

Dear Health Care Provider,

Thank you for your interest in our Dialectical Behaviour Therapy—Lite program. DBT—Lite offers patients with Borderline Personality Disorder access to the Skills group component of DBT. It is shorter than the similar group in a full program, lasting 5 months instead of one year. Our DBT—Lite program is available to patients with BPD who are being followed by a therapist in the community.

This program is **best suited** for patients with BPD, who are having moderate difficulty with functioning in their relationships or work place, who have not engaged in serious self-harm or suicide behaviours in the past 6 months and are not engaged in severe substance use or dependence. It is important that patients are in agreement with the referral, and accept that they have either the diagnosis of Borderline Personality Disorder or enough symptoms to benefit from the skills training.

Our waiting list is long and our capacity limited, so we are trying to ensure that what service we can provide is appropriate to and meets the needs of the patients and the referring clinicians. At this time we are able to offer patients only one opportunity to attend this group. Therefore it is very important that they do not attend for an assessment or start a group and then have to withdraw.

# In order to place your patient/client on our wait list we require:

- 1. Patients have a primary diagnosis of Borderline Personality Disorder or sufficient traits to benefit from the skills training.
- 2. Patients are willing to commit to stop all suicide and self-harm behaviours, at least for the duration of the program. This can be a week to week commitment, but without this commitment it is difficult for this therapy to be effective.
- 3. You are willing to help your patient integrate the DBT skills they learn into the therapy that you are doing with them and ultimately into their lives. The best way for therapists to do this, if they are not familiar with DBT skills, is to review with your patient what they have learned each week in group.
- 4. You are willing to see your patient weekly and have some availability to deal with crisis situations as they arrive. This does not require that you are available after office hours, but that you would be willing to take a crisis call from your patient during the week if needed.
- 5. Patients are motivated to attend the group and willing to do homework to get maximum benefit from the program.
- 6. Patients are engaged in part–time work, volunteer work, education, organized leisure activity, or if there is a structure or commitment equivalent to education or volunteer work. Ideally a minimum of 2–3 days per week. We will accept patients with a minimum of 2 hours twice a week of activity outside the home if they are willing to work on increasing this during the course of the program.
- 7. Patients are sufficiently <u>stable medically and psychiatrically to attend groups regularly</u>, understand the material, and practice skills. If a patient misses four groups in a row, they will have to withdraw from the program.

### **Exclusions:**

- Active psychosis.
- Active severe substance use or dependence that prevents attendance or learning. Patients with active substance dependence have not done well in the program until this problem is addressed. We suggest an addictions treatment program and then a relapse prevention program for a minimum of 3 months before attendance at DBT-Lite. We will consider this case by case in patients who are more recently abstinent.
- 8. We prefer that <u>patients not be currently using benzodiazepines, medications with abuse potential</u> (stimulants, cesamet, and opioids) or medications that are highly toxic in overdose (lithium). We will consider this case by case in patients with stable use of benzodiazepines, opioids or potentially toxic medication, if there is no medical alternative and the patient does not have a history of abuse or self-harm with this medication.

#### How DBT-Lite can help:

- Patients will learn skills to help build a life worth living, including Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness.
- The skills group can augment individual therapy when therapists are feeling at an impasse with BPD patients.
- BPD patients can practice skills in a group setting and receive support from other members.
- Weekly homework and handouts are provided to individual therapists upon request.
- Orientation for individual therapists (by phone) can be provided. Communication with skills group leaders on an asneeded basis can be arranged.

### What we cannot offer:

- We cannot provide Individual Therapy.
- We are not able to provide medication management.
- This is not intended as a consultation service to clarify diagnosis or suggest general management of patients with suspected Borderline Personality Disorder.
- We cannot offer ongoing care or make referrals to other services.

## **Completing the Referral Form:**

Please ensure that the following referral form is completed fully before your patient can be placed on our wait list. You may use your own usual referral form for convenience. In that case all the information we request must be included. We require acknowledgement that all criteria on the checklist be met before we place the patient on our list. This includes the patient acknowledgement form (specifically the activities section).

We will review the referral and then call you if we are unclear about the reason for the referral. Assessments to determine suitability for DBT-Lite will be arranged prior to patient starting group. Currently DBT-Lite Skills Training Group meets weekly (Wednesdays) from 13:15-15:30 at The Psychiatry Outpatient Department (A6), TOH-Civic Campus.

\*\*Important note: The patient must be followed weekly while they are in group. If you are not the one who will follow your patient weekly, we prefer that this referral form is completed by the community therapist who will be following your patient during group.

We recognize, however, that because of our current long wait list (about a year) circumstances may change. For that reason, we will accept the form from a health care provider or mental health care provider who will continue to be accessible to the patient while on the waiting list. The health care provider or patient themselves must keep in touch and update us with changes.

The referral forms or a form including all required information must be complete and filled out entirely before submitting. Referrals can be faxed to The Psychiatry Outpatient Department at: Fax# 613-761-5328.

If you have any questions about this service, you can contact us at: Tel# 613-798 5555 ext. 1678	lf yοι	a have any questions ab	ut this service, you	can contact us at: Te	el# 613-798 5555 ext. 167	37.
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Thank you,

Christine Dickson, MD, FRCPC