



CBTm

COGNITIVE BEHAVIOUR THERAPY
WITH MINDFULNESS

for Physicians

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Disclosure

- No conflicts of interest to disclose.

Learning Objectives

At the completion of these sessions, participants will be able to:

1. Describe the fundamental concepts of cognitive behaviour therapy (CBT).
2. Identify unhelpful patterns of thinking (thinking traps) in themselves and others.
3. Practice a specific cognitive tool (thought record) to help manage stressful situations.
4. Teach patients the fundamental concepts of CBT and how to do a thought record.
5. Discuss adaptive and maladaptive behavioural responses to stress.
6. Practice a specific behavioural skill (goal-setting) to help manage stressful situations.
7. Teach patients how to do goal-setting.
8. Explain how to refer patients to the Cognitive Behaviour Therapy with Mindfulness (CBTm) classes in Manitoba.
9. Describe CBTm courses available to physicians and medical learners in the province.

Lots of Self-Help Websites



Anxietycanada.com

Good quality site
Interactive
Great resources
Good videos of patient stories

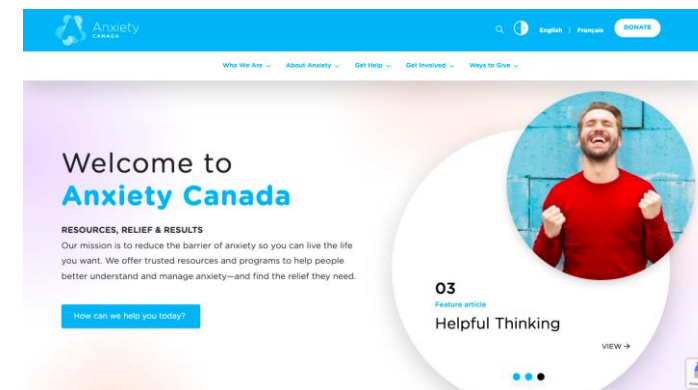


MindShift app

Good mobile application



Heretohelp.bc.ca



App Store Preview



MindShift CBT - Anxiety Relief

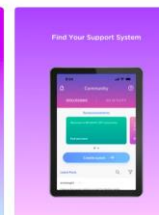
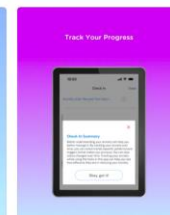
Manage anxiety & be mindful
Anxiety Canada Association

Designed for iPad
#17 in Health & Fitness

Free

[View in Mac App Store](#)

Screenshots



SEARCH

Get help now

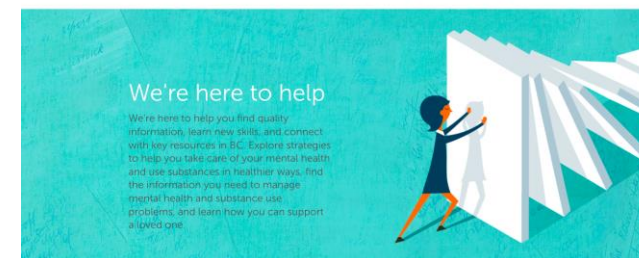
I am here to support

Stories

Resource Library

Events

Visions Journal



CBTm COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS

Mindfulness Meditation

Observe without judgment

Helpful for stress reduction

Apps

- Mindshift
- Mindfulness Coach

Anywhere, anytime

- Observe breath, object, activity, sounds

What is CBT?

Structured

Focus on here
and now

Understand
thinking
patterns

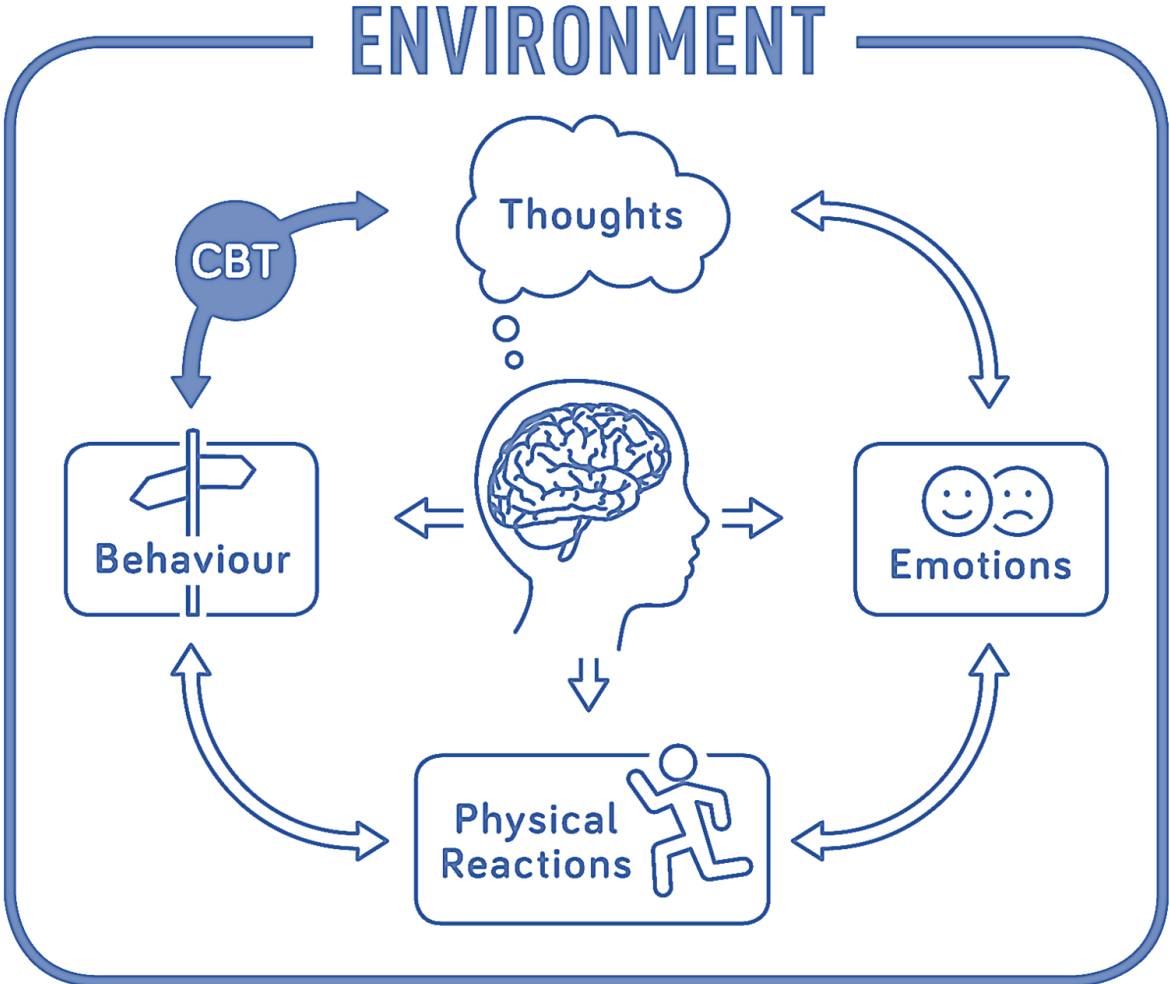
Test beliefs
and
assumptions

Understand
behaviour
patterns

Problem
solving skills

Change
unhelpful
behaviours

The CBT Model



Basics of Cognitive Therapy

CBT Myth

Myth Cognitive therapy is to help people think positively

Truth Cognitive therapy is to help people think in a flexible and balanced way

Cognitive Model



When we are feeling anxious, sad, ashamed or angry, we are usually thinking negatively



