

CBTm

COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS
THÉRAPIE COGNITIVO-COMPORTEMENTALE DE LA PLEINE CONSCIENCE

Class 5

Class 5

1

Ground Rules

Respect others

Please respect everyone's confidentiality

Please do not share with the class personal stories of trauma or suicidal or violent thoughts

Reach Out

If you are distressed, please contact the Interlake-Eastern RHA 24 hour Crisis Line at 1-866-427-8628

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Technical Housekeeping

Remain muted unless speaking

Do not take screen shots or record any part of the meeting

We love to see faces 😊 and it is your choice to turn your video off

You can unmute, use the chat, or polls and reactions to communicate

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Class Outline

Mindfulness

Skills Practice Review

What is Stress?

Coping with Stressful Experiences

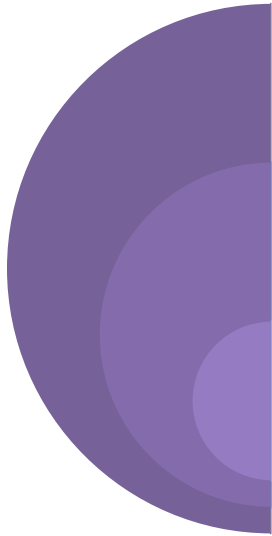
Wellness Plan

Skills Practice

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Grounding Exercise



Grounding exercises are strategies that can help bring you back to the present moment.

Other grounding strategies:

- Name as many animals as you can
- Count backwards from 100
- Name cities that start with an "S"
- Point to 5 objects in the room
- Focus your gaze on one spot in the room
- Can you think of any more?

But is grounding avoidance?

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Class Outline

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Skills Practice Review

Mindfulness 5 min twice a day

One thought records in the week (Testing Your Thoughts worksheet)

Visit problem-solving website for 15 min

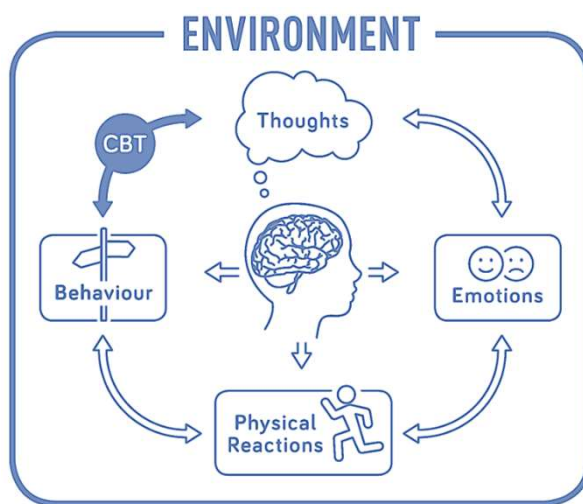
Fill out problem-solving sheet

Work on 1 **SMART** goals

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The CBT Model



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Class Outline

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What is Stress?

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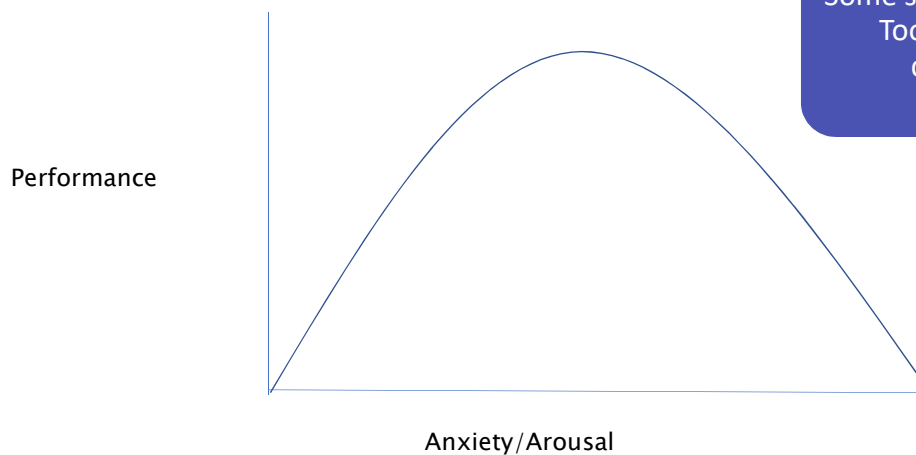
Skills Practice

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Stress

Yerkes-Dodson curve



Some stress can be good.
Too much can be debilitating.

