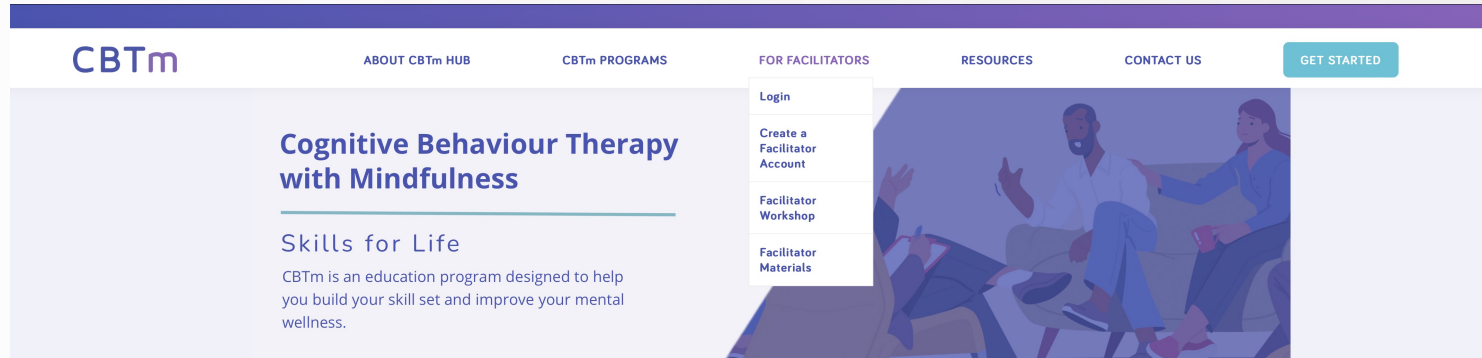


Now that I've been trained to
facilitate CBTm classes...
what's next??

Step 1: Register as a CBTm Facilitator



- Registration on our website www.cbtm.ca
- 'Create a Facilitator Account'
- Will gain immediate access to the materials

Create a Facilitator Account

Please complete the following fields to create a facilitator account in order to access facilitator materials.

Once created and logged in, you will have access to all of the CBTm class materials in PowerPoint form. You will be able to use these slideshows when you wish to facilitate your own classes.

You will also have access to PDF files of the class materials if you wish to send these out to your clients.

This is also where you will be able to access any updates to the CBTm materials. The program is regularly updated, and this is the best place for you to access this information on an ongoing basis.

Choose a Username *

Password *

- Eight characters minimum
- One lowercase letter
- One uppercase letter
- One number
- One special character

First Name *

Last Name *

Organization

Role

Phone Number

Email Address *

Have you attended the CBTm Facilitator Training

No Yes

Create Account

Step 2: Access class materials

- **Facilitator manuals:** All content and handouts across all 5 classes
 - Version for general adult population, one with material tailored for working with veterans and families
 - Facilitator speaking notes to walk through each slide
 - Mindfulness exercises
 - Outcome monitoring

Congratulations!

You are currently logged into the site and have access to the **Facilitator materials**

[Logout](#)

Facilitator Resources

The materials and resources for facilitators include the following:

1. The **Facilitator Manual*** includes access to:
 - Mindfulness exercises
 - PowerPoint slides with speaker notes
 - Class handouts
 - The importance of skills taught in CBTm
 - Participant screening information
 - Outcome monitoring
 - Collecting class feedback
 - Handling common issues in class
 - The CBTm essentials
 - "What's next?" after classes
2. The **Facilitator's PowerPoint Slides*** include all of the CBTm class materials in PowerPoint form.
3. The **Participant/Client Materials*** includes PDF files of the class materials, if you wish to send these out to your clients.
4. The **Additional Materials** includes clinical and administrative forms such as screening forms and certificates of attendance.