These negative thoughts can make the difficult emotions stronger



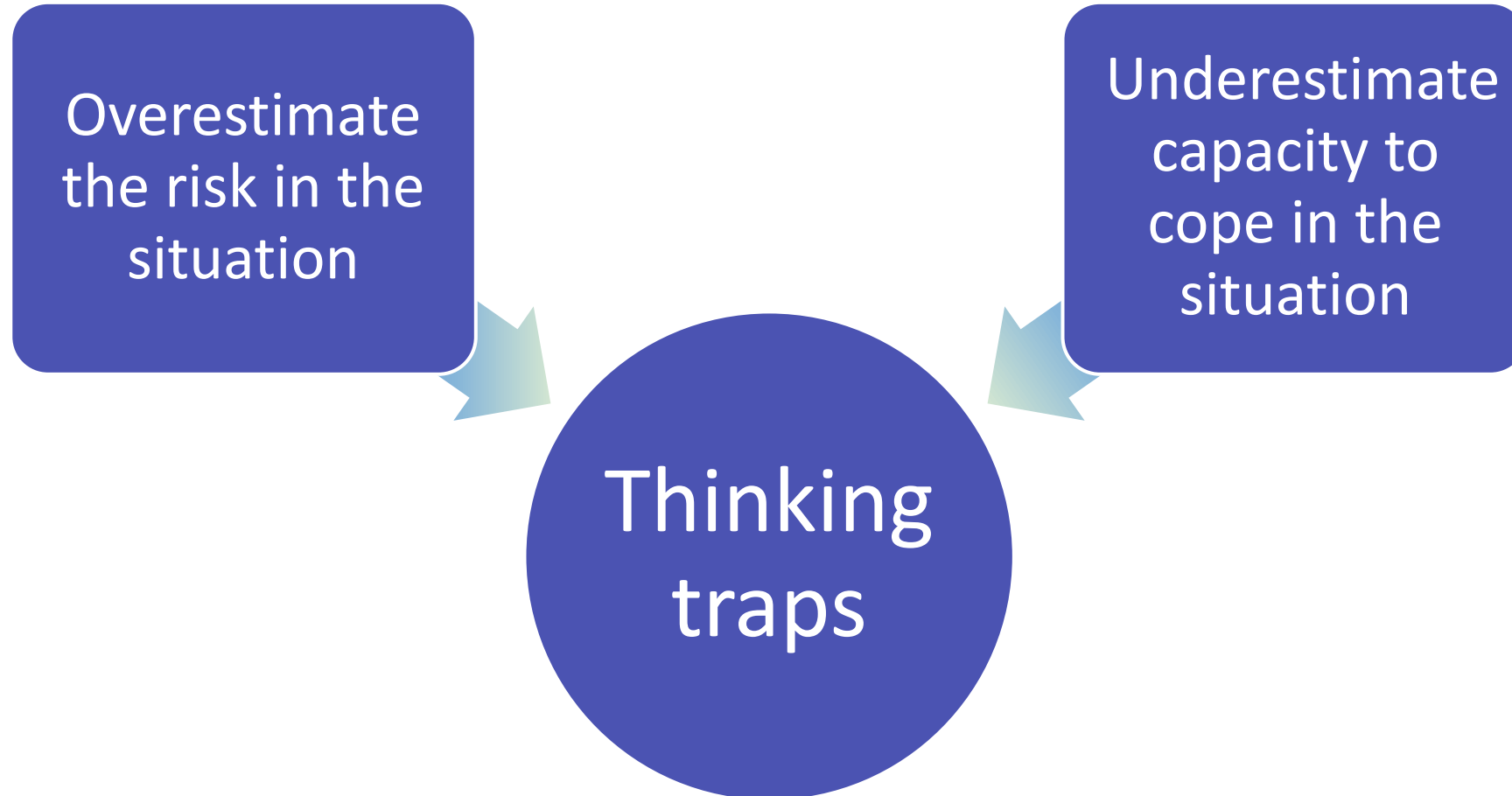
If we can recognize this negative thinking, and balance it, it can help reduce the intensity of difficult emotions

Cognitive Theory of Depression



- Negative view of self
- Negative view of others
- Negative view of future

Cognitive Theory of Anxiety



Using a Thought Record

Beck Institute

TESTING YOUR THOUGHTS

What is the situation? _____

What am I thinking or imagining? _____

How much do I believe it? a little medium a lot (or rate 0-100 ____)

How does that thought make me feel? angry sad nervous other _____

How strong is the feeling? a little strong medium very strong (or rate 0-100 ____)

What makes me think the thought is true?

What makes me think the thought is not true or not completely true?

What's another way to look at this?

What's the worst that could happen? Would I still live through it?

What's the best that could happen?

What will probably happen?

What will happen if I keep telling myself the same thought?

What could happen if I changed my thinking?

What would I tell my friend _____ if this happened to him/her?

What should I do now?

How much do I believe the negative thought now? a little medium a lot (or rate 0-100 ____)

How strong is my negative feeling now? a little strong medium very strong (or rate 0-100 ____)

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Beck Institute

TESTING YOUR THOUGHTS (Example)

This worksheet is a version of a Dysfunctional Thought Record.

What is the situation? Joanne yelled at me.

What am I thinking or imagining? She'll never call me again.

How much do I believe it? a little medium a lot (or rate 0-100 ____)

How does that thought make me feel? angry sad nervous other _____

How strong is the feeling? a little strong medium very

strong (or rate 0-100 ____)

What makes me think the thought is true? She seemed pretty mad.

What makes me think the thought is not true or not completely true? She's gotten mad at me

before but she seems to get over it.

What's another way to look at this? She's got a real temper but she doesn't stay mad.

What's the worst that could happen? Would I still live through it? I'd lose my best friend.

What's the best that could happen? She'll call back right away and apologize.

What will probably happen? She'll act kind of cold for a few days and then I'll call her.

What will happen if I keep telling myself the same thought? I'll keep feeling really upset.

What could happen if I changed my thinking? I could feel better, maybe call her sooner.

What would I tell my friend Emily if this happened to him/her? Don't worry, just

wait two days and call.

What should I do now? Call a different friend.