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Fight

Fight, Flight or Freeze Response

Flight

Normal
Action &
Interaction

Our bodies all react similarly in response to something threatening.

The purpose of this response is to help us avoid harm.

Freeze

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Fight, Flight or Freeze Response

Sometimes, we experience 'false alarms'.

If we experience these frequently and severely, they can get in the way of our functioning and quality of life.



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Fight, Flight or Freeze Response

- After very stressful experiences, all sorts of memories, places, people, and things can bring up reminders and set off false alarms
- Although the experience itself might have been dangerous and scary, the reminders are unpleasant but safe



Blue shirt example



Exercise: Do you have any false alarms going off?

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Class Outline

Mindfulness

Skills Practice

What is Stress?

Coping with Stressful Experiences

Wellness Plan

Skills Practice

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Common Thinking Traps



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Beck Institute

TESTING YOUR THOUGHTS (Example)

This worksheet is a version of a Thought Record.

What is the situation? Involves in car accident where a woman died

What am I thinking or imagining? It's my fault that she died.

How much do I believe it? a little medium a lot (or rate 0-100 85)

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

How strong is the feeling? a little strong medium very strong (or rate 0-100 90)

What makes me think the thought is true? I was driving the other vehicle and tried to perform CPR but she didn't make it.

What makes me think the thought is not true or not completely true? I did not cause the accident. I did everything I knew how to do.

What's another way to look at this? I tried my best to save her life, but her injuries were severe.

What's the worst that could happen? Would I still live through it? The family might blame me. It would be difficult but I would live through it - I know they're trying to make sense of things too.

What's the best that could happen? The family could tell me that I did all I could.

What will probably happen? The family will not focus on my but their own grief.

What will happen if I keep telling myself the same thought? I will not be able to continue driving.

What could happen if I changed my thinking? I might be able to continue functioning.

What would I tell my friend Pat if this happened to him/her? That I'm proud they tried to save her and it wasn't their fault.

What should I do now? Talk to my partner, going for a walk, listening to music, etc.

How much do I believe the negative thought now? a little medium a lot (or rate 0-100 50)

How strong is my negative feeling now? a little strong medium very strong (or rate 0-100 45)

Thought record
about a very stressful
experience

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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)

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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)

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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?

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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?

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Testing Your Thoughts

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?

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Testing Your Thoughts

What should I do now?

How much do I believe the
negative thought now?

