

Dear Doctor or Nurse Practitioner:

→ **Your patient wants to attend my *Tools for Trauma* program. They need a referral to do so.** ←

Tools for Trauma combines individual assessment and small-group learning:

- a one-time general psychiatric consultation (including but not limited to trauma)
- a 10-week trauma education and skills group that I facilitate (see below for topics)
- an optional four-week general mental health education group (Mental Health 201)

Groups are two-hour sessions via Zoom. Costs covered by MSP; refundable \$100 no-show deposit.

Like CBT Skills or BCalm, a referral is needed. Please use the attached form or your own (specify the referral is for the *Tools for Trauma* program).

To learn more or refer other patients, don't hesitate to contact me or see

WWW.BCPsYCHIATRIST.COM/TRAUMA

Yours sincerely,



Dr. P. Lysak, B.Med. MD FRCP(C)

Psychiatrist

TRAUMA EDUCATION AND SKILLS GROUP

Ten weekly two-hour sessions via Zoom teaching the impact of trauma and introducing a variety of practical tools and strategies to help manage it. Patients DO NOT share accounts of their traumas in group.

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|---|----------------------|
| 1. Introduction and Root Causes | 6. Self-Care |
| 2. Distress Tolerance Skills / Fake it 'Til You Make It | 7. Self-Compassion |
| 3. Boundaries and Communication | 8. Relationships |
| 4. Shame and Self-Blame | 9. Attachment Styles |
| 5. Mindfulness | 10. Review |

PSYCHIATRIC CONSULTATION

Detailed pre-assessment intake questionnaires and records review. Comprehensive, one-time 90min visit to assess overall mental health, fitness for group, and to recommend treatments to patients and their primary care provider. Post-group followup to discuss next steps.

MENTAL HEALTH 201 (optional 4w Zoom group)

Covers myths, individual differences, treatment course, medications, side effects, psychotherapy, supplements, physical health, novel treatments (e.g., psychedelics, rTMS), providers, communication, distress tolerance, safety.

INDIVIDUAL ASSESSMENT / SMALL-GROUP EDUCATION AND SKILLS-BASED LEARNING

TOOLS FOR TRAUMA

Fax completed referral form to: (250) 483-7643

PATIENT INFO

NAME	
ADDRESS	DOB (D/M/Y) AGE 18+
	PHN
	TEL
EMAIL (REQUIRED)	

REFERRING CLINICIAN (MRP)

NAME	MSP
ADDRESS / TEL / FAX	
EMAIL	

SEEN PSYCHIATRY BEFORE? <input type="checkbox"/> ER / PES <input type="checkbox"/> Inpatient <input type="checkbox"/> Followed as outpatient at _____ <input type="checkbox"/> One-time consult(s)	PHQ-9 (<19)
PSYCHIATRIC DIAGNOSIS	
MEDICATIONS <input type="checkbox"/> None	PAST PSYCHIATRIC MEDICATIONS
	PAST MEDICAL HISTORY

<input type="checkbox"/> IMPACTED BY TRAUMA AND/OR CHILDHOOD EMOTIONAL NEGLECT	(PTSD Diagnosis not required)
<input type="checkbox"/> PATIENT IS APPROPRIATE FOR GROUP LEARNING	
- Is not at risk to harm self or others	- Does not have symptoms of personality disorder, substance use, or other disorder severe enough to interfere with group-based learning
- Is not cognitively impaired	
- Does not have active psychosis or mania	
<input type="checkbox"/> PATIENT APPROVES THIS REFERRAL	
- Is aware of the commitment, fees, technology requirements to participate via Zoom	
<input type="checkbox"/> I (OR MY CLINIC) WILL PROVIDE ONGOING PRIMARY CARE AND THERAPEUTIC SUPPORT IF THE NEED ARISES	
- Dr. Lysak cannot provide emergency or additional sessions or other individual support or treatment	
DATE (D/M/Y)	SIGNATURE

Please attach copies of previous psychiatric consultations, recent lab work, and other relevant documentation.