How much do I believe the negative thought now? a little medium a lot (or rate 0-100 ____)

How strong is my negative feeling now? a little strong medium very strong (or rate 0-100 ____)

Testing Your Thoughts

What is the situation?

What am I thinking or imagining?

How much do I believe it?

A little, medium, a lot (or rate 0-100)

Testing Your Thoughts

How does that thought make me feel?

angry, sad, nervous, other...

How strong is the feeling?

a little, medium, very strong (or rate 0-100)

Testing Your Thoughts

What makes me think the thought is true?

What makes me think the thought is not true or not completely true?

What's another way to look at this?

Testing Your Thoughts

What's the worst that could happen? Would I still live through it?

What's the best that could happen?

What will probably happen?

What will happen if I keep telling myself the same thought?

What could happen if I changed my thinking?

What would I tell my friend if this happened to them?

Testing Your Thoughts

What should I do now?

How much do I believe the negative thought now?

a little, medium, a lot (or rate 0-100)

How strong is my negative feeling now?

a little, medium, very strong (or rate 0-100)

Thinking Traps	Examples
Overgeneralizing Thinking that a negative situation is part of a constant cycle of bad things that happen. People who overgeneralize often use words like “always” or “never”.	I wanted to go for a walk at lunch, but now it’s raining. This always happens to me! I never get to do fun things!
All or Nothing Thinking (Black and White thinking) Seeing things as only right or wrong, good or bad, perfect or terrible. People who think in black and white terms see a small mistake as a total failure.	I wanted to eat healthier, but I just had a piece of cake. This plan is a total failure! I might as well eat the whole cake!
Fortune Telling Predicting that something bad will happen, without any evidence.	I’ve been studying hard, but I know that I’m going to fail my test tomorrow.
Emotional Reasoning Believing that bad feelings or emotions reflect the truth of a situation.	I feel anxious when I fly, so airplanes must not be safe.
Labeling Saying only negative things about yourself or other people.	I made a mistake at work. I’m stupid! My boss told me that I made a mistake. My boss is a total jerk!
‘Should’ Statements Telling yourself how you “should” or “must” act. “Should” statements about ourselves lead to guilt. “Should” statements about others lead to anger and resentment.	I should be able to handle this without getting upset and crying!
Mind Reading Jumping to conclusions about what others are thinking, without any evidence.	My coworker didn’t stop to say hello. She must not like me very much.
Mental Filter Focusing only on the negative parts of a situation and ignoring anything good or positive.	I met a lot of great people at the party, but one guy didn’t talk to me. There must be something wrong with me.
Catastrophic Thinking Exaggerating the importance of negative things, believing the worst-case scenario, or thinking something is unbearable or impossible.	I stumbled over my words during the presentation at work, so I’ll probably lose my job.
Personalization You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.	My partner looks irritable today. I must have done something to upset them.

Understanding Thinking Traps

Common Thinking Traps

Overgeneralization

All or Nothing
Thinking

Fortune Telling

Emotional
Reasoning

Labelling

Should Statements

Mind Reading

Mental Filter

Catastrophic
Thinking

Personalization

Practice

Go back to your thought record and identify which thinking trap (or traps) you notice



Basics of Behaviour Therapy

Helpful:

Sticking to usual routine

Healthy living strategies

Seeking social support

Unhelpful:

Avoidance

- Behavioural
- Chemical
- Mental
- Emotional

Common Behavioural Responses to Stress

Behavioural Experiments

When you have challenged your thoughts



Understand (rationally) that it is a thinking trap



Still have high levels of anxiety, sadness, or anger



Still a part of you believes the thought

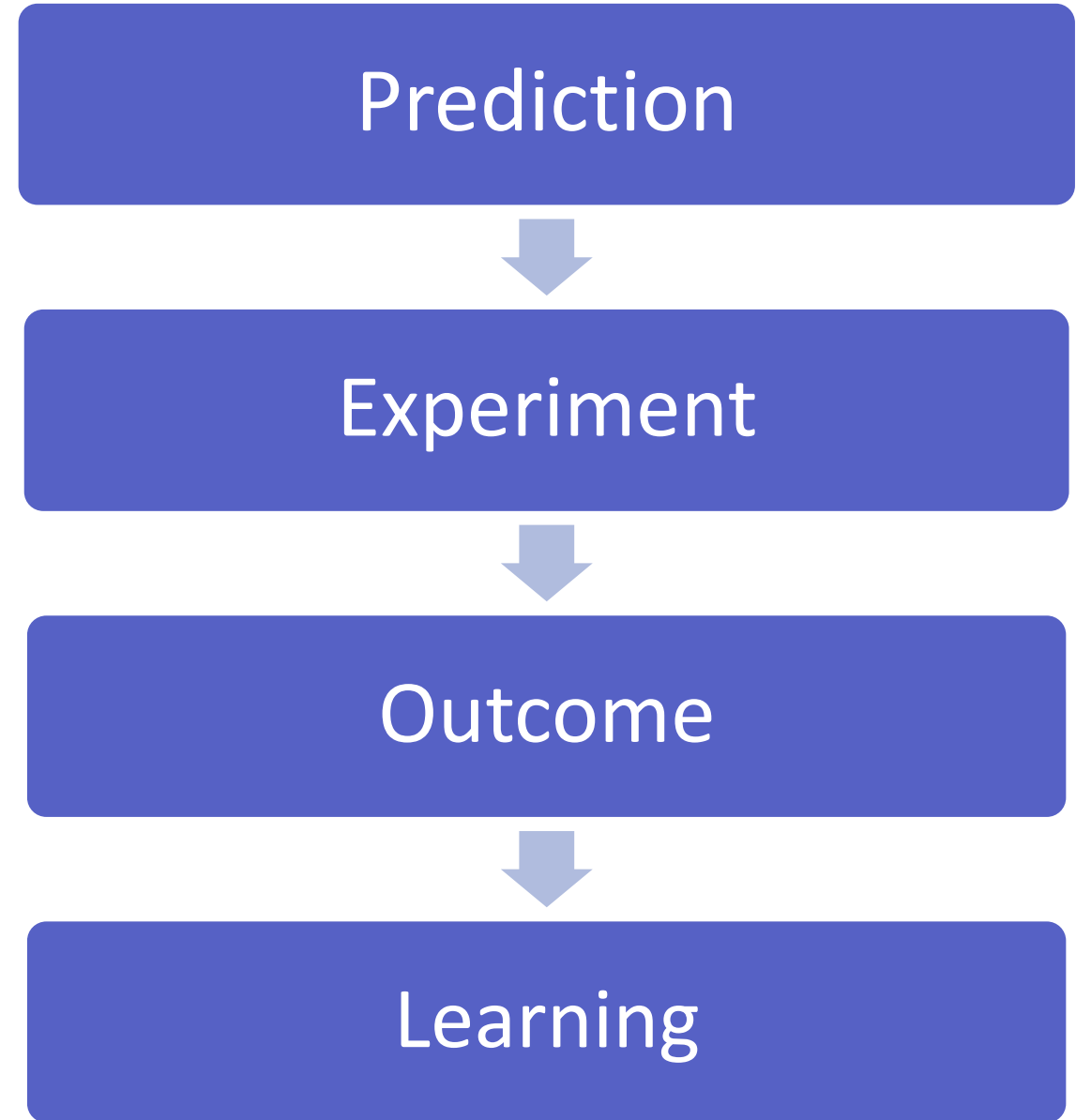


Then it's time for a behavioural experiment...

