



FOUNDRY VANCOUVER-GRANVILLE SKILLS SQUAD REFERRAL FORM

Date of Referral: (dd/mmm/yyyy) _____ Is the youth aware and in agreement with this referral? Yes No

REFERRAL SOURCE

Referring provider: _____ Phone number: _____ MSP number: _____

Referral form completed by: _____ Agency/Program: _____

Primary care provider: (if different from referring provider) _____

YOUTH INFORMATION

Legal name: (Last, First) _____ Preferred name: _____ Preferred pronouns: _____

DOB:(dd/mmm/yyyy) _____ PHN: _____ Gender: Male Female Non-Binary Other: _____

Youth's address: _____

If No Fixed Address, where can we find the youth: Shelter: _____ Other: _____

Best way to reach the youth: Phone: _____ Email: _____

If youth has no phone, contact: Name: _____ Phone: _____

INCLUSION CRITERIA

1. Cognitive Impairment (check all that apply) Full Scale Intelligence Quotient (FSIQ) equals 100 or below Impaired working memory – borderline and below Impaired processing speed – borderline and below Has youth had a neuropsychological/psychoeducational assessment? If yes, source and date: (dd/mmm/yyyy) _____ (Please attach a copy of the report)

2. Does youth struggle with emotion dysregulation? (check all that apply) High intensity emotions Dysregulated behaviours Difficulty returning to a calm state

3. Does youth struggle with social impairment? (check all that apply) Difficulty sustaining relationships Difficulty communicating needs Difficulty setting limits Inability to support own safety/vulnerability

Describe: _____

PLEASE TURN OVER

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Place Patient Label Here

Youth with the following diagnoses will be accepted, if they meet the referral criteria as outlined on page 1.

- Fetal Alcohol Spectrum Disorder
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Other neurodevelopment conditions: _____

Assessment source and date: (dd/mmm/yyyy) _____ (Please attach a copy of the report)

REVIEW OF SAFETY

Non-suicidal self-injury (e.g., cutting, burning, branding, skin picking, etc.) Describe: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Remote	<input type="checkbox"/> Unknown
Disordered eating behaviours Describe: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Remote	<input type="checkbox"/> Unknown
Suicidal ideation Describe: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Remote	<input type="checkbox"/> Unknown

- Substance use Yes No (check all that apply)
- Cannabis
 - Alcohol use
 - Stimulants
 - Opioids
 - Hallucinogens
 - Other: _____
 - Will not impair their ability to learn new information
 - Will not impair their ability to attend a weekly group

EXCLUSION CRITERIA

- Above average full-scale IQ (greater than 100) – will accept if youth has a working memory and/or processing speed impairment
- Violence (moderate to severe violence in the last six months)
- Psychosis (active psychosis within six months)
- Substance use – active, persistent cocaine and /or opioid, and/or stimulant use
- Any personality characteristic the Skills System Consultant Team assess as not healthy for group participation

Signature of Referring Provider: _____ Date: (dd/mmm/yyyy) _____

Please fax completed form to Intake Coordinator, Foundry Vancouver-Granville 604-297-9671



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Introduction to “Skills Squad Group” for referring clinicians:

The Skills System (Julie Brown, 2016) was designed to provide a recipe for using Dialectical Behaviour Therapy (DBT) principles that is user-friendly for individuals with intellectual challenges. The Skills System reduces complexity, includes relatable language and images, has real-world examples, enhances learning via repetition, and provides opportunities for practicing skills. The Skills System has nine core DBT-based skills and three tools that help the individual cognitively assemble and execute adaptive chains of behaviour throughout each day. Topics taught include identifying and rating emotions, goal-directed thinking and goal-directed action, mindfulness, social skills, managing distress, and safety planning.

At Foundry Granville we created our own Skills System Group, called “Skills Squad” Group. This group tailored the Skills System to the needs of youth with cognitive challenges as well as concurrent mental health and/or substance use conditions.

Youth (ages 15 to 24) who struggle with cognitive challenges (FSIQ 100 or less, impaired working memory and/or processing speed) as well as emotional AND social impairments, will benefit from the program. We will additionally accept referrals for youth with known or suspected Autism Spectrum Disorder, Traumatic Brain Injury and Fetal Alcohol Spectrum Disorder. Youth are not required to have a diagnosis of borderline personality traits or disorder.

On referral the youth will be screened for appropriateness for Skills Squad Group by our consult team. The provider will be notified of the outcome. If accepted, the youth will be contacted for an orientation session prior to the group start.

The group runs one-hour weekly sessions for 12 weeks, with youth being invited to repeat the cycle three times, for a total enrollment of one-year duration, as repetition of content promotes learning and retention.