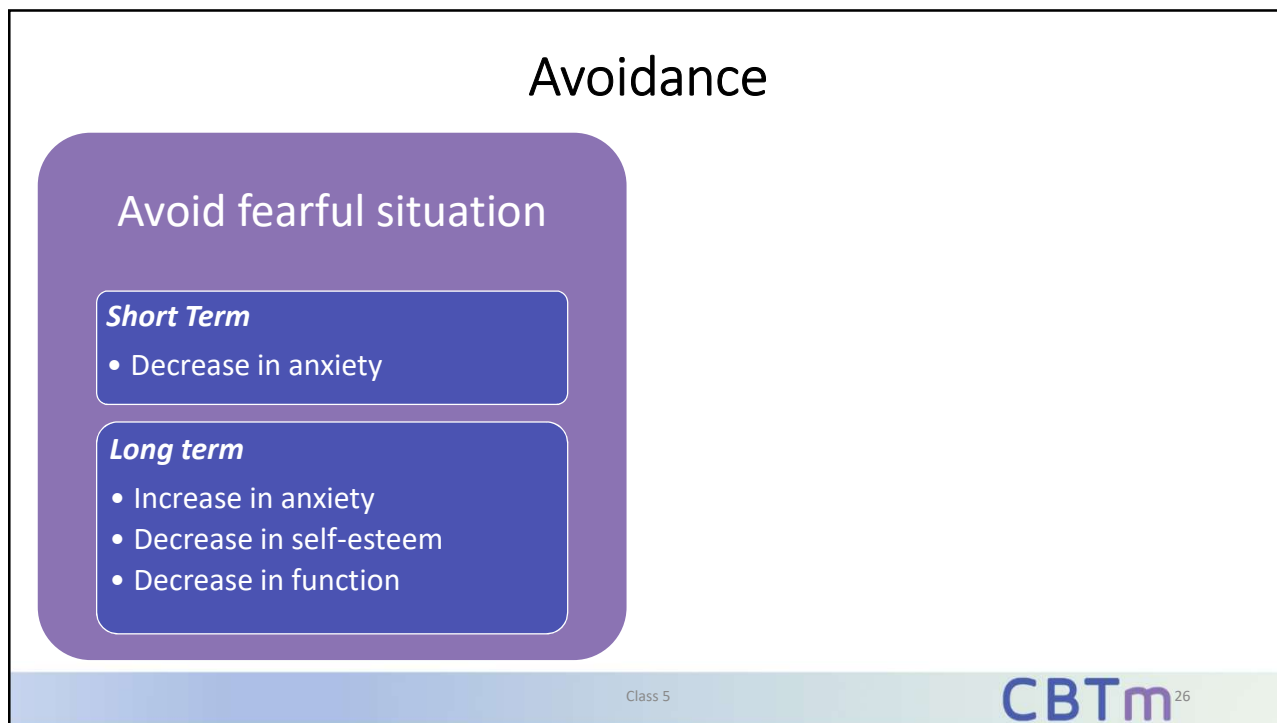
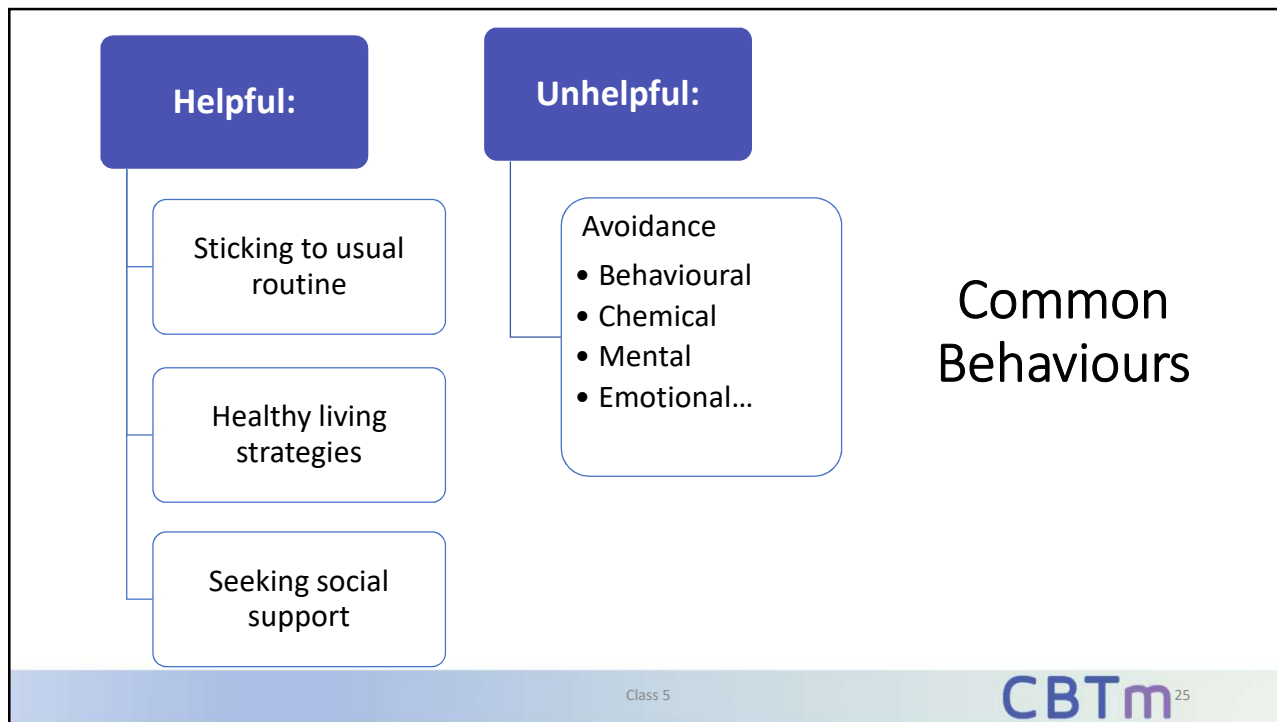
a little, medium, a lot (or rate 0-100)

How strong is my negative feeling
now?

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

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Avoid Avoidance!

Avoid fearful situation

Short Term

- Decrease in anxiety

Long term

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

Face fearful situation

Short Term

- Increase in anxiety

Long term

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

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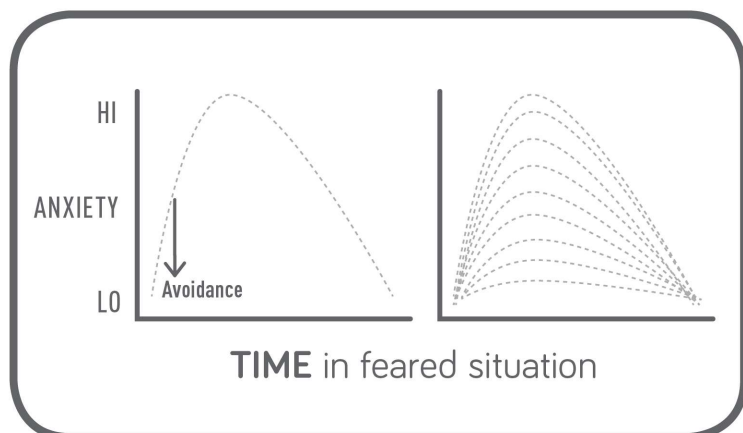
Facing your fears in a planned and repeated manner to fears.

Starting with fears that are a 3-4 out of 10 for an anxiety rating

Delay the avoidance

If possible stay in the anxious situation for 30 min or until anxiety drops by 50%

Exposure



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Exposure



In a planned and gradual way, put yourself in situations that set off a false alarm over and over again until it doesn't bother you as much anymore.



Example: How would you teach someone to be less afraid of the water?



How could you apply the same logic to some of the situations in which you feel anxiety?

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Building an Approach Ladder

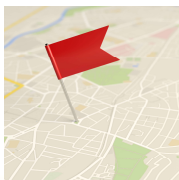
Mugging on Harris Street



Blue shirt example



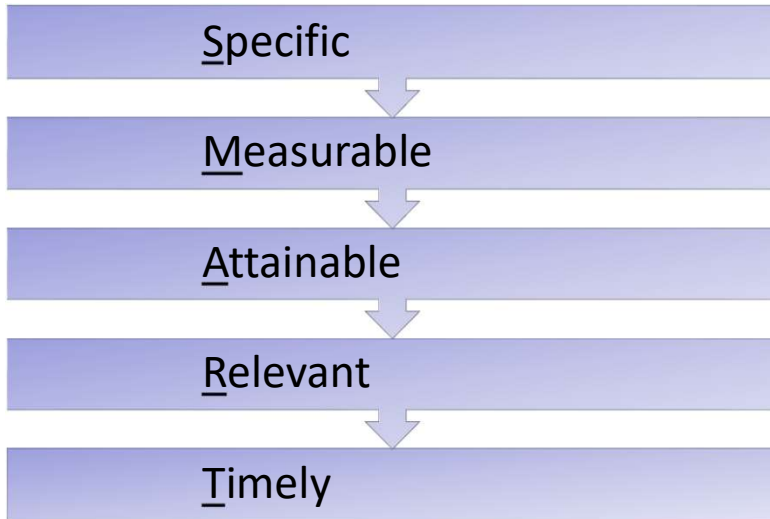
Other examples?



