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Cognitive Behavior Therapy with Mindfulness (CBTm) Classes

Facilitator Training May 18 and 25, 2022

Funding Acknowledgements:
 Manitoba Patient Access Network
 Canadian Institutes of Health Research
 Health Sciences Centre Foundation
 True Patriot Love Bell Let's Talk
 Workers Compensation Board of Manitoba
 Manitoba Medical Services Foundation
 Shared Health
 Doctors Manitoba
 Rady Faculty of Health Sciences



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CBTm Hub Collaborative Team


A partnership between Shared Health, Mental Health & Addictions, Psychiatry, Psychology, Clinical Health Psychology, and partners

- Jitender Sareen
- Shay-Lee Bolton
- Tanya Sala
- Natalie Mota
- Debbie Whitney
- Cheryl Maxsom
- Jacquelyne Wong
- Lori Ulrich
- Jolene Kinley
- Pam Holens
- Kristin Reynolds
- Corey Mackenzie
- Jane Moody
- Rick Hawe
- Navjot Brainch
- Antonio Paletta
- Ken Mackenzie
- Essence Perera
- Meredith Seager
- Dov Millstone
- Kelsey Papineau
- Oai Truong
- Allan Dubyls
- Ji Hyun Ko
- Danielle Schwartz
- Jill Hodgson-McConnell
- Brent Anderson
- Dean Smallwood
- Joanne Warkentin
- Ben Fry
- Chikura Shukla
- Erin Knight






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Acknowledgements

- Patients and families
- Partners
- A. Beck MD, J. Beck PhD
- CPD Team
- Essence Perera BSc

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CBTm New Facilitator Training

Agenda May 18 and 25: Facilitator Schedule

May 18, 2022

- 12:00 – 1:00 Background, implementation & science - CBTm classes
- 1:00 – 1:15 Overview of training
- 1:15 – 1:30 Break
- 1:30 – 2:30 Class 1 CBT Model, cognitive therapy (Facilitator: Jacquelyne Wong)
- 2:30 – 2:45 Break
- 2:45 – 3:45 Class 2 Behavior therapy, goal setting (Facilitator: Cheryl Maxsom)
- 3:45 – 4:00 Break
- 4:00 – 5:00 Class 3 Healthy living, sleep (Facilitator: Natalie Mota)

May 25, 2022

- 12:00 – 1:00 Class 4 Problem solving (Facilitator: Pam Holens)
- 1:00 – 1:15 Break
- 1:15 – 2:15 Class 5 Responding to stress, Wellness plan (Facilitator: Tanya Sala)
- 2:15 – 2:30 Break
- 2:30 – 4:00 Implementation, research and evaluation of classes, & web-based
- 4:00 – 4:15 Break
- 4:15 – 5:00 Feedback and evaluation of training






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Objectives

- Background: development of the CBTm classes
- Science: research on CBTm
- Implementations: examples of where and how CBTm has been used






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What is CBT?

- Cognitive behavioural therapy
- Gold standard treatment for mood and anxiety
- Evidence-based psychotherapy
- Involves efforts to change negative thinking patterns
 - Recognize unhelpful thoughts
 - Better understand behavior and motivation
 - Learn coping skills

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Vision

Increase access to Cognitive Behavior Therapy (CBT) for prevention and treatment of mental health and substance use problems



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CBT at Health Sciences Centre

A. Old service delivery model – prior to 2013

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    graph LR
      Referral[Referral] -- 12-18 months --> Screening{Screening Visit}
      Screening --> Therapy[Group Therapy]
    
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B. New service delivery model – stepped care began in 2013

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    graph LR
      Referral[Referral] -- 3-6 months --> Intake{Intake Visit}
      Intake --> Education[Education Classes]
      Education --> Therapy[Group Therapy]
      SelfHelp[Self-Help Strategies Encouraged]
    
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Patients attend a minimum of 4 education classes in order to be eligible for group therapy

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Why classes?

- Everyone has been in a class, not everyone has been/wants to be in therapy
- Psychoeducation format provides a less intensive environment
- After attending the classes people are more socialized to the expectations for therapy
- Self-selection into more intensive therapy

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Why CBT classes?