Behavioural Experiments

Can you test your thoughts?

Beginnings of behavioural therapy



Prediction

What is your prediction?
What do you expect will happen?
How would you know if it came true?

Rate how strongly you believe
this will happen (0-100%)

Prediction

What is your prediction?
What do you expect will happen?
How would you know if it came true?

*If I speak in public I will shake so much that people will
notice and laugh at me*

Rate how strongly you believe
this will happen (0-100%)

90%

Experiment

What experiment could test this prediction? (where & when)
What safety behaviors will need to be dropped?
How would you know your prediction had come true?

Experiment

What experiment could test this prediction? (where & when)
What safety behaviors will need to be dropped?
How would you know your prediction had come true?

*Speak up at the next meeting on Monday - I could present some of the data that I have
been meaning to show.*

*Would need to gesture with my hands, and not hold on to the table
I could ask my friends if they noticed me shaking when I talk*

Outcome

What happened?
Was your prediction accurate?

Outcome

What happened?
Was your prediction accurate?

*I was really nervous and was very aware of my hands
My friends said I spoke well and that they could not see me shake*

Learning

What did you learn?
How likely is it that your predictions will happen in the future?

Rate how strongly you agree
with your original prediction
now (0-100%)

Learning

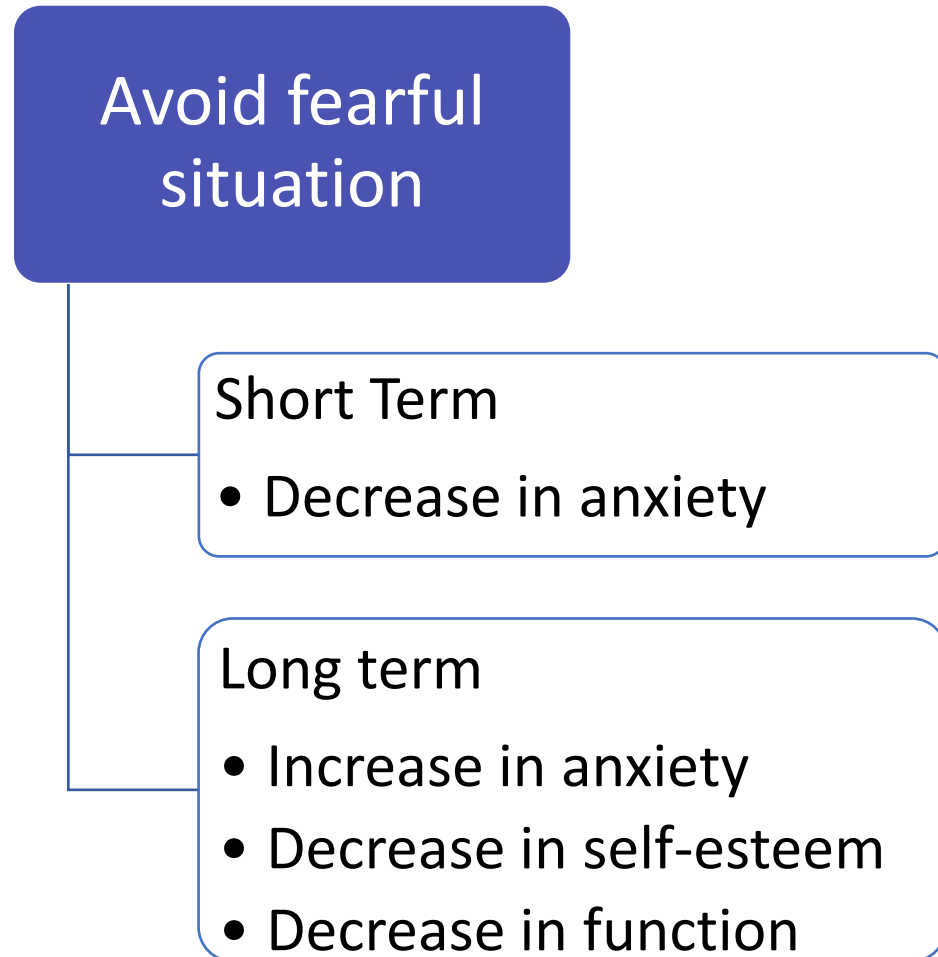
What did you learn?
How likely is it that your predictions will happen in the future?

*Although I feel nervous when speaking it's not as obvious
to other people*

Rate how strongly you agree
with your original prediction
now (0-100%)

50%

Behavioural Theory of Anxiety



Behavioural Theory of Anxiety

Avoid fearful situation

Short Term

- Decrease in anxiety

Long term

- Increase in anxiety
- Decrease in self-esteem
- Decrease in function

Confront fearful situation

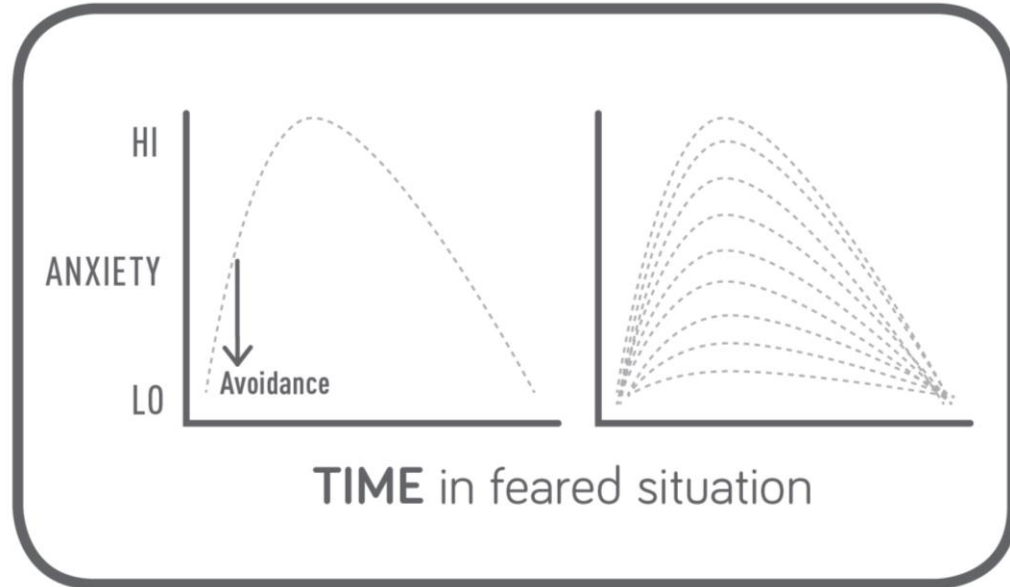
Short Term

- Increase in anxiety

Long term

- Decrease in anxiety
- Increase in self-esteem
- Increase in function

Exposure



What is Exposure Therapy?

