

PERSONALITY DISORDER BC

Unified (individual and group) Transference-Focused Psychotherapy (TFP) Referral Form

Please note that patients do not necessarily need to have an established diagnosis of BPD or NPD to be referred. We are open to assessing patients where there is a high index of clinical suspicion for a personality disorder, as long as patients are also interested in ongoing treatment. For more information on BPD screening, consider the McLean screening instrument for borderline personality disorder (MSI-BPD).

For more information on TFP:

- 1) [A Guide to Transference-Focused Psychotherapy | McLean Hospital](#)
- 2) [About Transference-Focused Psychotherapy \(TFP\) – ISTFP.ORG](#)

Please check to confirm:

The patient is aware of this referral and consents to receiving an email from us with the intake forms.

The patient is aware that engaging in regular structured activity outside of therapy (e.g. at least 24 hours per week of paid employment, school, volunteering or parenting) is an indispensable component of the TFP treatment frame. We are open to assessing patients not already involved in regular structured activity, but prospective patients must be aware that to join a TFP group patients must be engaged in regular structured activity.

The patient is aware that heavy regular substance or alcohol use is incompatible with the TFP treatment frame.

The patient is aware that inter-session contact in the TFP model is limited to scheduling matters, and that the therapy is limited to the therapy hour. If a patient is looking for 24/7 access to phone coaching, consider DBT.

The patient is aware that a referral to our practice is not a guarantee that they will be seen for ongoing psychotherapy. An assessment will be done first, and it may be the case that our recommendation is for a different kind of psychotherapy (e.g. DBT or supportive psychotherapy).

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Other exclusion criteria to note:

- 1) Age <19 or >40. At this time our TFP practice is focused on early personality disorder intervention in young adults.
- 2) Antisocial traits or significant history of aggressive/criminal behaviour.
- 3) History of TBI with residual cognitive impairment.
- 4) Psychosis (schizophrenia, schizoaffective disorder, delusional disorder, history of stimulant induced psychosis etc.).
- 5) Bipolar I.
- 6) Severe current major depressive episode.
- 7) Suspected or diagnosed neurodevelopmental disorder with associated intellectual disability e.g. FASD.
- 8) Autism Spectrum Disorder.
- 9) Severe active substance use disorder.
- 10) Patients who cannot commit to reliable attendance.
- 11) Patients who cannot join a virtual appointment from a private space.
- 12) Primary diagnosis of conversion disorder or functional neurological disorder (FND).

Our services are covered by MSP, although we do charge a no-show fee if patients cancel with less than 24 hours of notice or miss an excessive number of appointments (greater than 6 individual appointments in a 6 month period or greater than 3 groups in a 6 month period).

Once we receive a referral by fax we will email patients an intake form to complete. **If they do not complete the intake form within two weeks the referral will be declined.**

If they complete the intake form we will contact them to book virtual appointments for a further assessment period. After this we will fax our assessment to the referring provider, including whether or not they are appropriate for TFP.

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Demographic Information:

Patient name: _____

Patient date of birth: _____

What city/town does the patient live in? _____

Patient PHN: _____

Patient email address: _____

Please write neatly, if we cannot read the email address the referral will be returned

Patient phone number: _____

Referring doctor's name: _____

Referring doctor's fax number: _____

If the patient lives outside of greater Vancouver or Victoria, please check this box to confirm that the referring provider intends to continue seeing the patient locally. This relates to the CPSBC practice standard for virtual care that "formal affiliation with in-person providers where the patient resides" is required.

Referring doctor's signature: _____

MSP number: _____

Date of referral: _____

Please fax completed referrals along with any previous psychiatric consultations to: (250) 412-2028