- CBT: first line for mood and anxiety disorders and not easily accessible in the public funded system*
- 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; ** Delgado BIP 2017

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During the CBTm classes, patients/clients learn:

- The principles of CBT for depression and anxiety
- The structure and process of CBT
- Basic mindfulness skills
- Good quality, free, self-help CBT and mindfulness resources

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Overview of topics covered:

- CBT Model
- Relaxation strategies
- Cognitive restructuring
- Behavior therapy
- Healthy living
 - Sleep, Nutrition, Substance use, exercise
- Problem solving and anger management
- Responding to stress and wellness plan

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Structure and Process

- Minimal exclusion criteria
 - Cognitive impairment, high suicide risk, and psychotic symptoms
- 90 minutes, once per week for 5 weeks
- Classes vary in size from 10 to 50+
- One family member or support person per client invited

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Timeline

Waiting time for CBT >1 year
Partnerships with CODI program and Clinical Health Psychology (Quickstart)
Developed the Class-based Model

2013

Jan. 2014

Jan. 2015

2016-2017

2-session CBT classes for Anxiety disorders

4-session CBT classes for Mood and Anxiety Disorders

Manitoba Patient Access Network Grant

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Key Goals of Manitoba Patient Access Network (2016-2017)

- Improve quality of class content using a quality improvement framework
- Develop a client binder
- Develop a facilitator manual
- Hold facilitator training workshops
- Develop an online website

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www.cbtm.ca

- Established June 2017
- Free online content and resources for clients
- CBTm class offerings and program access points
- Access to all materials for trained facilitators (with registration)
- Over 10,000 people have accessed the site

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Facilitator and Site Survey - August 2019

- Over 40 sites across Canada running CBTm classes - mostly in Manitoba
 - Hospital
 - Crisis
 - Community clinics
 - Rural
 - Military/Veterans clinics
- Over 200 Facilitators: Peer support and clinicians
- Each site independent (their own intake & post class process)

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Reach of the Program

Hospital based mental health programs

Non-profit organizations

Community clinics

Public safety organizations

Self-help organizations

CBTm

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Adaptations to the Program

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CBTm Hub - Vision

- Enhance access
- Reduce jurisdictional barriers
- Increase coordination
- Current staff across province work together to develop provincial service
- Training/capacity building
- Deliver/test novel interventions
- Increase opportunities for evaluation and quality improvement

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Early Evaluations of CBTm

- HSC 2- Session Anxiety classes – Palay et al., 2018 (n=131)
 - Reduced waiting times 1yr → 3 mo
- HSC 4 - Session Classes – Thakur BMC Psychiatry et al., 2019 (n=523)
 - Anxiety and depressive symptoms reduced by 20% during the classes
- Veterans Affairs Operational Stress Injury Clinic - Whitney, Maxsom, Mota et al.
 - Attendance in CBTm Classes increased likelihood of completing follow-up groups
- Interlake Eastern Regional Health Authority – Davidson, Kinley et al. 2021
 - CBTm linked with lower anxiety, depression, and other psychiatric symptoms on chart review, no difference between in-person or telehealth

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Creating Resilient Workplaces (CRew) Study

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Creating Resilient Workplaces (CRew) Study

- Participant Advisory Committee:
 - WPS: Naomi Berger, Jodi St Amant, Brent Tully
 - WFPS: Scott Wilkinson, Russ Drohomereski, Corinne Pierce, Lisa Glowasky
 - MB Corrections: Greg Skelly, Garvin Pinette
 - SAFE Work MB: Jennifer Dyck
- Funding:
 - Canadian Institutes of Health Research Foundation grant (2015-2022)
 - Workers Compensation Board Research Workplace Innovation Fund (2017-2021)

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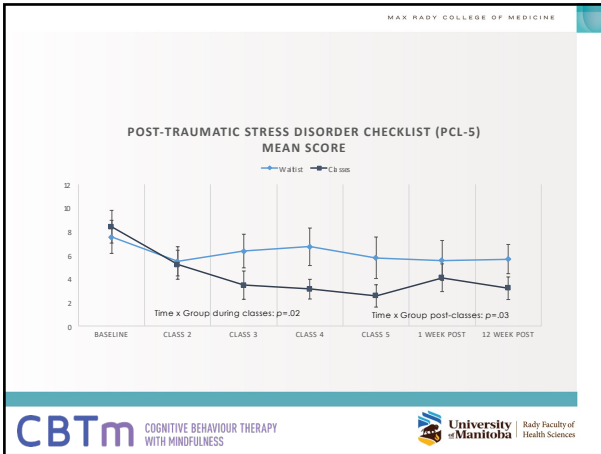
CRew Study