Exposure therapy is the most effective psychological treatment for anxiety. Exposure means 'facing your fears' and is the opposite of avoidance. When we avoid something that we fear, the fear only gets stronger: by avoiding we don't get to learn anything about our ability to cope. If we confront our fears and learn that we can cope then we become more able to manage similar situations in the future. Exposure can be done to real situations or to imagined ones. In psychological terms exposure leads to the *extinction of a learned fear response*.

What is exposure used for?

Exposure is an effective treatment for any type of fear including:

- Phobias – fears of specific objects, events, or situations
- Post-traumatic stress disorder (PTSD) – fear associated with painful memories of traumatic events
- Panic attacks – fear of particular body sensations
- Obsessive compulsive disorder (OCD) – various fears, e.g. of being contaminated, of causing harm to others

How exposure works

One helpful way to think about how exposure works is to consider memories. A scary event creates a 'fear memory' linking the object, event, or situation with a feeling of fear. Reminders activate this fear memory and make you feel afraid. It is not possible to get rid of old memories, but it is possible to create helpful new ones which will outnumber the old ones. Exposure therapy creates new memories linking the feared object, event, or situation with feelings of control, safety, or achievement. With successful exposure, whenever you are reminded of the object, event, or situation your mind learns to recall a good memory and you feel ok.

Let's consider an example:

Step 1: Learning to be afraid of something

Bob is involved in a car crash. He feels very frightened at the time. A memory is created in Bob's mind which links cars with feeling afraid.



Step 2: The problem of fear

Reminders of the crash activate Bob's fear memory and make him feel afraid. His fear means that he avoids travelling in cars or on the road. This avoidance means that he doesn't get to learn how safe travelling by car normally is.



Step 3: Exposure therapy

As part of his treatment Bob is gradually exposed to cars in a variety of different situations. Nothing bad happens so he begins to feel safer around cars. He starts driving again.



Step 4: Anxiety is reduced

Exposure doesn't make the fear memory go away, it just creates new 'safe' memories. In potentially scary situations the old fear memory and the new safe memories 'compete' – whenever a reminder comes along Bob can be reminded of either the old fear memory or the new safe memory. The more exposure therapy he has done the more positive memories he will have to rely on and the more capable he will feel.



Graded exposure

Graded exposure is a gentler way of facing your fears. Fears are faced in order of increasing intensity, starting with something that is not too scary. Steps for graded exposure:

- Identify a ladder of increasingly fearful situations
- Starting with the easiest, confront that object, event, or situation and stay there until your fear reduces
- Don't move up the ladder until you feel comfortable at each step



PSYCHOLOGYTOOLS

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Facing your Fears: Exposure

adapted from AnxietyBC

It's natural to want to avoid things that you fear. The purpose of fear is to alert us to when we're in danger and need to do something to protect ourselves. However, when our fear response is going off at the wrong time (when there is no danger or very little danger), the fear response itself becomes a problem. In this type of situation, avoidance leads to worsening anxiety, and prevents you from learning that the things you fear are not as dangerous as you think.

An important step in managing anxiety involves facing feared situations, places or objects, so that you can learn through experience that these situations are not as dangerous as your body thinks. The process of facing fears is called **exposure**. Exposure involves gradually and repeatedly putting yourself in feared situations until your fear level drops. Exposure is not dangerous to your health. After repeated exposures to a situation, your anxiety will naturally lessen.

It's important to start with small goals, with things that are not too frightening or overwhelming. After repeatedly facing things that are mildly scary, you will build confidence in those situations and will feel ready to gradually face more challenging situations over time. For example, if you have a fear of dogs, a first exposure goal might involve looking at pictures of dogs. Once you have done this repeatedly, any anxiety you have when looking at pictures of dogs will naturally lessen. Next, you could move on to watching videos of dogs on the internet, and keep doing that exposure activity until it no longer triggers much anxiety, and so on.

Exposure is very effective, but it takes planning and patience to make it work for you. Many individuals with anxiety have doubts about trying exposure. You might have tried it in the past and found it didn't work. However, you might have tried to face something too scary too soon, which can be overwhelming. Or, you might not have had a chance to practice repeatedly in order to get the benefits of exposure. Be willing to try again!

The following steps can help you make exposure work for you.

Step 1. Make a list

Make a list of situations, places or objects that you fear. If we go back to the example of dogs, the list might include: looking at pictures of dogs, watching videos of dogs, standing across the park from a dog on a leash, standing in the same room as a dog on a leash, standing a few feet from a dog, or petting a puppy. If you're afraid of social situations, the list might include: saying "hi" to a co-worker, making small talk with a cashier, going for coffee with coworkers, or calling a friend on the phone.

Tip: Group Fears Together.

Some people have a lot of different fears, so it can help to group similar fears or specific fear themes together. For example, if you have a fear of bugs and a fear of heights, make different lists for each of them.

