

MAX RADY COLLEGE OF MEDICINE

Cognitive Behavior Therapy with Mindfulness (CBTm) Classes

Facilitator Training

February 9 and 16, 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
 Manitoba Medical Services Foundation
 Shared Health
 Doctors Manitoba
 Rady Faculty of Health Sciences



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Our Training Team

- Shay-Lee Bolton PhD
- Jitender Sareen MD
- Cheryl Maxsom MSW
- Natalie Mota PhD
- Jolene Kinley PhD
- Tanya Sala MD
- Debbie Whitney PhD
- Pam Holens PhD



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



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Acknowledgements

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



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COGNITIVE BEHAVIORAL THERAPY WITH MINDFULNESS (CBTm)

NEW FACILITATOR TRAINING
FEBRUARY 9 & 16, 2022

AGENDA

February 9, 2022
1200 | Background, implementation and science behind CBTm classes
1300 | Overview of training
1315 | Break
1330 | Class 1: CBT Model, cognitive therapy
1430 | Break
1445 | Class 2: Behavior therapy, goal setting
1545 | Break
1600 | Class 3: Healthy living, sleep

February 16, 2022
1200 | Class 4: Problem solving
1300 | Break
1315 | Class 5: Responding to stress, Wellness plan
1415 | Break
1430 | Implementation, research, & evaluation of classes and web-based course
1600 | Break
1615 | Feedback and evaluation of training

REGISTER NOW

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This event is online only | www.cpd.umantoba.com

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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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Presenters

- Shay-Lee Bolton PhD
• Assistant Professor, Psychiatry
- Allan Dubyts
• CEO Safe and Certified
- Program Implementations
• Winnipeg Fire Paramedic Service – Scott Wilkinson, Assistant Chief
• Rural Manitoba – Jolene Kinley, PhD, IERHA
• Cancer treatment– Irene Maendel, MA, CancerCare

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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

```


    graph LR
      Referral[Referral] -- 12-18 months --> Screening{Screening Visit}
      Screening --> Group[Group Therapy]
    
```

B. New service delivery model – stepped care began in 2013

```

    graph LR
      Referral[Referral] -- 3-6 months --> Intake{Intake Visit}
      Intake --> Education[Education Classes]
      Education --> Group[Group Therapy]
      SelfHelp[Self-Help Strategies Encouraged]
    
```


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

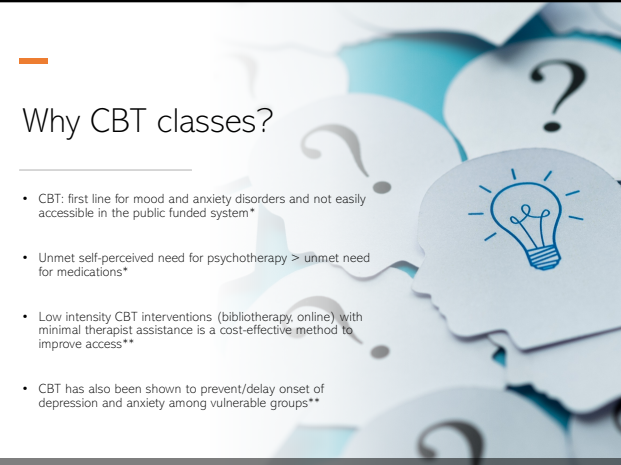


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Why CBT classes?

- 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; ** Delgadillo BIP 2017

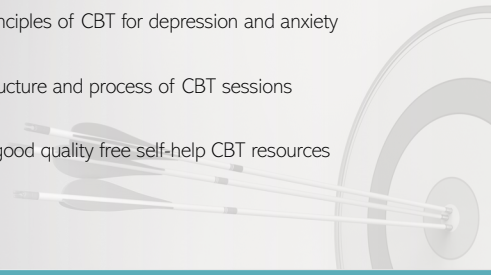



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During the CBTm classes, patients/clients learn:

- The principles of CBT for depression and anxiety
- The structure and process of CBT sessions
- About good quality free self-help CBT 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

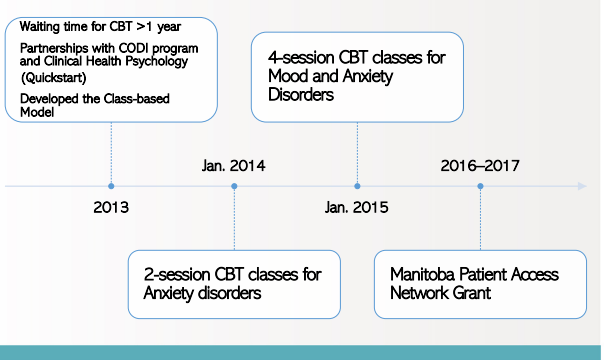
- Minimal exclusion criteria
 - Cognitive impairment, high suicide risk, and psychotic symptoms
- Four 90 min sessions*
 - Fifth session added this year (public safety and civilian versions)
- Up to 50 people per class (average 12 per class)
- One family member or support person per client invited


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Timeline



The timeline shows the following milestones:

- 2013:** Waiting time for CBT > 1 year; Partnerships with CODI program and Clinical Health Psychology (Quickstart); Developed the Class-based Model.
- Jan. 2014:** 2-session CBT classes for Anxiety disorders.
- Jan. 2015:** 4-session CBT classes for Mood and Anxiety Disorders.
- 2016-2017:** 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
- Facilitator manual
- Hold Facilitator Training workshops
- Develop an online website



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www.cbtm.ca

CBTm COGNITIVE BEHAVIOUR THERAPY WITH MINI-MULNESS CLASSES

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HOME ABOUT US CURRENT CLASS OPPORTUNITIES FOR CLASS PARTICIPANTS FACILITATORS / HEALTH CARE PROVIDERS PUBLICATIONS CONTACT US

FOR CLASS PARTICIPANTS

Class Participant Network
Additional Resources
FAQs
CBTm Classes

Current Participant Opportunities

click here

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www.CBTm.ca

- June 2017
- Free online content for clients
- Facilitator manual for facilitators
 - After 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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Facilitator and Site Survey - August 2019

- ~4500 clients served since 2014
- Number of sets of classes: 117
- Average class size: 12 participants
- CBT treatment options after classes
 - Individual CBT: 8 sites, Groups: 5 sites

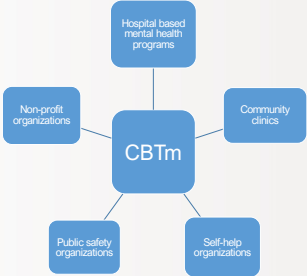
Working to update these numbers in 2022



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Reach of the Program



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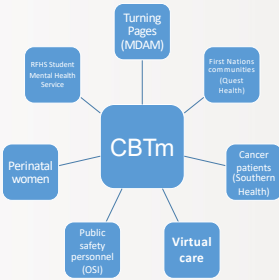
    graph TD
      CBTm[CBTm] --- H[Hospital based mental health programs]
      CBTm --- NP[Non-profit organizations]
      CBTm --- CC[Community clinics]
      CBTm --- PSO[Public safety organizations]
      CBTm --- SHO[Self-help organizations]
    
```



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Adaptations to the Program



```

    graph TD
      CBTm[CBTm] --- TP[Turning Pages (MDAM)]
      CBTm --- FN[First Nations communities (Quest Health)]
      CBTm --- CP[Cancer patients (Southern Health)]
      CBTm --- VC[Virtual care]
      CBTm --- PPS[Public safety personnel (OSI)]
      CBTm --- PW[Perinatal women]
      CBTm --- RPHS[RPHS Student Mental Health Service]
    
```




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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
 - Rural and telehealth delivery of CBTm

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Creating Resilient Workplaces (CRew) Study

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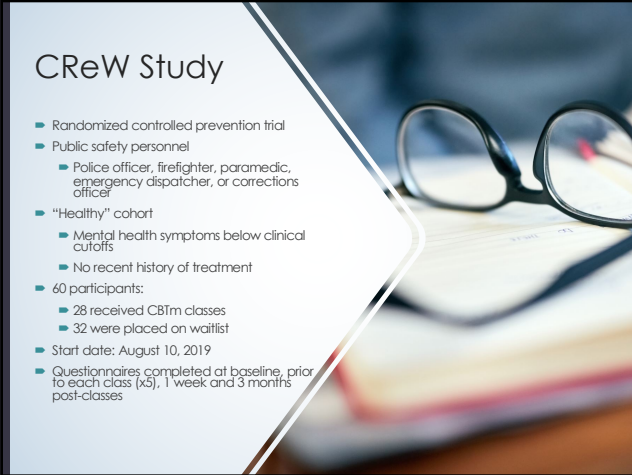
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Creating Resilient Workplaces (CRew) Study

- 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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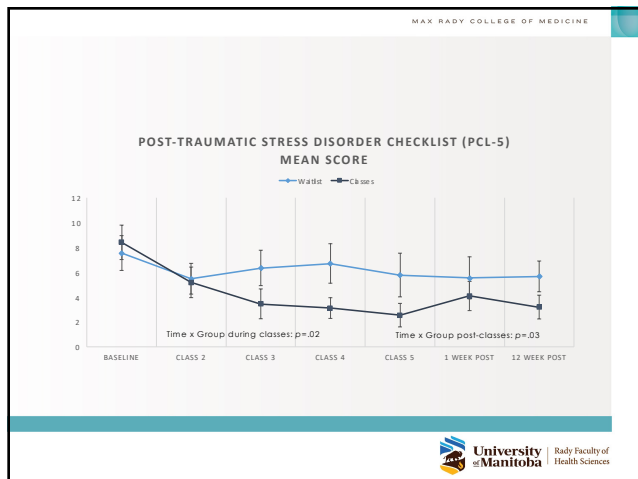
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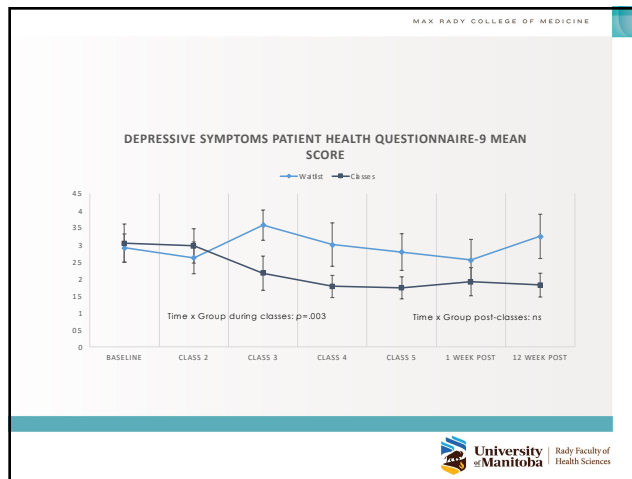
CRew Study

- 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 (x3), 1 week and 3 months post-classes

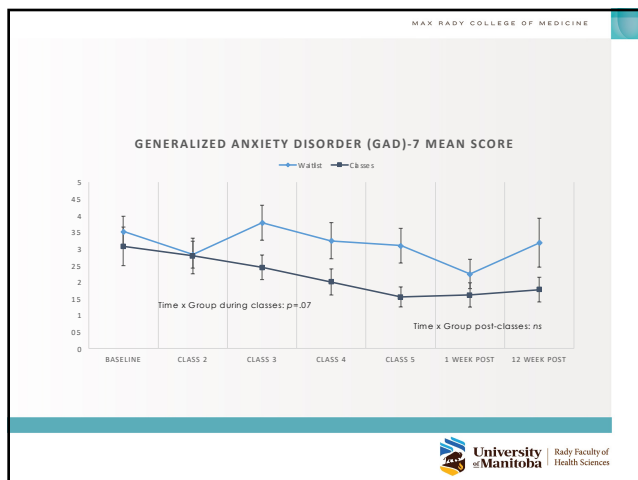
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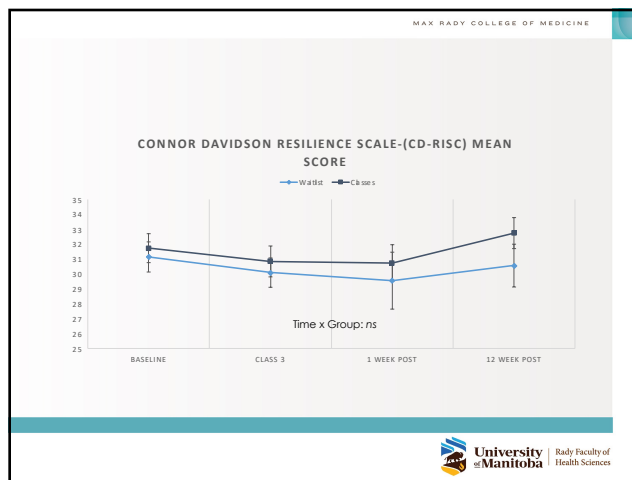
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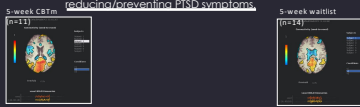


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Do cognitive behavioral therapy classes increase a resiliency-related brain connectivity pattern to posttraumatic stress disorder?

Ji Hyun Ko, PhD
Natalie Mota, PhD,
C.Psych

- 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.



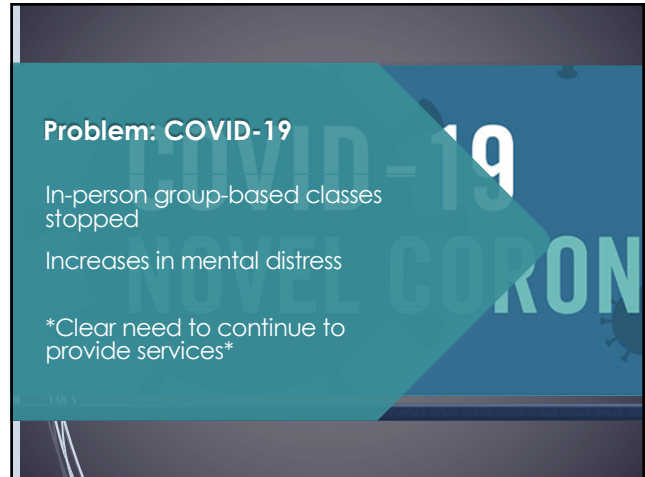
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Problem: COVID-19

In-person group-based classes stopped

Increases in mental distress

Clear need to continue to provide services



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Solution
The Transition to a Virtual Format



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Virtual CBTm – for facilitators

- Zoom videoconference training workshops through UM Continuing Professional Development
- First virtual workshop held in May 2021 – 110 participants
- Upcoming workshop February 9 and 16, 2022 – 78 participants
- Participants from across Canada




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Virtual CBTm – for participants




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



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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



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Presenters

- Shay-Lee Bolton PhD
 - Assistant Professor, Psychiatry
- **Allan Dubyts**
 - **CEO Safe and Certified**
- Program Implementations
 - Winnipeg Fire Paramedic Service – Scott Wilkinson, Assistant Chief
 - Rural Manitoba – Jolene Kinley PhD, IERHA
 - Cancer treatment– Irene Maendel MA, CancerCare

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Everything Starts with Why

The online version of the CBT materials were created to:

- Supplement the face-to-face sessions
- Offer a stand-alone alternative
- Extend the reach and increase knowledge base

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The Challenges

Looking back 4 years ago there were 3 key challenges:

- Compete with a facilitated session led by a health care professional
- Comparable engagement rates to facilitated sessions (80%)
- Negative online learning bias and audience specific needs

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The Design and Development Process

The highlights of 4 years of development are:

- Converted the 4 workbooks to digital format with audio narrations
- Online forms, assignments and feedback tools (graphs)
- Structured progress with automated reminders and Admin support

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Moving Forward

The necessary building has been done opening the way forward:

- Class 5
- Audience Specific Needs
- Scalable Tool


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 - Cancer treatment– Irene Maendel MA, CancerCare

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Scott Wilkinson E.C.F.O.(a), B.P.E., P.C.P
 Assistant Chief
 Fire Prevention and Public Education
 Winnipeg Fire Paramedic Service



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CBTm in Rural Manitoba
 Interlake-Eastern RHA, Southern RHA, Prairie Mountain RHA

- Within Community Mental Health Programs
 - Service option at intake before/instead of a Community Mental Health Worker (CMHW) / other program
 - As a part of treatment with CMHW (e.g., as exposure, behavioural activation, more frequent service)
 - As a solidification of skills learned at the end of treatment
- Make service delivery more efficient




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CBTm in Rural Manitoba
 Interlake-Eastern RHA, Southern RHA, Prairie Mountain RHA

- Used to support training of skill development with CMHWs
 - Observe, coteach, observed teaching
- Currently, 1 psychologist, 1 CMHW in observing role (and manage chat), 1 CMHW in teaching role
- Some CBT training and knowledge prior
- Exposure to wide range of presentations and questions




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CBTm in a rural community health program

- Davidson, Kinley, et al. 2021
- Chart review 2015-2017, n = 376
- ↓ anxiety ($p < .001$, $d = .68$)
 - ↓ depression sx ($p < .001$, $d = .71$)
 - ↓ psychiatric sx ($p < .001$, $d = .78$)
 - ↑ anxiety predicted lower dropout rates
- Telehealth versus in-person
 - No impact $p .15 - .43$



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 - **Cancer treatment– Irene Maendel MA, CancerCare**

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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 202. 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

THANK YOU!

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Overview of Training

Remainder of the Day:
1:15 – 1:30 Break

1:30 – 2:30 Class 1 CBT Model, cognitive therapy

2:30 – 2:45 Break

2:45 – 3:45 Class 2 Behavior therapy, goal setting

3:45 – 4:00 Break

4:00 – 5:00 Class 3 Healthy living, sleep

GROUPS	FACILITATOR
Group 1 (PSF)	Pam Holens
Group 2 (General)	Cheryl Maxsom
Group 3 (General)	Jolene Kinley
Group 4 (General)	Natalie Mota
Group 5 (General)	Tanya Sala
Group 6 (General)	Debbie Whitney

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Overview of Training

Any questions please email: sarah.harvey@umanitoba.ca

1:30pm - you will be asked to join your assigned breakout room
The Group # was emailed to you yesterday morning

This is your group for the day. It will be announced when to enter the breakout room and it will also appear on your screen.

CPD staff is here to assist should you having difficulties joining the breakout room.

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