[Facilitator Materials for Working with Veterans and Veteran Families \(Atlas Institute Training\)](#)



CBTM FACILITATOR MANUAL



CLASS 3 POWERPOINT PRESENTATION



CLASS 1 POWERPOINT



CLASS 3 CLIENT SLIDES AND

Step 2: Access class materials

[Facilitator Materials for Working with Veterans and Veteran Families](#) (Atlas Institute Training)

 CBTM FACILITATOR MANUAL

 CLASS 1 POWERPOINT PRESENTATION

 CLASS 1 CLIENT SLIDES AND HANDOUTS

 CLASS 2 POWERPOINT PRESENTATION

 CLASS 2 CLIENT SLIDES AND HANDOUTS

 CLASS 3 POWERPOINT PRESENTATION

 CLASS 3 CLIENT SLIDES AND HANDOUTS

 CLASS 4 POWERPOINT PRESENTATION

 CLASS 4 CLIENT SLIDES AND HANDOUTS

 CLASS 5 POWERPOINT PRESENTATION

 CLASS 5 CLIENT SLIDES AND HANDOUTS

- **PowerPoint slides:** PowerPoint slides to be used when facilitating classes
 - One file per class
 - Your name and site can be added on
 - Material can be tailored for YOUR population
 - Keep in mind fidelity to the model
- **Participant materials:** All content that can be given to clients attending classes
 - PowerPoint note pages and handouts for each class

Step 2: Access class materials

[Additional CBTm Materials](#)

The following items include clinical, administrative forms and informational documents (i.e., brochures, infographics, and newsletters)

If you have questions about using or adapting any of the following items, please feel free to connect with the CBTm Team.



CBTM GENERAL POPULATION
INFOGRAPHIC



CBTM GENERAL POPULATION
BROCHURE



CBTM PARTICIPATION CERTIFICATE



CBTM PATIENT REFERRAL FORM



CBTM CIRCULAR – 2022
NEWSLETTER



FOLLOW-UP LETTER TO
HEALTHCARE PROVIDER

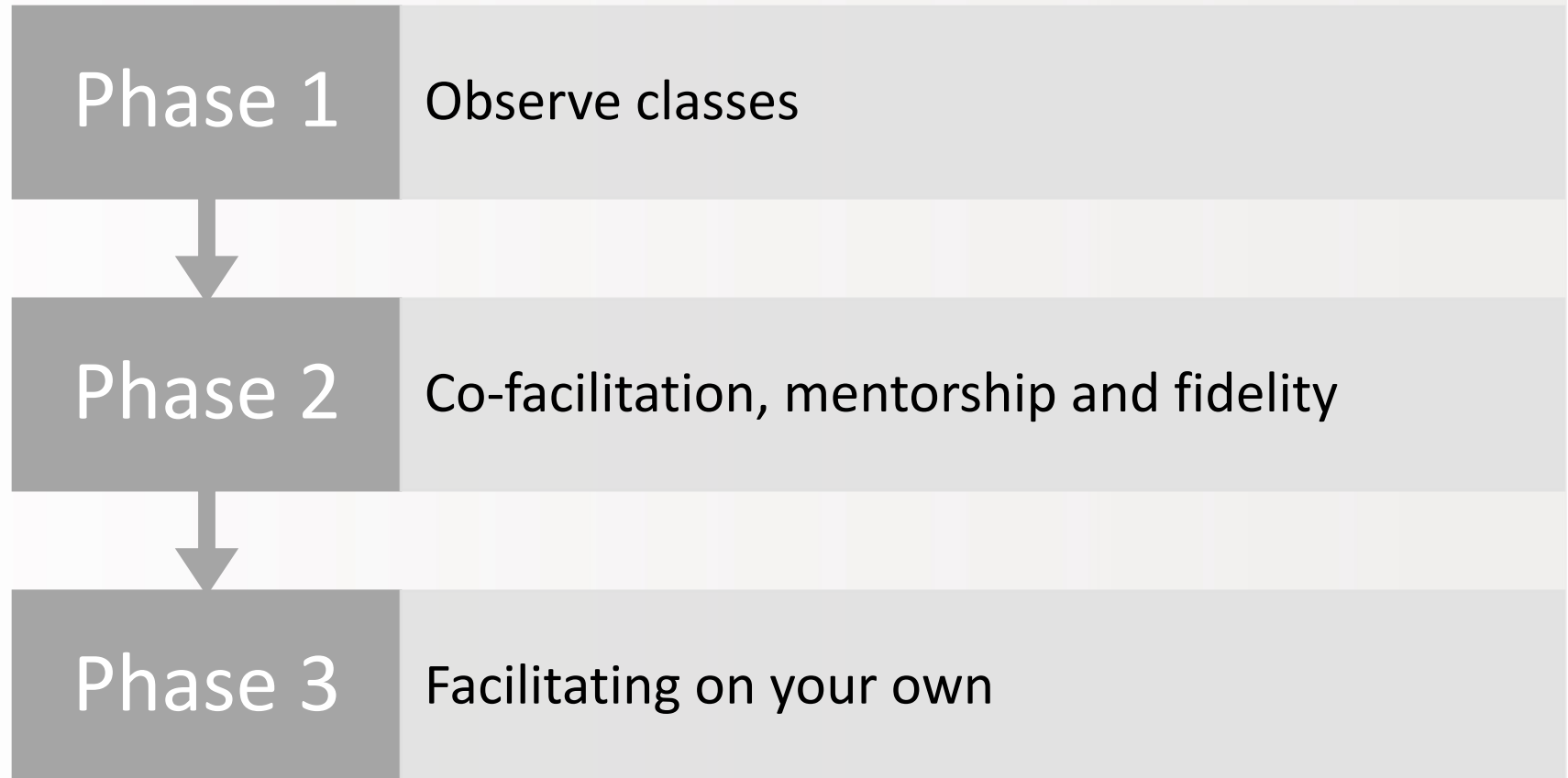
- Additional materials: administrative documents that our team uses
 - Infographic
 - Brochures
 - Participant certificate
 - Newsletters
 - Letter of referral back to source
 - Etc...