Exposure Example – Fear of Dogs



View pictures of dogs

View videos of dogs barking



Go near dogs in kennels

Pet small, cute dog



Pet large friendly dog

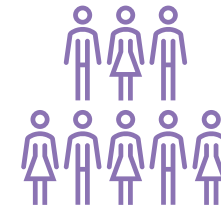
Exposure Example – Fear of Flying



Imaginal exposure



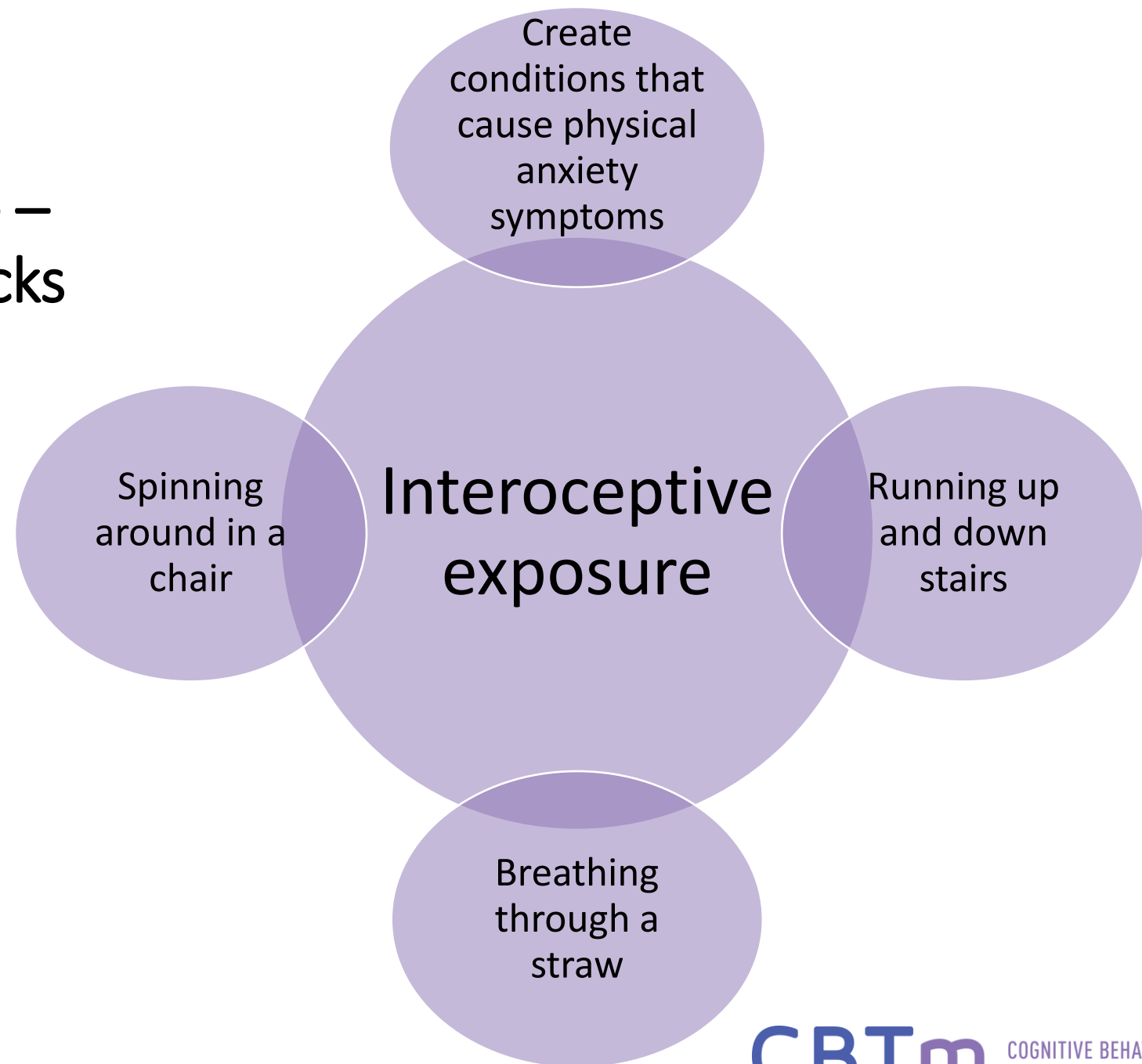
Writing script of worries



Mimicking conditions related to fear

E.g., crowded spaces, hard to escape, turbulence

Exposure Example – Fear of Panic Attacks



Behavioural Theory of Depression

The individual is not getting enough positive feedback from their environment

Avoidance

Feeling down

Further avoidance

Behavioural Activation

Begin

- Begin doing things you used to enjoy, even if you no longer enjoy them as much or at all.

Don't wait

- Don't wait until you feel better to start doing things again!

Record

- Record your mood when you are not active and compare it to when you are active.

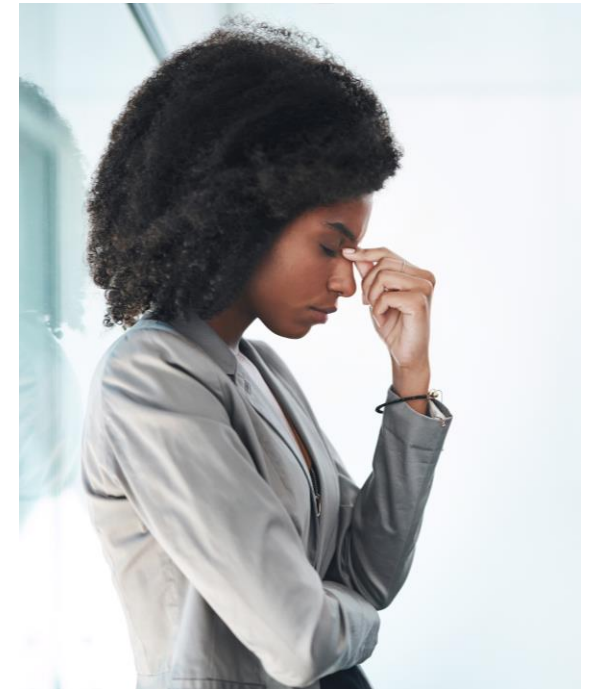
What are you avoiding?

What are you avoiding because of anxiety and/or depression?

Make a list.

Imagine that it is 3 months later...

What are you doing differently when you are feeling better?



SMART Goals

Specific



Measurable



Attainable



Relevant



Timely

Put the stress symptoms aside when making goals

Break the goals down into small pieces

See handout guide for goal setting

Examples

Poor Examples of Goals	Good Examples of Goals
<ul style="list-style-type: none">• Eat less sugar	<ul style="list-style-type: none">• Reduce the cans of pop I have by 1 can per day
<ul style="list-style-type: none">• Go back to school	<ul style="list-style-type: none">• Take a writing course at the community college in September
<ul style="list-style-type: none">• Meet new people	<ul style="list-style-type: none">• Join a walking group and have a conversation with one new person on the first walk
<ul style="list-style-type: none">• Save money	<ul style="list-style-type: none">• Put \$10 in my savings account each month
<ul style="list-style-type: none">• Spend more time outside	<ul style="list-style-type: none">• Go to the park on Saturday for 3 hours
<ul style="list-style-type: none">• Be less anxious	<ul style="list-style-type: none">• Practice relaxation exercises once a day
<ul style="list-style-type: none">• Practice exposure exercises	<ul style="list-style-type: none">• Complete exposure exercises weekdays between 7 and 9 pm

