals can be in the areas of improving relationships (with partners, family, and friends), education, work, health and fitness. It is important also to identify the behaviours you want to reduce.

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### **Patient Acknowledgement Form**

***Please sign the Patient Acknowledgement Form (following page) acknowledging that you have read and agree to the conditions.***

### **Goals/Activities/Behaviours**

*Please also write down what your activity outside the home will be and what goals you will work towards during the group. If you want, you can write down what behaviours you need to reduce and stop.*

### **Accepting Appointment for an Assessment**

*Because only one or two assessments are done a week, please make sure that when you accept an appointment, you are able to take it. We will be able to rebook an appointment if you give us plenty of notice. Only under very rare circumstances (if there is an emergency) will we rebook a NO SHOW.*

*The DBT-Lite assessments take place on Wednesday mornings at the Outpatient Psychiatry Department (A6), Civic Campus of the Ottawa Hospital.*

*We look forward to seeing you for an assessment.*

*Thank you,*

*Christine Dickson MD, FRCPC  
Department of Psychiatry, TOH-Civic Campus*

# PATIENT ACKNOWLEDGEMENT FORM

DBT-Lite Program, TOH-Civic Campus

I, \_\_\_\_\_ acknowledge that;  
(Print full name)

1. I have read the previous pages.
2. I acknowledge that this is a 21 week skills group, taking place on Wednesday afternoons from 1:15pm to 3:30pm and that I am expected to attend all groups.
3. I acknowledge that the group leaders cannot offer therapy and crisis intervention and I will arrange support with my referring clinician.
4. I agree on the necessity to stop all self harm behaviours. I commit to stopping them and I will work on reducing and stopping the behaviours with my individual therapist.
5. I acknowledge that because of the long wait list and the small capacity of the program, that I will have one opportunity only to attend this program. I will come for an assessment and accept a place in the group when I feel I am ready and committed to participate in the group.

**My Goals are:**

**My activities will be:**

(For example: job or volunteer work, school, belonging to an organized activity, etc.)

**The behaviours I want to stop are (OPTIONAL):**

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**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE FILL OUT THIS PAGE AND Fax TO:**

Fax: (613) 761-5328