

DBT Skills Training Group Intake Form

Important details re: Adult DBT Emotion Regulation Skills Training Group

Group is held Wednesdays at 430 Boardwalk, Medical Centre #1 in the 3rd floor Boardroom from 6 - 8pm. This 16 week Skills Training Group is conducted in two - 8 week segments.

Start date: Wed. Oct. 6 weekly until Nov. 22, 2021. The group will be suspended over the Holiday Season and resume from 6 - 8pm.

Wed. Feb. 19. Final session held on March 9, 2022.

Qualia's DBT Consultant, Saria Reynolds, will be the primary co-leader and serve as the primary contact related to the DBT Skills Training Group. She can be contacted via Qualia Administration at info@qualiacounselling.com Please cite DBT inquiries as the subject matter. The following is to be completed by, or with, the client's full awareness of all parties with whom this information may be shared. (Release of Information to be attached and placed on file with Qualia Counselling Services Inc.)

To be completed by referring Primary Therapist
CLIENT INFORMATION

Client's Name:

DOB(y/m/d):

Primary Therapists' Name:

Cell Phone:

Preference:

call

text

Office Phone:

Fax:

Email:

Available Hours:

If the client being referred is a high suicide risk or experiences a crisis while in DBT Group and the Primary Therapist is unavailable, please identify who next is to be contacted.

#1 Backup Therapist/ Mental Health Resource Name:

Office Phone:

Cellphone:

Fax:

Email:

Available Hours:

Business Name and Address:

#2 Backup Therapist/Mental Health Resource Name:

Office Phone:

Cellphone faint:

Fax:

Email:

Available Hours:

Business Name and Address:

Client's Significant Others (to call in case of emergency):

#1 Name:

Relation:

Phone:

City:

#2 Name:

Relation:

Phone:

City:

PLEASE NOTE: If these persons identified above are not able to provide support should a crisis occur during DBT Group, co-leaders will do their best to adhere to the following crisis plan developed between you and your client.

CLIENT'S CRISIS PLAN

* TO BE COMPLETED WITH PRIMARY THERAPISTS' CONTRIBUTION *

NOTE: If the intake form is not completed prior to screening appointment, client will be provided assistance from Qualia staff. The only exception applies to section 5.) CRISIS PLAN details. It is deemed NECESSARY for the referring Primary Therapist to be involved in the completion of this section and thus sign off at the end to assure shared support and responsibility. We care about the health and welfare of all participants.

Client's Name: _____ DOB(y/m/d): _____
Address: _____ Email: _____
Phone: _____ Preference: call text
COVID status: vaccinated not vaccinated

Current Medication List:

Pharmacy Name and Address:

(*optional) *Preferred Pronouns: _____ * Allergies: _____
* Chronic or Acute Health Conditions: _____
* Mental Health Diagnosis: _____

Primary Therapists' Name: _____
Cell Phone: _____ Preference: call text
Office Phone: _____ Fax: _____
Email: _____ Available Hours: _____

- 1.) How is it best to contact your Primary Therapist if you are in crisis (ie: if you can no longer tolerate, or observed to be negatively activated) and need to leave group?
- 2.) Who should be called for disposition planning if your Primary Therapist is unavailable?
- 3.) Brief history of client's suicidal behaviour and typical patterns of reactive responses.

4.) Recent status of client's suicidal behaviour in past 3 months. Please describe the most recent and severe self- injury/suicide attempt. Describe the form, date, circumstances and interventions, if any. (e.g. ER, medical ward, ICU)

5.) CRISIS PLAN: Describe crisis plan you and your Primary Therapist have agreed to for management of suicidal behaviour. Please describe the typical emotions, thoughts and behaviours precede self-injury/suicidal urges and the strategies that were successfully used in the past to avoid a full blown crisis.

(EXAMPLE: When I get angry and feel helpless, this causes me extreme emotional upset. This then leads to the urge to hurt myself by cutting on my thighs with a razor. Other times I have had this urge but didn't act on them because I used distraction strategies: gratitude journalling, going for a walk, play with my cat, clean my bathroom, make a healthy meal or call the local crisis line. As a last resort I email my Primary Therapist and provide them with a summary of what I am going through. My Primary Therapist has agreed to respond within 36 hours and provides me with words of encouragement on how I've tolerated urges like this before and tries to remind me of other strategies that have worked before- like a Thought Record or make plans to stay with my sister. This plan was made with my Primary Therapist.)

6.) If you are assessed as being in imminent danger to yourself a others while in the presence of any DBT co-leader and none of your professional or natural supports can be immediately contacted, how should staff help you manage in this situation?

7.) Please describe any history of substance use. Also, specifically describe any current plans that you have to deal with this issue if identified as problematic behaviour.

8.) Please describe any history of violence and use of weapons. Also specifically describe any occasions of violence and use of weapons in the last 3 months.

By signing below all parties agree to work in together over the duration of the DBT Skills Training Group for the best interest of the client.

	PRINT	SIGNATURE
Client:		
Primary Therapist:		
DBT Therapist:		

Date the completed form was submitted to Qualia Counselling Services Inc.

Witness:

Placed on file with Qualia Counselling Services Inc.

Witness: