

Manitoba Patient Access Network – Final Report:

**Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT) Classes  
for Adults and Adolescents with Mood, Anxiety, and Substance Use Disorders  
and their Caregivers**

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This report was written to fulfill the requirements for funding received from the Manitoba Patient Access Network to plan and implement **Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) Classes for Adults and Adolescents with Mood, Anxiety, and Substance Use Disorders** across Manitoba.

In Partnership with:

Health Sciences Centre of Winnipeg – Adult Mood & Anxiety Disorders Program

Winnipeg Operational Stress Injury Clinic

Crisis Response Centre

Interlake - Eastern Regional Health Authority

Mood Disorders Association of Manitoba

Anxiety Disorders Association of Manitoba

ACCESS Centres / My Health Teams



We wish to acknowledge the many individuals who contributed to the implementation of the project and development of this report.

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Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT) Classes  
for Adults and Adolescents with Mood, Anxiety, and Substance Use Disorders  
and their Caregivers

## **Introduction**

### **Background and Significance**

Unmet need for mental health services is a major public health problem.<sup>1</sup> Short-term, therapist-guided self-help CBT options are a novel and cost-effective way of delivering mental-health services.<sup>2</sup> In order to address this issue, a project was developed to implement large-group interventions, specifically in the form of psychoeducational classes for patients and their families, in order to reduce wait-list times and increase acquired self-help strategies. The three main aims of the project were to: 1) enhance capacity for delivering classes at HSC and other regional sites, 2) adapt the format and content of the classes for delivery to vulnerable groups with limited access to mental health services, 3) measure client satisfaction with the intervention.

### **Intervention**

**CBTm Classes.** The Anxiety and Mood Disorders Clinic at the Health Sciences Center of Winnipeg developed a 4 – session Cognitive-Behavioural Therapy with Mindfulness (CBTm) Course for adults. This intervention provided an introduction to CBT by teaching principles and strategies for symptom reduction. Each class was 90 minutes and occurred one week apart, for four consecutive weeks. The CBTm Course covered topics such as describing the cognitive behaviour theoretical model of symptom etiology, relaxation strategies, cognitive restructuring, goal setting, and exposure therapy. Family members and support workers were welcome to accompany clients to the weekly classes.

**DBT Classes.** The Co-Occurring Disorders Mental Health and Substance Use Disorder (CODI) Outreach Program at the Health Sciences Centre of Winnipeg has developed a 4-Session Dialectical-Behaviour Therapy (DBT) Course for adults. Each class was 90 minutes and occurred one week apart, for four consecutive weeks. This intervention provided an introduction to DBT and covers topics such as mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance. Family members and support workers were welcome to accompany patients to the weekly classes. The aim of the DBT classes was to provide support while clients waited for standard DBT interventions. The classes also served as a refresher for those who have successfully completed standard DBT and were feeling that they have stopped using the skills or who were beginning to re-experience mental health issues.

### **Project Outcomes**

#### **Enhance Capacity for Delivery of Intervention**

To enhance the capacity for delivering classes across the regional sites, project team members regularly reviewed project updates to ensure the MPAN aims were met and to maintain consistency in the implementation process. Monthly meetings were held for the CBTm and DBT Classes Leadership Team to discuss the progress updates pertaining to the overall development and implementation of the interventions. Weekly meetings were also held for the CBTm Classes Implementation Team to discuss development and implementation of the class content and measurement of outcomes. Supervisory meetings were offered to CBTm facilitators and their teams to assist with problem-solving and answering questions about the class content or implementation process.

**CBTm Classes.** Informational meetings and workshops were held to equip sites with materials and skills for implementing the CBTm Classes:

1. An informational meeting was held on May 2, 2016 for sites in Manitoba that provide existing CBT and DBT services. The meeting consisted of an overview of the MPAN project's aims, structure and process of the CBT/DBT classes, and discussion of how this might fit within the current structure and process of interested sites. Attendees included clinicians, nurses, social workers, and therapists from HSC, OSI, Crisis Response Center, ADAM, MDAM, Grace Hospital, Victoria Hospital, and Community Shared Care. Members from the UofM research team, Bounce Design Inc, and Safe Work Manitoba.
2. A training workshop was held on May 25, 2016 to train those who were interested facilitating CBT classes at their sites. The training consisted of a review of the class content, activities/hand-outs, and process for measuring outcomes. Attendees included clinicians, nurses, social workers, and therapists from HSC, OSI, Crisis Response Center, ADAM, MDAM, Grace Hospital, and ACCESS / Shared Care.
3. A second training workshop was held on August 25, 2016 to train new facilitators and to follow-up with those who completed the previous training workshop. Attendees included clinicians, nurses, social workers, therapists, and pharmacists from HSC, OSI, Crisis Response Center, ADAM, MDAM, ACCESS / My Health Teams.
4. A third training workshop was held on October 18, 2016 for MDAM regional staff and volunteers. The workshop was requested by MDAM involved a review of the class content, activities/hand-outs, and process for measuring outcomes.

As a result, 10 sites have implemented the CBTm Classes during the MPAN project period of January 2016 – February 2017. These sites include: Health Sciences Center – Anxiety and Mood Disorders Clinic (HSC), Deer Lodge – Operational Stress Injury Clinic (OSI), Interlake Region, the Crisis Response Center, ACCESS Fort Gary, 7 Oaks/Inkster My Health

Team, Anxiety Disorder Association of Manitoba (ADAM), Mood Disorders Association of Manitoba (MDAM) Winnipeg Site, MDAM Stony Mountain Institution, MDAM Dauphin Site. Centre de Santé Accès in St. Boniface is preparing to start offering CBTm Classes in Spring 2017. Two new sites have indicated interest in implementing the intervention and are waiting to attend the next facilitator workshop training. An additional site indicated interest in the CBTm Classes, but withdrew their participation due to time constraints in their staff members' schedules. See Table 1 for list of sites that have implemented CBTm Classes in Manitoba.

In total, over 185 CBTm Classes have been offered across the region with an average attendance of 13 clients per class. 36 facilitators have attended the 3 training workshops offered during the MPAN study period. Approximately 893 clients have attended at least one CBTm class across sites in Manitoba. Client attendance by site is as follows: 369 clients at HSC, 151 clients at Interlake, 93 clients at MDAM Winnipeg site, 85 clients at OSI, 80 clients at the Crisis Response Centre, 46 clients at MDAM Stony Mountain Institution, 22 at 7 Oaks / Inkster My Health Team, 18 clients at ACCESS Fort Garry, 19 at ADAM Winnipeg Site, and 10 clients at MDAM Dauphin site. See Table 2 for the number of facilitators trained and client attendance for CBTm Classes across the region.

**DBT Classes.** The DBT team conducted 36 classes through the CODI program at the Health Sciences Centre of Winnipeg. The DBT Classes are facilitated by two psychiatrists and a social worker. Approximately 353 patients have attended at least one DBT Class during the MPAN project period. See Appendix A for the table of contents from the DBT Facilitator Manual.

### **Adapt Format and Content of Classes**

The second project aim was to adapt the format and content of the classes for delivery to vulnerable groups with limited access to services. 1) We have worked with a graphic design team from Bounce Design Inc. to develop materials for implementation of the CBTm Course at various sites across the region. We created CBTm Course Kits for clients, which contain materials such as CBTm class notes, presentation slides, homework worksheets, and self-report measurement packages. Sites that offer the CBTm Course may provide these Kits to their clients, and facilitators may include additional information and resources relevant to their client population. 2) We have created CBTm Facilitator Manuals to help guide the facilitators in delivering the intervention. The Facilitator manual includes instructions for teaching the classes, CBT and mindfulness resources, and suggestions for measuring client satisfaction and treatment fidelity. PowerPoint presentations with speaker notes and instructions are also available for facilitators to use at their sites. Facilitators may include additional information in their presentations to best support their client populations. 3) We are in the process of developing a website for the CBTm classes. This website will provide clients and facilitators with the option of downloading class materials free of charge. The website will also provide the general public with information about the CBTm Classes and how to access the intervention at various sites. The development of these materials and website has aided in adapting and implementing the CBTm Classes across the region. See Appendix B for the CBTm Facilitator Manual's table of contents, and see Appendix C for the CBTm Client Kit's table of contents. 4) The CBTm Course has also been delivered using phone-based conference calling at OSI and Telehealth videoconferencing in the Interlake. These telecommunications technologies have assisted in

adapting the format of the classes to enhance and expand access to the CBTm classes in rural Manitoba.