Mentorship

Optimizing your CBTm training

Offerings at the CBTm Hub

Optimizing your CBTm Training



Phase 1 – Observe classes

- Join virtual classes to audit CBTm classes being led by experienced facilitators
- Stay back after class to ask questions and discuss with facilitator
- **You may observe as many classes as you wish!!**
- Observe one session of each class prior to moving on to Phase 2
- Email cbtm@umanitoba.ca to be linked with a current training

Phase 2 – Co-facilitation, mentorship and fidelity

- CBTm Team member will attend a series of CBTm classes hosted at your site (Class 1-5) OR co-facilitate classes that are running with an experienced facilitator at their site
- At the end of each class, our team will provide feedback / coaching and can answer any questions
- Fidelity to the CBTm model will be discussed
- Receive mentoring on a full 5 class training workshop before moving on to Phase 3
- To schedule, connect with our team cbtm@umanitoba.ca

Phase 3 – Facilitating on your own

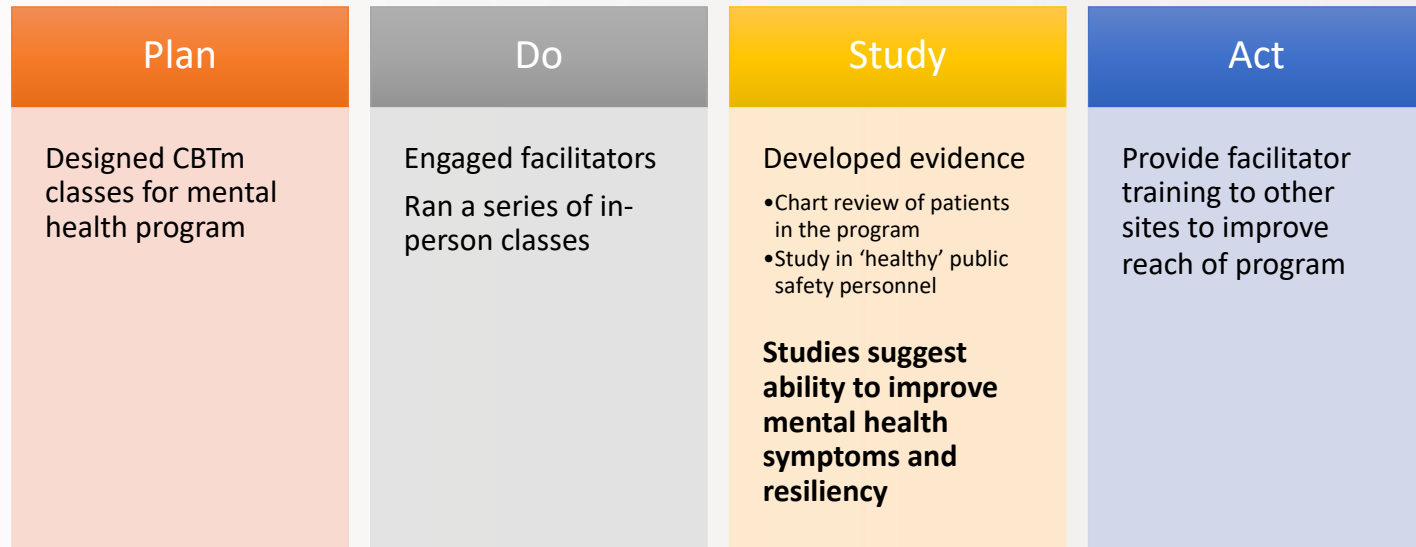
- Facilitate independently at your site
- Facilitate often - become more comfortable with material over time
- **Ability to adapt materials to your population**
- Continual evaluation – fidelity
- Access updates to training materials regularly – cbtm.ca
 - Changes to slides or speakers notes
 - Translations or adaptations for specific populations
- Keep in touch with CBTm Team 😊
 - Community of practice meetings, CBTm Hub newsletters, update us on how things are going