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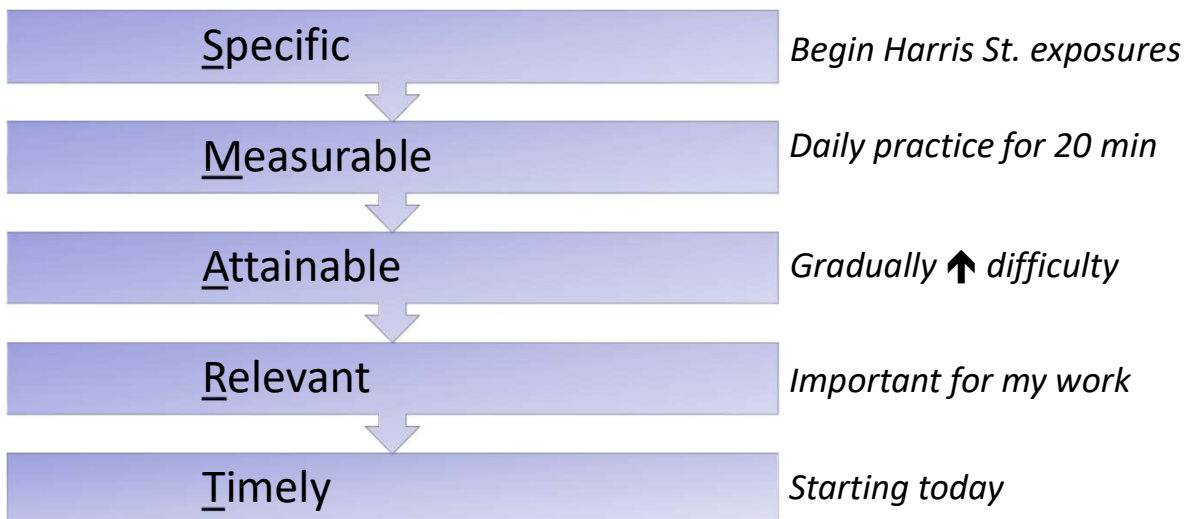
SMART Goals



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SMART Goals



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Class Outline

Mindfulness

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What is Stress?

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Wellness Plan

Skills Practice

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Mental Wellness vs. Mental Illness



It points to a good way to evaluate your own, and your buddies', stress levels

What changes do you need to make if you're "yellow" or "orange"?

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Wellness Plan

Warning signs (thoughts, images, moods, behaviours) that indicate I'm feeling overwhelmed by stress

1) _____
 2) _____
 3) _____

3 coping strategies:

1) _____
 2) _____
 3) _____

3 people I can call (to just hang out or to talk to):

1) _____
 2) _____
 3) _____

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WELLNESS PLAN

STEP 1: Warning signs (thoughts, images, moods, behaviours) that indicate I'm feeling overwhelmed by stress

1. _____
 2. _____
 3. _____

STEP 2: Three coping strategies - things I can do myself to take my mind off my problems

1. _____
 2. _____
 3. _____

STEP 3: Three people I can call (just to hang out or talk to) or social settings where I can go for distraction

1. Name _____ Phone _____
 2. Name _____ Phone _____
 3. Name _____ Phone _____

Making a Wellness Plan

STEP 4: Three people I can ask for help

1. Name _____ Phone _____
 2. Name _____ Phone _____
 3. Name _____ Phone _____

STEP 5: Professionals I can contact if I need more help

1. Name _____ Phone _____
 2. Mobile Crisis Unit - 204-940-1781
 3. Crisis Response Centre - 817 Bannatyne Avenue (24/7 walk-in crisis support)
 4. Work resources: _____

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Wellness Plan Support Resources

24/7 Help
Resources:



Crisis Stabilization
Unit

1-888-482-5361

Mobile Crisis Unit

1-888-499-8770

24 Hour Crisis Line

1-866-427-8628

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Skills Practice

Pay attention to any false alarms.

Do a mindfulness exercise for 5 minutes every day.

The next time you feel stressed, try one of the following:

- Use a mindfulness exercise or grounding strategy
- Do a testing your thoughts worksheet
- Make a SMART goal focused on your own wellbeing
- Refer to your Wellness Plan

Work on your Wellness Plan and keep it handy. When you've finished it, take a picture of it with your phone so you have it with you wherever you go.