- Randomized controlled prevention trial
- Public safety personnel
 - Police officer, firefighter, paramedic, emergency dispatcher, or corrections officer
- "Healthy" cohort
 - Mental health symptoms below clinical cutoffs
 - No recent history of treatment
- 60 participants:
 - 28 received CBTm classes
 - 32 were placed on waitlist
- Start date: August 10, 2019
- Questionnaires completed at baseline, prior to each class (x5), 1 week and 3 months post-classes

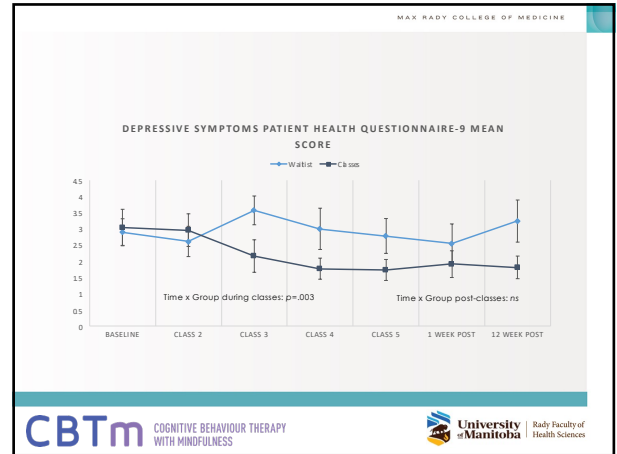
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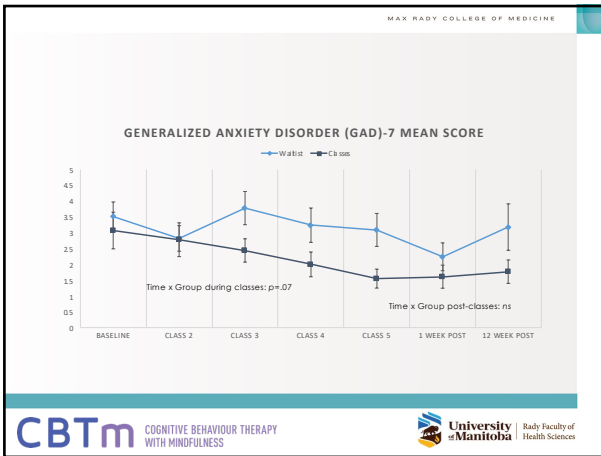
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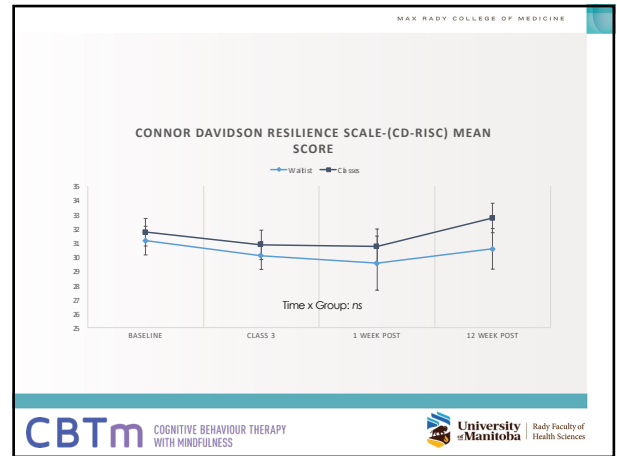
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Do cognitive behavioral therapy skills classes increase a resiliency-related brain connectivity pattern to posttraumatic stress disorder?

Ji Hyun Ko, PhD
Natalie Mota, PhD, CPsych

- fMRI study – building on what we know:
 - CBTm seemed beneficial for reducing PTSD symptoms in PSPs.
 - The VLPFC (Ventrolateral Prefrontal Cortex) is associated with cognitive control of memory (Badre & Wagner, 2007).
 - PCC (posterior cingulate cortex) has been associated with the recollection of prior experiences (Raichle, 2015).
 - CBTm increased connectivity btw VLPFC and PCC.
- Potential Interpretation
 - CBTm strengthened the cognitive control (VLPFC) over self-referential memory (PCC) and thus reducing/preventing PTSD symptoms.

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COVID-19 NOVEL CORONAVIRUS

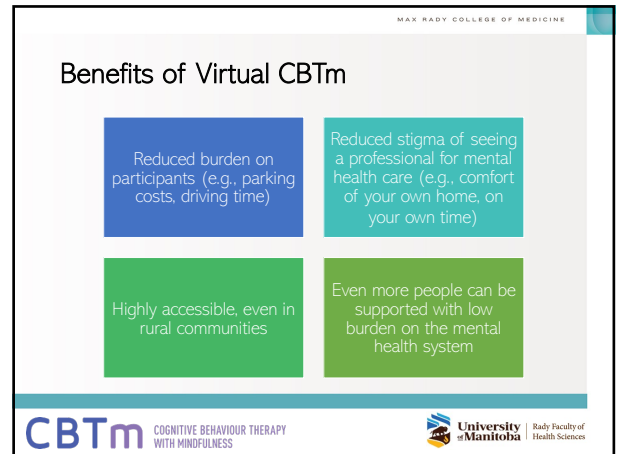
Problem: COVID-19

- In-person group-based classes stopped
- Increases in mental distress
- *Clear need to continue to provide services*

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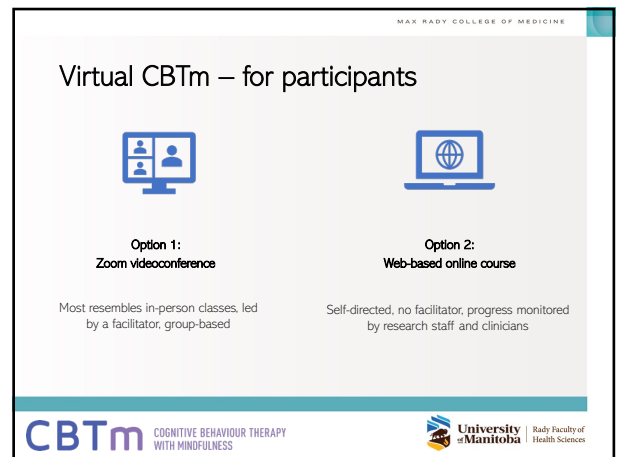
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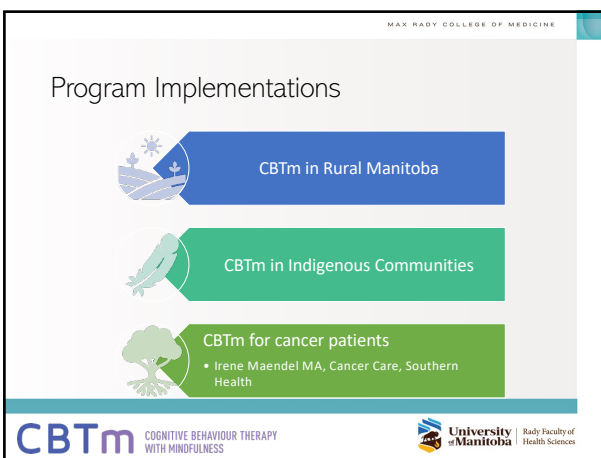
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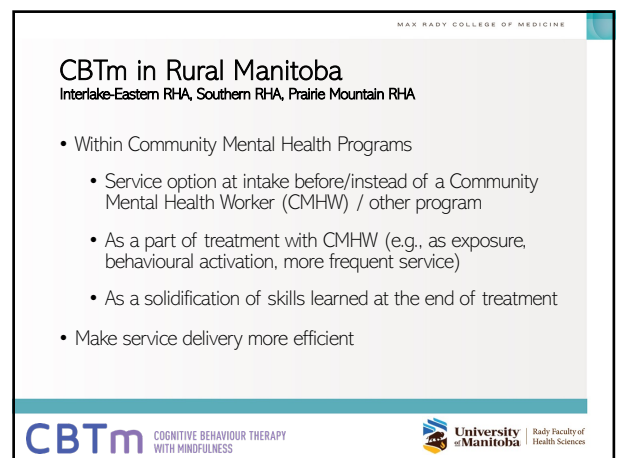
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CBTm in Indigenous Communities

- Quest Health
 - Indigenous owned medical and mental wellness health organization
- Provide primary care, mental wellness, land-based healing, Traditional Indigenous Care and psychiatric services with 4 northern Cree communities
 - Manto Sipi Cree Nation (Gods River)
 - Manto Sagihekan Cree Nation (Gods Lake Narrows)
 - Bunibonabee Cree Nation (Oxford House)
 - Chemawawin Cree Nation (Easterville)

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Why is there a need for CBTm?

- As a product of colonial violence and ongoing intergenerational trauma Indigenous populations in Manitoba have higher rates of childhood trauma, mental illness, violent victimization, poverty, suicide, complex grief substance use
- Indigenous People have a strong desire for acceptable ways to manage, cope and deal with their emotions, feelings and trauma.
- CBTm can be a valuable tool for Indigenous people as it also is very similar to traditional and historical Indigenous teachings and healing including mindfulness which can be very similar to many land-based traditions like hunting and many ceremonies like sweat lodges, pipe ceremonies and smudging

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CBTm Classes and Adaptation

- Completed two in person CBTm Training groups in Chemawawin in July 2020 with both an adolescent and adult group
- Introduced the topic of Colonialism and the intergeneration effects it has had on the Indigenous people
- Have collaborated to adapt the language, wording and education level to match their groups

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CBTm Incorporated into Land-Based Healing

- In 2020 and 2021 helped facilitate a Young Women's Healing Camp, a Young Men's Healing Camp and a Family Healing Camp in God's Lake Narrows
- Used CBTm in a more informal but traditional learning environment
- Traditional mindfulness was used
 - Listening to nature, wind, trees.
- Guided imagery was used by clinicians and knowledge keepers that spoke to the environment in which the camps took place
- Daily for 4 days
- More of an open discussion rather than facilitator/participant

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CBTm Incorporated into Land-Based Healing

- Gifted all participants with journals and blankets
- Each participant was to journal as part of their homework each day
- Feedback was very positive!
- Continued to work with some participants 1:1
- Many have related that they are looking forward to the next camp and have many have said they continue to use the skills they learned at the camp

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CBTm for Cancer Patients

Irene Maendel, MA
Cancer Care, Southern Health

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Why CBTm in Cancer Care?

- CBT works! Mindfulness Works!
- Mindfulness in Cancer Care
 - Carlson LE, Doll R, Stephen J, Faris P, Tamagawa R, Speca M. Randomized-controlled multi-site trial of mindfulness-based cancer recovery (MBCR) versus supportive expressive group therapy (SET) for distressed breast cancer survivors (MINDSET): Effects on mood, stress symptoms, and diurnal salivary cortisol. *Journal of Clinical Oncology* 2013; in press.
- Anxiety and Depression in Cancer
 - National Cancer Research Institute. The UK Top living with and beyond cancer research priorities. [https://www.ncri.org.uk/lwbc/#lwbc_questions]. Accessed 27 April, 2020.





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Successes thus far!

- Marketing
- CCMB Support
- Shift to Online Delivery


The numbers for CBTm in Cancer Care Group:

- In-person class: 17 had participants.
- Virtual series: Cancer Navigation Services – Southern health. Offered series Spring and Fall since Feb. 2020. 52 participants
- Summer 2021. Psychosocial Oncology Clinicians (PSO) from CCMB and Rural RHA Cancer Navigation Services partnered in offering the CBTm virtual series. 2 series completed and 1 currently being offered. 38 participants to date.
- **Becoming a popular program!** running a waitlist for next sessions.
- PSO are offering One-to-One delivery as needed

- Lessons Learned



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Modifications

- Acknowledgments
 - Language (CBTm)
 - Safety behaviours
 - Thinking traps
- Awareness
- Mindfulness practices
- Apps
- Handouts





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Health Anxiety/ Fear of Recurrence

- Defining health anxiety and defining fear of recurrence.
- Cognitive behavioral therapy (CBT) is always very interested in what keeps a problem going.
- **Triggering factors; Vulnerability factors; Maintaining factors; Vulnerability factors**
- What can we control? - Lifestyle choices



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Overview of the Day

1:15 – 1:30 Break


1:30 – 2:30 Class 1 CBT Model, cognitive therapy
Facilitated by: Jacquelyne Wong PhD

2:30 – 2:45 Break


2:45 – 3:45 Class 2 Behaviour therapy, goal setting
Facilitated by: Cheryl Maxsom MSW, RSW

3:45 – 4:00 Break

4:00 – 5:00 Class 3 Healthy living, sleep
Facilitated by: Natalie Mota PhD



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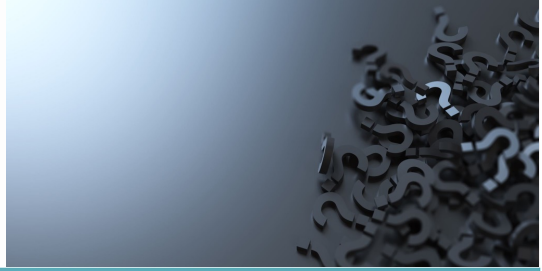



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Questions?





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