The Importance of Evaluation

How evaluation can guide our work

Aim: Need to reduce waitlists and provide quicker access to care and CBT

**Quality Improvement model



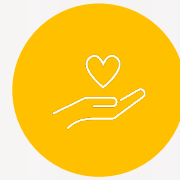
Why should I collect evaluation data?



IMPROVE PATIENT
EXPERIENCE – HELPS
MOTIVATE THEM TO
KNOW HOW THEIR
SYMPTOMS ARE
CHANGING



GET FEEDBACK ON
CBTM CLASS
EXPERIENCE



INFORM CLINICAL CARE
AND FOLLOW UP
PROGRAMS



PROVIDE EVIDENCE
FOR USEFULNESS OF
PROGRAM AT YOUR
SITE



GAIN FUNDING TO
CONTINUE CBTM
PROGRAM

Key Outcomes

Changes in depressive symptoms:

Patient Health Questionnaire 9-item (PHQ-9)

Changes in anxiety symptoms:

Generalized Anxiety Disorder 7 Item Scale (GAD-7)

Changes in PTSD symptoms

PTSD Checklist (PCL-5)

Changes in resiliency:

Connor-Davidson Resilience Scale 10 (CD-RISC10)

Session evaluation

Depression PHQ-9

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Anxiety GAD-7

Generalized Anxiety Disorder 7 –Item (GAD-7)

4. Over the **last 2 weeks**, how often have you been bothered by the following problems?

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all sure (0)	Several days (1)	Over half the days (2)	Nearly every day (3)
1. Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it's hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Posttraumatic Stress Disorder PCL-5

PCL-M

INSTRUCTIONS: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful military experience?	1	2	3	4	5
3. Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded</i> you of a stressful military experience?	1	2	3	4	5
6. Avoiding <i>thinking about or talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities or situations</i> because they reminded you of a stressful military experience?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful military experience?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

Resiliency

Connor-Davidson Resilience Scale 10 (CD-RISC-10) ©

initials ID# date / / visit age

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1. I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up your score for each column 0 + ___ + ___ + ___ + ___

Add each of the column totals to obtain CD-RISC score = _____

Confidential

Page 1

Cbt Education Session Evaluation

Session Evaluation

Did you enjoy the session?

- 1 Did not like it at all
 2
 3
 4
 5 Liked it a lot

How useful was this session for you?

- 1 Not at all useful
 2
 3
 4
 5 Very useful

How did you like the (virtual) format?

- 1 Did not like it at all
 2
 3
 4
 5 Liked it a lot

Did you feel you were able to fully participate in the class using this format?

- 1 Had a lot of difficulty participating
 2
 3
 4
 5 Was able to participate as much as I wanted

Did you experience any problems/issues with the format?

- Yes
 No

Please describe the difficulties you had:

What did you like most about the session?

How could we improve the session?

Would you attend another session like this one?

- Yes
 No

Other comments?

Session Evaluation

Client Satisfaction Questionnaire (CSQ8)

Page 1

Please complete the survey below.

Thank you!

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.