### **Client Satisfaction**

The third project aim was to measure client satisfaction with the CBTm and DBT classes in a systematic manner. For this project, client satisfaction was defined by two criteria: 1) the client's perception of class usefulness, and 2) whether the client was interested in attending another class session. For perceived usefulness, clients were asked to rate the usefulness of the class on a scale ranging from 1 (not very useful) to 5 (extremely useful). Across sites, the average class usefulness rating for the CBTm Classes was 3.6, and the median class usefulness rating was 3.7. The average class usefulness rating for the DBT Classes was 4.0, and the median class usefulness rating was 4.1. For interest in attending future classes, clients indicated either "Yes" or "No" when asked if they would attend another session. Across sites, 90% of clients indicated interest in attending another CBTm Class. See Table 3 for client ratings of CBTm Class Satisfaction across sites in Manitoba. For DBT Classes, 98% of clients indicated interest in attending another session.

### **Challenges to Implementation**

The main challenges experienced during the implementation process for CBTm and DBT Courses included issues with limited time and resources at new sites. One main barrier pertained to limited time available for implementing a new intervention in the staff or team member's work schedule. Some sites also experienced a lack of support from team managers or directors for implementing changes into their existing programs and services. Although staff and team members might have been interested in delivering the psychoeducational classes, a lack of support from team leads created a barrier to implementation of the intervention. Another

challenge to implementation regarded the ability for facilitators and their teams to provide ongoing CBT and DBT services for clients following completing of the psychotherapy classes. Some sites did not have team members with specific CBT or DBT skills to provide sufficient follow-up services for clients.

### **Knowledge Exchange**

The CBTm Classes Implementation Team has engaged in knowledge exchange activities including meetings with stakeholders and conference presentations. The aim of participating in these knowledge exchange activities was to facilitate cross-sharing of ideas for improvement of the class format and content, the facilitator training process, and the implementation process. Throughout the project, facilitators and their teams were involved in the development of intervention materials by providing feedback during meetings and training workshops. (See Appendix D for the Facilitator Feedback Questionnaires used at CBTm training workshops). Project updates were also presented at the University of Manitoba's Annual Psychiatry Faculty Research Forum, WRHA Quality Improvement Day - Psychiatry, and the Canadian Institute for Veteran and Military Health Research Forum, and meetings with My Health Teams.

### **Future Directions**

#### **New Grants and Awards**

As a result of the work conducted by the MPAN project, our team has received new financial grants to continue expanding and increasing access to the CBTm Classes across the region:

1. The Bell and True Patriot Love Grant (2016-2017) was awarded to Dr. Debbie Whitney, Ms. Cheryl Maxsom, Dr. Jitender Sareen, Dr. Tanya Sala, Dr. Jolene Kinley, and Ms. Jacquelyne Wong. This grant was awarded for the project titled: *Classroom-*

*Delivered Cognitive Behavioural Therapy with Mindfulness Course for Mental*

*Resilience.* The goal of this project is to provide training for mental health clinicians and peer-support staff/volunteers who work with serving Canadian Forces members, veterans and their families, so that they can deliver the content of the CBTm Classes. The aim is to promote and implement the CBTm classes within the Veterans Affairs Canada programs and Operational Stress Injury Clinics across Canada.

2. The Worker's Compensation Board of Manitoba Research and Workplace Innovation Program Grant (2017 – 2019) was awarded to Dr. Jitender Sareen, Dr. Gordon Asmundson, Dr. R. Nicholas Carleton, Dr. Heather Hadjistavropoulos, Dr. Pamela Holens, Dr. Laurence Katz, Dr. Jolene Kinley, Dr. Sarvesh Logsetty, Dr. Natalie Mota, Dr. Tanya Sala, Dr. Debbie Whitney, and Ms. Jacquelyne Wong. The grant was awarded for the project titled: *Online and classroom delivered mindfulness-based cognitive behaviour therapy course for building workplace resilience: A pilot randomized controlled trial.* The goal of this project is to adapt and provide CBTm Classes for public safety personnel (including firefighters, police officers, and paramedics) and nurses. The aim is to promote and develop CBTm Classes as a service for preventing and addressing PTSD and related conditions experienced by those working in high-stress professions.
3. The Manitoba Medical Services Foundation and Winnipeg Foundation Operating Grant (2017) was awarded to Dr. N. Mota, Dr. J. Bolton, Dr. H. Holmqvist, and Dr. J. Sareen for the project titled: *The Effectiveness of Psychotherapy Classes in Reducing Suicidal Ideation in a Crisis Population.* This study will examine the effectiveness of CBTm and DBT skills psychotherapy classes on reducing suicidal thinking.

4. The Mood Disorders Association of Manitoba's Helping Hands – Health Award (2017) was presented to Dr. Jitender Sareen, Dr. Tanya Sala, Ms. Jacquelyne Wong, Dr. Debbie Whitney, and Dr. Jolene Kinley for supporting recovery of individuals in the mental health community through the development of the CBTm Classes.

### **Plans for Sustaining the Intervention**

In order to sustain the CBTm Classes intervention, we aim to continue expanding and delivering these services in effort to improve access to CBT and DBT services across the Manitoba region. 1) There are plans to continue offering biannual CBTm Class training workshops for facilitators and ongoing monthly supervision meetings for facilitators and their teams. These activities will help to ensure facilitators and their teams are supported in implementing the CBTm intervention at their sites. Additional sites have indicated interest in partnering with us in this effort including the Addictions Foundation of Manitoba, the Manitoba Adolescent Treatment Center, and the Canadian Mental Health Association. 2) Copies of the client binders and facilitator manuals produced during the MPAN project period will be distributed to partner sites that have implemented the CBTm Classes intervention. 3) The development of the CBTm Classes website will provide both sites and clients with improved online access to intervention materials and program updates. Discussions with a local graphic design team is underway in effort to develop a system for clients and sites to purchase hard-copies of intervention materials at minimal cost. The aim is to make the class materials easily accessible for clients, facilitators and their sites.

### **Conclusions**

The MPAN project has influenced both patient access and implementation of the CBTm and DBT Courses for clients in Manitoba. This innovative approach of providing large group

access to CBT and DBT has expanded access to services in Manitoba by increasing the number of sites offering these psychoeducational classes and increasing the number of facilitators trained to offer the intervention. Plans for sustaining these programs include development of a CBTm website, continued production and distribution of both CBTm and DBT client packages and facilitator manuals, and receiving new funding to continue improving and expanding the intervention across the region.

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2. Horrell, L., Goldsmith, K. A., Tylee, A. T., Schmidt, U. H., Murphy, C. L., Bonin, E.-M., ... Brown, J. S. L. (2014). One-day cognitive-behavioural therapy self-confidence workshops for people with depression: Randomised controlled trial. *The British Journal of Psychiatry*, 204(3), 222–233. <http://doi.org/10.1192/bjp.bp.112.121855>

## Tables

**Table 1**

*Sites that Implemented CBTm Classes into their services in Manitoba during the MPAN project period: Jan 2016 – Feb 2017.*

	N
Sites Implemented Intervention	10
Community Organization <sup>1</sup>	4
WRHA Facility <sup>2</sup>	3
WRHA Community <sup>3</sup>	2
IERHA Facility <sup>4</sup>	1
Sites Preparing to Launch Intervention in Spring 2017	1
New Sites Waiting for Next Training Workshop	2
Sites Declined to Continue with Implementation Process	1

*Notes:* <sup>1</sup>Community Organization: MDAM – Winnipeg, MDAM – Stony Mountain Institute, MDAM – Dauphin, ADAM. <sup>2</sup>WRHA Facility: HSC, OSI, Crisis Response Centre. <sup>3</sup>WRHA Community: ACCESS Fort Gary, 7 Oaks/Inkster My Health Team. <sup>4</sup>IERHA Facility – Interlake.

**Table 2***CBTm Classes offered in Manitoba during the MPAN project period: Jan 2016 – Feb 2017.*

Sites	Total Facilitators Trained	Total Class Cycles Offered <sup>1</sup>	Mean Client Attendance per Class	Mean Support Person Attendance per Class
HSC - Anxiety and Mood Disorders Clinic	3	10	28	5
Winnipeg Operational Stress Injury Clinic	2	3	11	3
Crisis Response Centre	2	12	8	Not Reported
Interlake Region	1	9	10	1
ADAM	6	1	29	13
MDAM – Winnipeg	12	2	15	Not Reported
MDAM - Stony Mountain Institution	1	5	11	Not Applicable
MDAM - Dauphin	1	1	6	Not Reported
ACCESS Fort Garry	3	1	13	4
Seven Oaks / Inkster My Health Team	2	1	3	N/A

*Note:* <sup>1</sup>One cycle consists of a set of 4 classes.

