

WHEN TO CONSIDER A REFERRAL TO OSP

CLIENT WANTS A STRUCTURED THERAPY

- OSP provides Structured Cognitive Behavioural Therapy only.
- OSP is a good fit for people who want weekly or bi-weekly support with tangible skills and between-session practice.

Note: OSP does NOT provide Supportive counselling, Grief therapy, Crisis management, Case management, Housing or financial supports, Chronic pain management, Substance use counselling, or DBT.

CLIENT'S SYMPTOMS ARE WITHIN OSP'S SCOPE

If a client is seeking support in the following areas, OSP and CBT may be a good fit:

- Depression and low mood
- Generalized Anxiety and Worry
- Post-Traumatic Stress
- Obsessive Compulsive Concerns
- Social Anxiety
- Health Anxiety
- Specific Phobias
- Unexpected Panic & Agoraphobic Fears
- Other Anxiety & Stress-Related Concerns (BounceBack only)

CLIENT IS OPEN TO FACING FEARS OR TESTING HYPOTHESES

- Many CBT protocols involve exposure to objectively safe situations that have been avoided, as well as confronting distressing thoughts and beliefs.
- These strategies have been found in research to be very effective, but not every person may want treatment that uses this type of approach to reducing symptoms.

CLIENT UNDERSTANDS THEY MAY BE TRIAGED TO SELF-LED OR THERAPIST-LED CBT SERVICES

- OSP offers a stepped-care model where, after an intake assessment, many people start with self-led CBT resources, supported by a therapist or coach (ie. through use of workbooks, or internet-based CBT services).
- Clients complete symptom measures each week to track progress in treatment.
- Clients may be stepped up to individual or group CBT psychotherapy if needed, delivered either in person, virtual, or over telephone.
- Clients can step up by talking to their coach or clinician or calling OSP and requesting more support.

EXCLUSIONARY CRITERIA

OSP is **NOT able** to meet a person's needs if:

- Client is **actively suicidal** and with **impaired coping skills** and/or has attempted suicide in the past six months.
- Client poses a high risk to themselves, risk to others or is at significant risk of self-neglect.
- Client is **self-harming**, which is the primary concern.
- Client is experiencing significant symptoms of **mania or hypomania** currently or has experienced these symptoms within the past year.
- Client is experiencing significant symptoms of a **psychotic disorder** currently or has experienced these symptoms within the past year.
- Client has a **severe/complex personality disorder** that would impact their ability to actively participate in CBT for anxiety or depression.
- Client has requested **medication management** only.
- Client has moderate to severe impairment of cognitive function (e.g. dementia or acquired brain injury); or moderate/severe impairment due to a developmental disability or learning disability that would impact their ability to actively participate.
- Client currently has **problematic substance use** or has had problematic substance use in the past three months that would impact their ability to actively participate in CBT.
- Client has a **severe eating disorder** that would impact their ability to actively participate in CBT for anxiety or depression.



To make a referral, visit our website:

