



### Centre for Refugee Resilience - Therapy Referral Form

Please fax completed form to: Marisa Jimenez. Please mark it "Confidential."

Email: [mjimenez@ccisab.ca](mailto:mjimenez@ccisab.ca) Tel. 403-290-5427 Fax. 403-262-2033

Date	Who is referring		Has this referral been discussed with	
	Agency Contact person Phone Email		Client (for those who are 18+year old) <input type="checkbox"/> YES <input type="checkbox"/> NO Parents (if referred client is 3- 18 years old) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PRIMARY CLIENT</b>	Last name		Given name	
Age	Gender	Year arrived in Canada	Country of Origin	
Phone: H		C	Best time to contact	
Date of Birth		Address		
Languages spoken		Level of Eng <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance		
Family Members				
Other support staff involved (for example: teacher, case worker)				
<b>If Primary client is under 18, continue with parents' information</b>				
Mother's name		Phone H C		
Languages		Level of Eng <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance		
Father's name		Phone H C		
Languages		Level of Eng <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance		
Parent's marital status: Married Single Widowed Divorced Separated Common Law				
Who has legal guardianship of referred child?				
School referred child attends			Grade	
Teacher's name		Phone		

Please include phrases and words that the client used in your discussion about this referral so we can mirror the same language

Please describe the reasons for this referral:

How did the client (or parent) describe their symptoms or current struggles?

How does this person (or parent) understand mental health support?

What is the client's (or parent's) hope or expectation of counselling?

Please identify (to the best of your ability) this person's strengths, skills, and talents:

**Building resilience starts with the referral process.**

Our centre recognizes that healing is built on the principles of:

- **Safety**  
Stories of resilience are sacred and some may choose to keep them private for a lifetime. Be prepared to listen to a traumatic story, but allow a person to decide when they feel safe to do so, and allow them to initiate the story-telling process. In the referral process, our focus is on the signs and symptoms, expressed concerns, current struggles, and strengths.
- **Empowerment**  
Give choice and control at every step of the referral process, from sharing stories and concerns to deciding which services to seek.
- **Connection**  
Build on the trust that you have already established by facilitating the referral to the program.

Supports Provided by the Program	Supports <u>Not</u> Provided by the Program
<ul style="list-style-type: none"> <li>• Therapeutic counselling, focus on non-current trauma</li> <li>• Group therapy</li> <li>• Psycho-education, workshops, and training</li> <li>• Volunteer support</li> <li>• Client resources/ referrals, as needed</li> <li>• Interpretation for program services</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis support</li> <li>• Therapy outside the focus of trauma</li> <li>• Therapy for current or ongoing traumatic situations (e.g. current experiences of family violence)</li> <li>• Formal assessments (e.g. for use in court or Children’s Services cases)</li> <li>• Issues related to developmental disabilities</li> <li>• In-home therapy</li> </ul>

**Who do we support?**

- Immigrant or refugee background (any age)
- Present with symptoms of trauma
- Have economic and social barriers
- Have trauma as the primary issue they wish to address
- Are open to engaging with services
- Are stable enough to engage with services
  - Not in immediate transition, immediate crisis, or current traumatic situation
  - Their lives are in a general state of consistency/routine