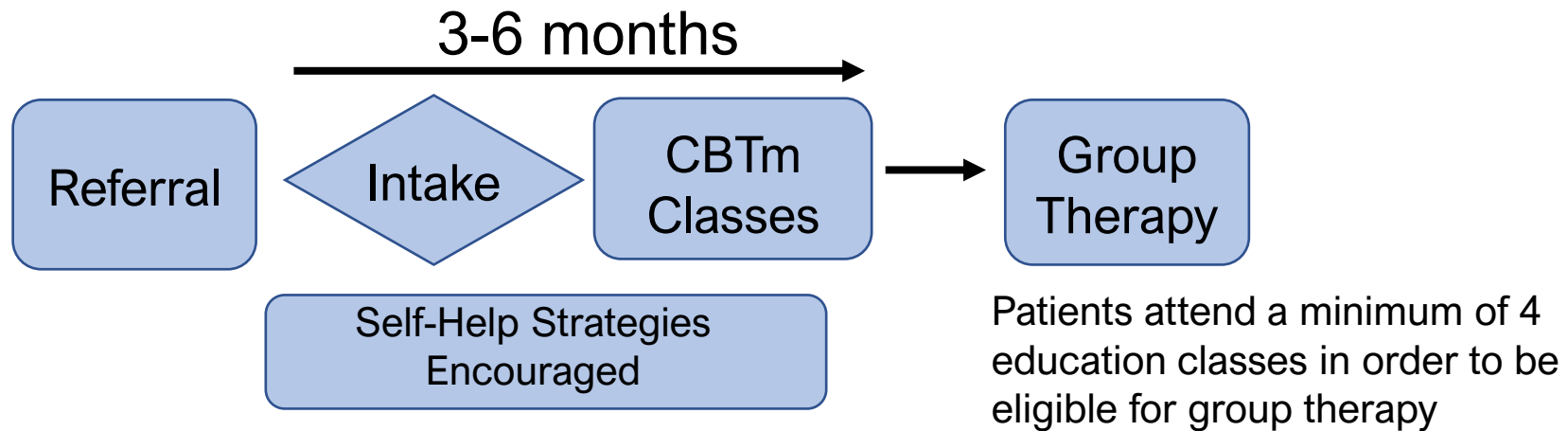
Development of CBTm in Manitoba

CBT at HSC

A. Prior to 2013



B. Stepped-care service started in 2013





Why Classes?

- CBT is first line for many mental health problems and is not easily accessible in many publicly funded systems*
- Unmet self-perceived need for psychotherapy > unmet need for medications*
- Low intensity CBT interventions (bibliotherapy, online) with minimal therapist assistance is a cost-effective method to improve access**
- CBT has also been shown to prevent/delay onset of depression and anxiety among vulnerable groups**

*Statistics Canada Report 2013; ** Delgadillo BJP 2017



Why Classes?

- Everyone has been in a class, not everyone has been/wants to be in therapy
- Psychoeducation provides a less intensive format
- Helps socialize to the expectations for CBT/therapy
- Self-selection into more intensive therapy

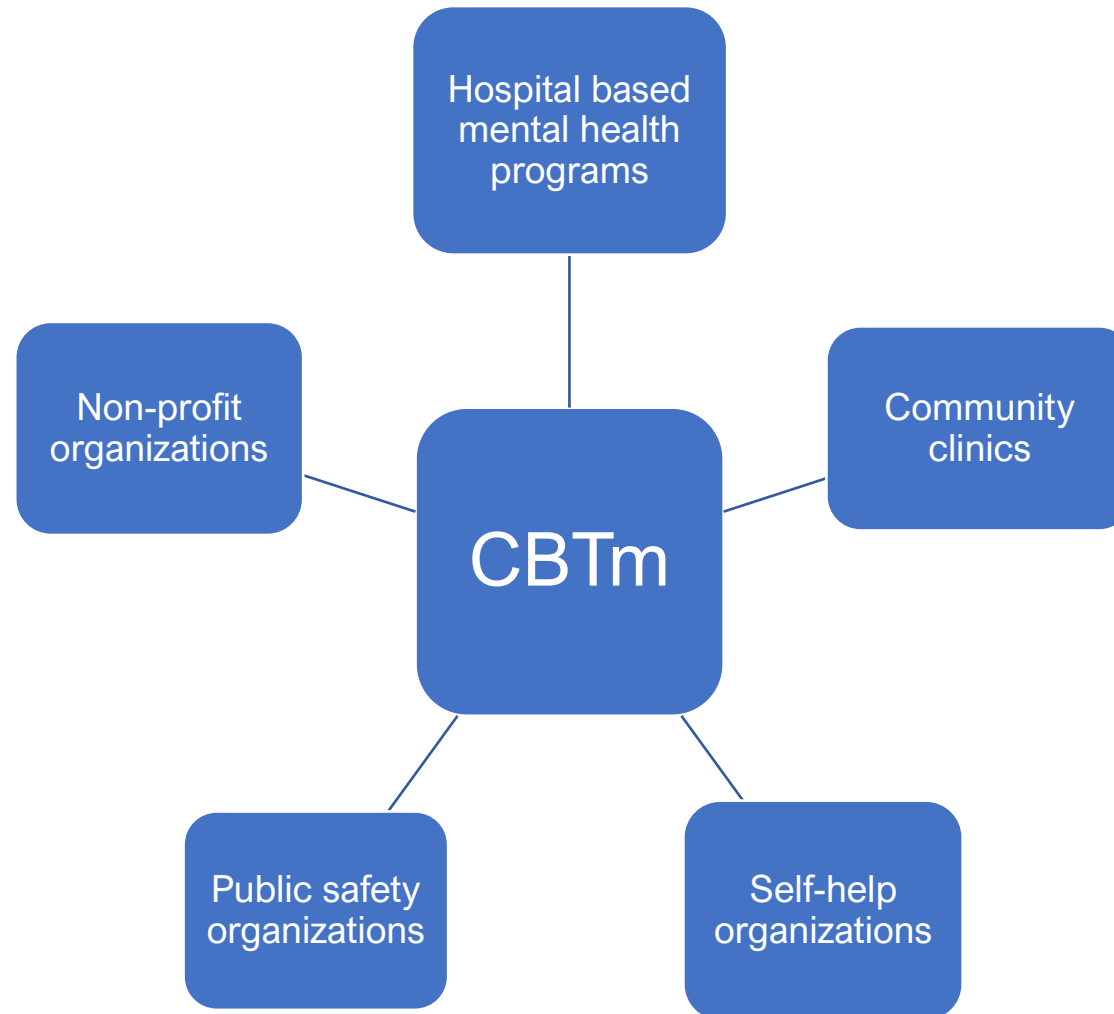
Patients/clients/supports learn:

- The principles of CBT for depression and anxiety
- The structure and process of CBT sessions
- Good quality free self-help CBT resources
- Mindfulness techniques

