

Group Therapy Format Description Form (DBT)

Providers wishing to offer mental health group therapy to members of Univera Healthcare must obtain prior approval of the group from the Behavioral Health Department of Univera Healthcare.

Please complete this form and return it via mail or fax. Form instructions: full DBT program should complete the Full DBT Program and Admission Criteria sections; stand-alone group should complete the top portion of the form, the Stand-alone DBT Groups section, and the remainder of the form. Thank you.

Date submitted:

Facility name:

Contact person and phone number and/or email address:

Group title:

Full DBT Program:

Group size (maximum number): _____ **Group cycle: 24-26 weeks:** yes no

Duration of session: Number of hours _____ **Age/Gender:** _____

Group facilitator has been intensively trained for DBT? Yes No

Consult Team? Yes No

Members in concurrent individual treatment with DBT-trained therapist? Yes No

Group Modules: Mindfulness Emotional Regulation Distress Tolerance Interpersonal Effectiveness

Walking the Middle Path (adolescents only)

Do diagnoses include one or more of the following? (If not, please explain in criteria section.)

Adults (check all that apply): Borderline Personality Disorder (BPD) BPD co-morbid with substance use

Post-Traumatic Stress Disorder (PTSD) with or without co-morbid substance abuse Eating disorders co-morbid with substance use Eating disorders Depression in older adults

Adolescents (check all that apply): Borderline Personality Disorder (BPD) BPD, traits of Mood disorders

Substance use disorders Eating disorders BPD with co-morbid substance use disorders

Stand-Alone DBT Groups:

Please describe the core objectives of the group:

Group size (maximum number): _____ **Group cycle:** _____ **Number of weeks:** _____

Duration of session: Number of hours _____ **Age/Gender:** _____

What DBT module is being requested:

Admission Criteria:

DSM diagnoses (please include names of all primary DSM diagnoses--no code please):

Presenting Symptoms:

Discharge criteria:

Quantitative Scales—(measurable outcomes-must have at least 1):

Qualitative Outcomes—(member reports):

Return by mail to Univera Healthcare, Attn: Behavioral Health Department, 205 Park Club Lane, Buffalo, NY 14221, or fax to 1-585-399-6640.

If you have questions, please call us at 1-800-277-2138.