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Next Steps

Take your skills and run with them

Attend another round of CBTm

Attend Managing Difficult Emotions (MDE)

Reconnect (or connect) with an individual Mental Health Worker

Central Intake 204-7752

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Resources - IERHA

Mobile Crisis Team - (204-482-5376) OR (1-887-499-8770)

24 Hour Crisis Line - (204-482-5419) OR (1-888-482-5361)

Crisis Stabilization Unit - (204-482-5361) OR (1-888-482-5361)

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

→ <https://www.reasonolive.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>

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CBTm Class Evaluation



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Thinking Traps about Stressful Experiences

Everyone falls into thinking traps sometimes. It's most likely to happen when you feel sad, anxious or angry. Thinking traps are also more likely to happen when you're under stress or not taking good care of yourself, e.g. not enough sleep. Those with anxiety and depression tend to fall into thinking traps more often, which can trigger and maintain anxiety and depression. *Adapted from www.heretohelp.bc.ca.*

Thinking Traps	Examples
<p>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”.</p>	<p>Last time I drive downtown I made stupid errors. This always happens to me! I never manage this stuff well.</p>
<p>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.</p>	<p>I can never let my guard down. People are bad. Nobody can be trusted.</p>
<p>Fortune Telling Predicting that something bad will happen, without any evidence.</p>	<p>If I'm not in full control, people will get hurt.</p>
<p>Emotional Reasoning Believing that bad feelings or emotions reflect the truth of a situation.</p>	<p>I feel guilty about what happened, so it must have been my fault/I must be to blame.</p>
<p>Labeling Saying only negative things about yourself or other people.</p>	<p>My organization doesn't support me. My supervisor is a jerk! I made a mistake therefore I'm incompetent!</p>
<p>'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.</p>	<p>I should be able to handle this without getting upset/sad/angry/scared! I shouldn't let this affect me!</p>
<p>Mind Reading Jumping to conclusions about what others are thinking, without any evidence.</p>	<p>If I take a few days off to deal with this, my coworkers will think I'm weak.</p>
<p>Mental Filter Focusing only on the negative parts of a situation and ignoring anything good or positive.</p>	<p>I've driven for 20 years but had one serious accident. I am a horrible driver.</p>
<p>Catastrophic Thinking Exaggerating the importance of negative things, believing the worst-case scenario, or thinking something is unbearable or impossible when it isn't that bad.</p>	<p>Because I feel stressed/overwhelmed now, I won't ever be able to drive again.</p>
<p>Personalization You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.</p>	<p>The family looks grief-stricken. They must blame me for what happened.</p>

TESTING YOUR THOUGHTS (Example)

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What am I thinking or imagining? It's my fault that she died.

How much do I believe it? a little medium a lot (or rate 0-100 85)

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

How strong is the feeling? a little strong medium very strong (or rate 0-100 90)

What makes me think the thought is true? I was driving the other vehicle and tried to perform CPR but she didn't make it.

What makes me think the thought is not true or not completely true? I did not cause the accident. I did everything I knew how to do.

What's another way to look at this? I tried my best to save her life, but her injuries were severe.

What's the worst that could happen? Would I still live through it? The family might blame me. It would be difficult but I would live through it - I know they're trying to make sense of things too.

What's the best that could happen? The family could tell me that I did all I could.

What will probably happen? The family will not focus on my but their own grief.

What will happen if I keep telling myself the same thought? I will not be able to continue driving.

What could happen if I changed my thinking? I might be able to continue functioning.

What would I tell my friend Pat if this happened to him/her? That I'm proud they tried to save her and it wasn't their fault.

What should I do now? Talk to my partner, going for a walk, listening to music, etc.

How much do I believe the negative thought now? a little medium a lot (or rate 0-100 50)

How strong is my negative feeling now? a little strong medium very strong (or rate 0-100 45)

WELLNESS PLAN

STEP 1: Warning signs (thoughts, images, moods, behaviours) that indicate I'm feeling overwhelmed by stress

1. _____
2. _____
3. _____

STEP 2: Three coping strategies - things I can do myself to take my mind off my problems

1. _____
2. _____
3. _____

STEP 3: Three people I can call (just to hang out or talk to) or social settings where I can go for distraction

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

STEP 4: Three people I can ask for help

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

STEP 5: Professionals I can contact if I need more help

1. Name _____ Phone _____
2. Mobile Crisis Unit - 204-940-1781
3. Crisis Response Centre - 817 Bannatyne Avenue (24/7 walk-in crisis support)
4. Work resources: _____

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 them?