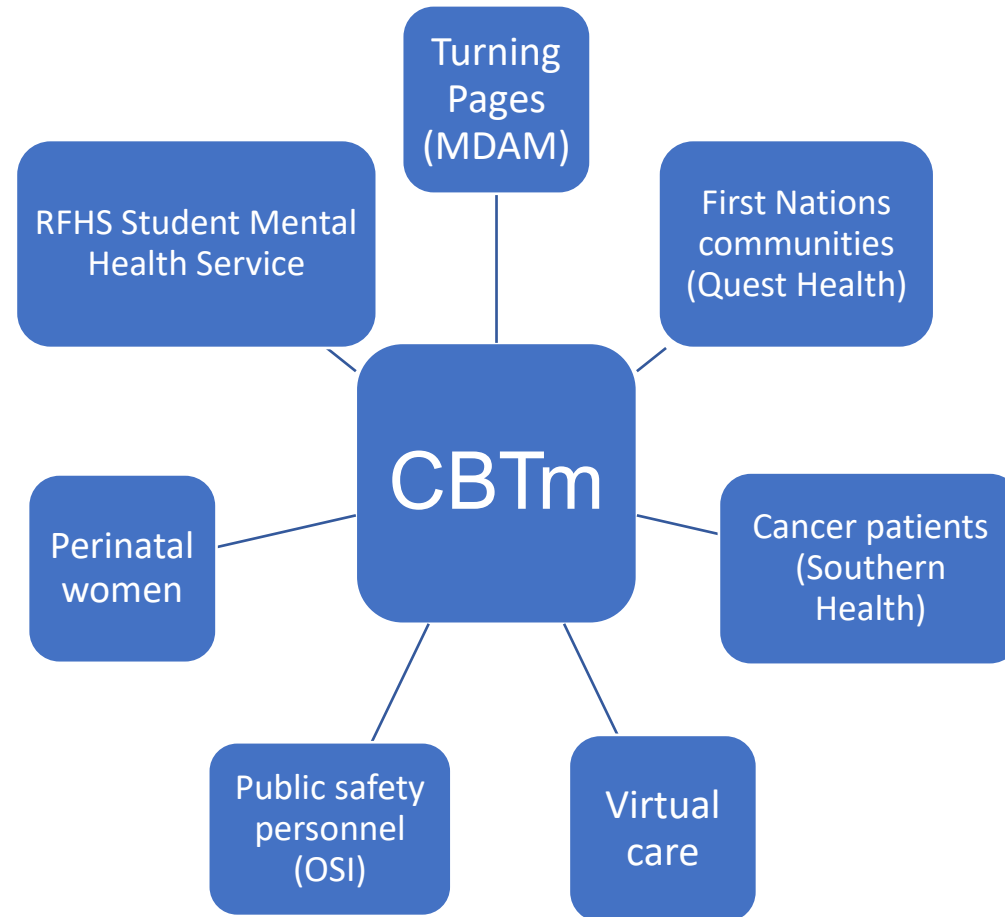
Overview of topics covered:

- CBT Model
- Mindfulness and relaxation strategies
- Cognitive restructuring
- Behavior therapy
- Healthy living
 - sleep, nutrition, substance use, exercise
- Problem solving, anger management, self-compassion
- Responding to stress and wellness plan

Current Scope of the Program



Current adaptations to the Program



www.cbtm.ca



**Option 1:
Zoom videoconference**

Most resembles in-person classes, led by a facilitator, group-based



**Option 2:
Web-based online course**

Self-directed, no facilitator, progress monitored by research staff and clinicians

Online course

- ▶ Recorded audio from facilitators
- ▶ Modules timed to provide access to 1 class every 7 days
- ▶ Regular mini-quiz
- ▶ Printable and fillable worksheets with examples
- ▶ Learning journal for note taking
- ▶ Links for mindfulness exercises and mental health resources
- ▶ Charting of symptom change at each class



Interested in testing out the online course? Contact our team to get access cbtm@umanitoba.ca

CBTm COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS

SUPPORT LOGOUT



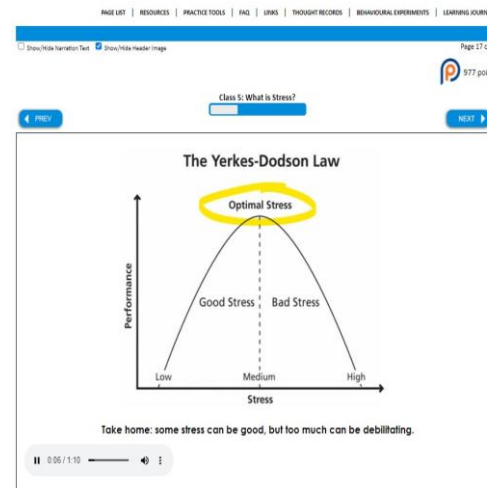
Cognitive Behaviour Therapy with Mindfulness

Course Overview

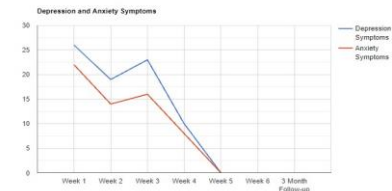
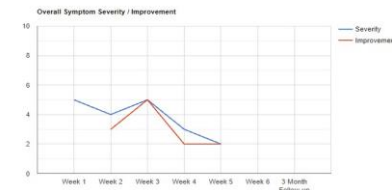
Cognitive Behaviour Therapy (CBT) is a short-term goal focused treatment that is effective for many mental health conditions. CBT involves learning and developing new skills and strategies to help change unhelpful thought, emotion and behaviour patterns. CBTm includes mindfulness, a type of meditation, that helps you to focus on the present moment, increase self-awareness and reduce stress. Throughout this course you will learn and practice different strategies to manage negative thoughts, emotions and behaviours, how to be more self-aware and live in the present moment, and tips on how to maintain a healthy and balanced lifestyle.

Resume >

- Class 1 [VIEW](#)
- Class 2 [VIEW](#)
- Class 3 [VIEW](#)



Charts



Benefits of Virtual CBTm

Reduced burden on participants (e.g., parking costs, driving time)

Reduced stigma of seeing a professional for mental health care (e.g., comfort of your own home, on your own time)

Highly accessible, even in rural communities

Even more people can be supported with low burden on the mental health system

Student Mental Health Increasing Needs in RFHS Students**

Academic Year	Number of appointments*	Direct Clinical Care Hours
2019-2020	389	399.25
2020-2021	765	682.5
2021-2022 (up to Jan 20/22)	416	395.27

* Includes attended appointments only

** >50% of students are in College of Medicine (UGME/PGME)



University
of Manitoba **m**

COGNITIVE BEHAVIOUR THERAPY
WITH MINDFULNESS

Physician Mental Health



- <https://doctorsmanitoba.ca/physician-health/wellness-programs/cbtm>
- CBTm-based virtual classes (zoom)
- Online self-directed course
- CBT Skills Workshops (10 sessions)
- Evaluation ongoing

Resources

Anxiety Canada [www.anxietycanada.com]

Manitoba Health - <http://www.gov.mb.ca/health/mh/crisis.html>

Here to Help [www.heretohelp.bc.ca]

Apps:

- Mindshift
- Mindfulness Coach
- Calm
- Headspace

Resources for Physicians and Medical Learners

Doctors Manitoba – visit <https://doctorsmanitoba.ca/physician-health>

MDCare – call 204-480-1310

SSBC – call 204-272-3190, or visit <https://umanitoba.ca/student-supports/student-services-bannatyne-campus>

Resources

Adult Mobile Crisis Unit (24/7) - (204-940-1781)

Klinic Crisis Line - (204-786-8686) OR (1-888-322-3019)

Crisis Response Centre - (204-940-1781)

→ Community Intake - (204-788-8330)

Manitoba Suicide Prevention & Support Line (24/7) - (1-877-435-7170)

→ <https://www.reasonstolive.ca>

Addictions Foundation of Manitoba - (204-944-6200) OR (1-855-662-6605)

First Nations and Inuit Hope for Wellness Help Line - (1-855-242-3310)

→ An online chat feature is available on their website: <https://www.hopeforwellness.ca>