- 1) How would you rate the quality of service you have received?
 - Excellent
 - Good
 - Fair
 - Poor

- 2) Did you get the kind of services you wanted?
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not

- 3) To what extent has our program met your needs?
 - Almost all of my needs have been met
 - Most of my needs have been met
 - Only a few of my needs have been met
 - None of my needs have been met

- 4) If a friend were in need of similar help, would you recommend our program to him/her?
 - Yes, definitely
 - Yes, I think so
 - No, I don't think so
 - No, definitely not

- 5) How satisfied are you with the amount of help you have received?
 - Very satisfied
 - Mostly satisfied
 - Indifferent or mildly dissatisfied
 - Quite dissatisfied

- 6) Have the services you received helped you to deal more effectively with your problems?
 - Yes, they helped a great deal
 - Yes, they helped
 - No, they really didn't help
 - No, they seemed to make things worse

- 7) In an overall, general sense, how satisfied are you with the service you have received?
 - Very satisfied
 - Mostly satisfied
 - Indifferent or mildly dissatisfied
 - Quite dissatisfied

- 8) If you were to seek help again, would you come back to our program?
 - Yes, definitely
 - Yes, I think so
 - No, I don't think so
 - No, definitely not

Ways to evaluate your program



USE OUTCOME MEASURES PROVIDED IN FACILITATOR MATERIALS (SESSION EVALUATION, SYMPTOM MEASURES)



COLLABORATE WITH CBTM RESEARCH TEAM WHO CAN ASSIST IN OUTCOME MONITORING

Virtual CBTm in Manitoba



Option 1: Using videoconferencing to run classes

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



Option 2: Web-based online course self-directed

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
- Currently part of a research study

CBTm COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS

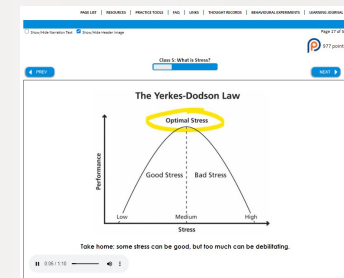
Cognitive Behaviour Therapy with Mindfulness

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](#)



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

Adult Cohort Study - Process

- Can evaluate any client if willing to sign consent for research
- Patient preference – can choose either facilitator-led classes or online course
- If facilitator-led (Zoom or in-person):
 - Research team provides site with a generic weblink to attach to communication about classes
 - Link provides access to consent form and baseline questionnaires for client/patient to participate in evaluation (REDCap)
- If online course preferred by patient, direct referral form to research team
 - Once client completes, referred back to site for follow-up

Rady Faculty of Health Sciences | University of Manitoba

Consent Form

Page 1 of 5

An evaluation of virtual mental health treatment during a pandemic: A cohort study

Page 1

RESEARCH PARTICIPANT INFORMATION AND ELECTRONIC CONSENT FORM

Title of Study: An evaluation of virtual mental health treatment during a pandemic: A cohort study

Investigators: Shay-lee Bolton PhD, Jitender Sareen MD, Jennifer Hensel MD, Tanya Sala MD, Jolene Kinley PhD, Natalie Moza PhD, Christine Henriksen PhD, Cheryl Maxsom MSW

Funding: n/a

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the project staff. You may take your time to make your decision about participating in this project, and you may discuss it with your friends, family or others before you make your decision. This consent form may contain words that you do not understand. Please ask the project staff to explain any words or information that you do not clearly understand.

By returning this consent form electronically, I have not waived any of the legal rights that I have as a participant in a research study.

I agree to being contacted in relation to this study.

* must provide value

Yes

No

reset

After completion of the study, I would like to be informed about the study findings.

* must provide value

Yes

No

reset

I agree to being contacted in relation to future studies.

* must provide value

Yes

No

reset

Authorization to Release Information

We are also asking your permission to use your Manitoba Health Card number to be able to link your information from this study with your health records. This information will only be used for research and your privacy will be protected at all times.

Adult cohort - Recruitment Materials



PATIENT REFERRAL FOR VIRTUAL CBTM CLASSES

PATIENT INFORMATION

First Name
Last Name
Age
Phone Number
Email
Referring Site
Referring Contact
Indicate stream: Facilitator-led OR web-based CBTm

CBTm Team Contact Info:
www.cbtm.ca
 cbtmresearch@umanitoba.ca
 Tel: (204)787-7729
 Fax: (204)787-4879



What is CBTm?