**Table 3**

*Client Ratings of CBTm Class Satisfaction in Manitoba during the MPAN project period:  
January 2016 – February 2017.*

Sites	Mean Usefulness Rating of Classes	Median Usefulness Rating of Classes	% of Clients that Would Attend Another Class
HSC - Anxiety and Mood Disorders Clinic	3.9	4.0	95.5
Winnipeg Operational Stress Injury Clinic	3.3	3.7	92.9
Crisis Response Centre	3.9	4.0	96.7
Interlake Region	4.0	4.1	94.6
ADAM	4.2	4.0	90.0
MDAM – Winnipeg	3.4	3.8	66.5
MDAM - Stony Mountain Institution	4.0	3.9	100.0
MDAM - Dauphin	Not Reported	Not Reported	100.0
ACCESS Fort Garry	3.8	4.0	88.8
Seven Oaks / Inkster My Health Team	4.2	4.4	75.2

**Appendix A: DBT Facilitator Manual**

Dialectical  
Behavioral  
Therapy

ORIENTATION  
SESSIONS



## Guidelines for Skills Training

### INTRO DBT

Intro DBT is a psychotherapy based on Dialectical Behavior Therapy. It is run in the Co-Occurring Disorders Program at 771 Bannatyne Avenue. It comprises four sessions:

1. Diary Card and Mindfulness
2. Interpersonal Effectiveness
3. Emotional Regulation
4. Distress Tolerance

These four sessions are repeated indefinitely in sequence. Anyone, following assessment in CODI Outreach, who is invited to Intro DBT may attend as often as they wish, in any order they want. Some will want to progress to "STANDARD" DBT, a more demanding, and intense program. A requirement to do this is to attend four out of six successive Intro DBT sessions for your name to be put on the list, however we encourage you to keep attending. We prioritize those who attend on a regular basis. Attendance for this purpose is only counted if you arrive on time and stay to the end of the session.

### RULES

1. Individuals are not to come to sessions under the influence of drugs or alcohol.
2. Individuals are not to discuss past (even if immediate) use or self-harm behaviors with other individuals outside of sessions
3. Individuals who call one another for help when feeling like using or harming themselves must be willing to accept help from the persons called.
4. Information obtained during sessions, as well as the names of individuals, must remain confidential.

**Other guidelines for this group/notes:**

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## Appendix B: CBTm Facilitator Manual



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### Acknowledgements

CBTm classes have been developed in collaboration with several partners:

1. University of Manitoba Departments of Psychiatry and Clinical Health Psychology
2. Winnipeg Regional Health Authority Mental Health Program
3. Interlake Eastern Regional Health Authority
4. Winnipeg Operational Stress Injury Clinic
5. Anxiety Disorders Association of Manitoba
6. Mood Disorders Association of Manitoba
7. Crisis Response Centre

The authors would like to acknowledge the large group of service providers, support staff, students, clients and families that have contributed to the development of the CBTm Classes.

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## Appendix C: CBTm Client Kit



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Name:

Site:

**Provider Feedback on CBTm Classes Workshop**

1. Why are you interested in providing the CBTm Classes? What do you think these classes will help accomplish for your patients/clients and your program?
2. Please indicate the type of services available at your site:  
Cognitive Behavioural Therapy (CBT) programs
  - a. Services currently available in your program:
  - b. Services provided by you personally:
3. In your estimate, how many people were treated using CB/CBT at your site in the past 6 months?
4. How long do people typically wait from request/referral to screening/assessment?  
And, from request/referral to first treatment session?
5. In your program, where would the CBTm classes best fit into your processes?
6. Does the proposed format for patient/client screening and symptom evaluation overlap with information that you currently collect? If yes, how might you deal with the redundancy?
7. What, if any, barriers might you encounter to providing CBTm classes?
8. What type of support is needed at your site to provide these classes?