

Cognitive Behaviour Therapy Group for Depression/Anxiety General Psychiatry Program Referral Form	
Patient's Name:	WCH Chart #:
Date of Birth:	Phone #:
HC #:	Referral Date:
Primary Diagnosis and Co-morbidities:	
Medications:	
Current Treatment Plan:	
Precautions/contraindications (please see excl	lusionary criteria on the next page):
Additional Information:	
	are in the group? (Please note patients must have a regular luration of group; this could be a WCH or community
Referring Physician:	Billing #:
Phone #: I	Fax #:
Family doctor or additional health practitione	r involved (optional):
A referral f	rom a physician is required.

Please send your referral via EPIC or via fax 416-323-6356, or place the referral in the "Internal Referrals" yellow folder in the chart room.

Questions - please contact Hannah Nguyen: <u>hannah.nguyen@wchospital.ca</u> or (416) 323-6400 ext. 4154



Cognitive Behaviour Therapy Group for Depression/Anxiety General Psychiatry Program Information Sheet

Facilitators: Hannah Nguyen RP MEd, Dr. Deanna Bruno MD FRCPC, Leslie Molnar MSW RSW

This group service is open to patients from all WCH mental health programs (WMHP) with priority given to General Psychiatry patients. A referral from a physician is required. Please note that this group is currently offered in a virtual format only.

<u>Purpose of Group:</u> To decrease symptoms of anxiety and/or depression for clients. To offer clients the opportunity to learn and practice behavior changes in a safe and supportive environment.

Overall Goals and Objectives for participants: To increase self-awareness of the interplay of thought, mood, and behavior. To provide opportunities to practice and develop cognitive and behavioral tools in a supportive group setting.

Referral Tips:

- Please help us manage your client's expectations by sharing that a referral to the CBT group does not guarantee a place in the group. It is an opportunity for us to assess the client's readiness and fit for group to ensure a successful experience for them.
- Clients with a history of trauma need to have had a previous trauma informed therapy experience. If you feel that your client has a solid foundation and care strategy in place, please do not hesitate to refer them.
- Additionally, for those individuals who identify with having a substance use issue, it is important that they have a relapse prevention strategy in place before participating in the group. Active drug/alcohol use is not recommended and often impedes a person's ability to fully benefit from the experience.
- Please note that clients must be current WMHP clients.
- While in group, clients must have a regular treating physician to follow them. This could be a WCH or community psychiatrist or family doctor.
- For clients followed by WCH therapists, we require that your client have follow up with their psychiatrist or family physician while they wait for intake/group to start and for the duration of the group.
- The referral must include information about current or resolving mood and/or anxiety disorder(s).

Exclusionary Criteria:

- Active suicidal ideation, and/or has attempted suicide in the past 6 months
- High risk to themselves, risk to others, or at significant risk of self-neglect
- Self-harming as the primary concern
- Acute symptoms of post-traumatic stress disorder with impaired coping skills
- Problematic affect dysregulation with impaired coping skills
- Problematic substance use without care strategy and relapse prevention in place
- Unstable bipolar disorder
- Active psychosis
- Severe/complex personality disorders
- Severe eating disorder

<u>Group Schedule</u>: Running virtually, Tuesdays: 1 - 2:45 PM for 8 weeks. Clients will not be charged a fee. No reimbursement for travel or other expenses.

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