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 ____)

Name _____

Date _____

Patient Health Questionnaire (PHQ-9)

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

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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 more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<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

Generalized Anxiety Disorder 7 –Item (GAD-7)

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

PLEASE COMPLETE AND HAND IN

Dear Class Participant,

Congratulations on your completion of the Cognitive Behaviour Therapy Education Sessions with Mindfulness through the Interlake-Eastern Regional Health Authority!

Now is a great time to start thinking about your next step of your recovery. Here are some of the services that may be available to you and how to access them:

- | | |
|--|---|
| 1) Practice your skills at home | Schedule time weekly to review and plan new homework. |
| 2) Attend another round of CBTm education classes | Call Central Intake at 1-204-785-7752 or toll-free 1-866-757-6205. |
| 3) Learn more about the other classes available in the region. | For individuals still experiencing high levels of distress after CBTm classes. See description of classes on back. Contact Dr. Kinley at 204-785-4886. |
| 4) Continue with CBT based guided self help with the Bounce Back program | Find information at: www.bounceback.mb.ca or call 1-844-733-8181.
A referral from your primary health care provider or through Central Intake is required. |
| 5) Explore local self-help organizations. | Mood Disorders Association of Manitoba
West 204-330-7821
East 204-444-5228
Anxiety Disorder Association of Manitoba
West 204-389-5030
East 204-345-8511
ierha.ca > Care in Your Community > Mental Health |
| 6) Inquire about accessing a Community Mental Health Worker. | See description of service on back. Contact Central Intake at 1-204-785-7752 or toll-free 1-866-757-6205 to explore further. |

If you need **immediate supports** please contact the Youth or Adult Mobile Crisis Unit at 1-204-482-5376 or 1-877-499-8770 or the 24 Hour Crisis at 1-204-482-5419 or 1-866-427-8628.

Managing Difficult Emotions Classes

The skills presented in the classes are based on Dialectical Behavior Therapy (DBT), which is recommended to assist individuals to cope with and manage high distress, problematic behaviours, and improve relationships. Individuals who go on to these classes tend to have moderate to severe mental health symptoms such as anxiety, anger, and high distress that did not improve with the CBTm classes.

The classes will include both information and experiential learning. Homework will also be assigned weekly. The eight classes will be semi-structured and cover four modules of DBT: Mindfulness (2 sessions), Emotion Regulation (2 sessions), Distress Tolerance (2 sessions), and Interpersonal Effectiveness (2 sessions).

Adult Community Mental Health Worker

The Interlake-Eastern Regional Health Authority Adult Community Mental Health Program aims to provide strengths-based mental health assessments, recommendations, short term treatment options, and consultation for adults with symptoms suggestive of mental health problem/illness or co-occurring disorders and who reside within the Interlake-Eastern Regional Health Authority.

The Community Mental Health Program recognizes and supports personal recovery as fundamental to overall health and makes every effort to work in a manner that supports wellness and focuses on the strengths of the individual. A service provider will work with the individual to develop a recovery plan to best meet their individualized needs. Treatment services are time limited, goal oriented, and focus on the process of personal recovery.

Who may be considered for services offered by the Adult Community Mental Health Program?

- An individual who is a resident within the Interlake-Eastern Regional Health Authority
- An individual who is 18 years of age or older
- An individual who is actively seeking service
- An individual who is presenting with symptoms suggestive of a mental health problem/illness or co-occurring disorders that may be negatively impacting major life areas including home, employment, education and/or social networks

How does an individual apply for services offered by the adult Community Mental Health Program?

- Individuals can directly telephone the Central Intake line at or (204) 785-7752 or 1-866-757-6205

For more information visit our website at: <http://www.ierha.ca/> and follow the links for *Care in Your Community* → *Services in Your Community* → *Mental Health*