Cognitive Behaviour Therapy with Mindfulness (CBTm) is an education program designed to help you build resilience and improve your mental wellness. Please read the information below to find out if this program is right for you!

Why should I participate in CBTm?

- To learn the basic principles of CBTm
- Gain access to good quality resources
- Learn new skills that can help improve your overall mental well-being
- To help build resilience

What will I learn about?

- The CBT model
- Mindfulness
- Goal Setting
- Healthy & Realistic Thinking
- Basics of Behaviour Therapy
- Healthy Living & Sleeping
- Anger, Assertiveness & Self Compassion
- Problem-Solving
- Managing Stress

Is CBTm right for me?

- I struggle with anxiety and/or mood symptoms
- My mental health is impacting my life in negative ways
- I want to learn new skills to help manage my mental wellness

Option 1: Facilitator-led Classes

Classes are led by a trained clinician and are held virtually over Zoom. Sessions are 90 minutes and occur once per week for 5 weeks. The sessions include a PowerPoint presentation in lecture format. Participants will be encouraged to discuss and ask questions of the facilitator. Skills practice will be assigned weekly.

Option 2: Web-based Course

Participants will have access to a 5 class, web-based, self-guided CBTm course. The course has been created to mirror the facilitator-led CBTm classes. Each class will take approximately 90 minutes to complete. Material may be completed in a single sitting or the participant can choose to pause the session and return to it at a later time. Skills practice will be assigned at the end of each class. A new class will be available 1 week after completion of the prior class material.




Research Info

In order to determine if the CBTm programs are helpful, individuals will be asked to fill out a set of measures each class and following course completion. The measures will ask about your mental health, as well as gather feedback on the program. All information gathered is held on a secure server and data will be made anonymous.

To register for the CBTm facilitator-led classes or the web-based course, please contact the CBTm Team by phone, email or fax using the numbers and email provided below.

CBTm Team Contact Info:

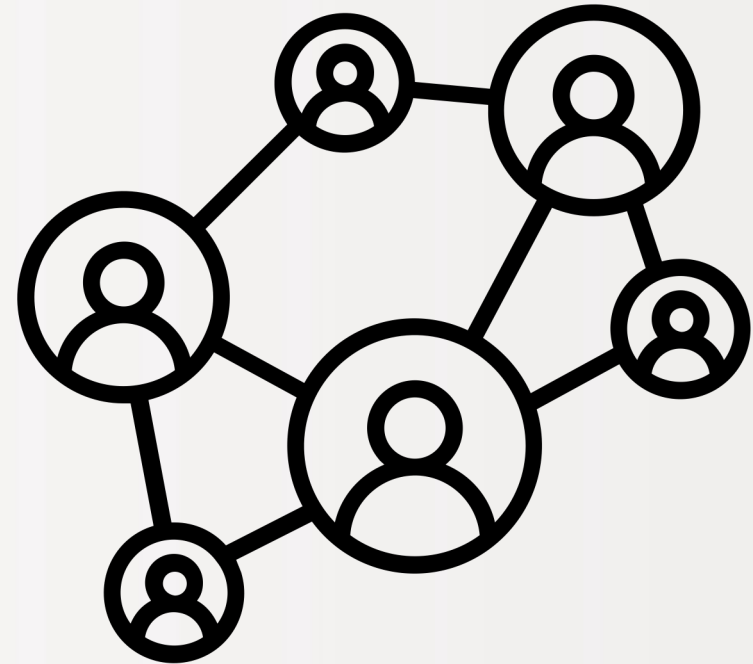
Tel: (204) 787-7729
 Fax: (204) 789-2819
 Email: cbtmresearch@umanitoba.ca
 Website: www.cbtm.ca

<https://cbtm.portal.gs/accounts/clinic/cbtm-intake-clinic/patient/referral/>

CBTm Hub – Collaboration is key

- Support sites to implement classes
- Mentorship model
- Support to collect evaluation data
 - Group level data can be provided to site



Congratulations and good luck!!



OUR TEAM IS ALWAYS
OPEN TO FEEDBACK!



ANY QUESTIONS, PLEASE REACH OUT
CBTM@UMANITOBA.CA