


Physician-led Cognitive Behaviour Therapy Groups: Timely, Accessible, Successful for Telehealth

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An aerial photograph of Vancouver, British Columbia, Canada. The image shows a dense urban skyline with numerous high-rise buildings, including the Vancouver Tower. In the foreground, there is a large body of water, likely the False Creek, with several sailboats and a marina. The background features a range of mountains under a cloudy sky. The text is overlaid in the center of the image.

We are joining from the
traditional and unceded
territories of the the Musqueam,
Squamish, and
Tsleil-Waututh Nations

FACULTY DISCLOSURE

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



CONFERENCE RESOURCES

Slides and handouts shared by our conference presenters are available on <https://www.integratedcareconference.com/> and on the conference mobile app.

All sessions will be recorded and posted to <https://integratedcarelearning.talentlms.com/> shortly following the conference.



LET'S DISCUSS #1

HOW ARE YOU USING VIRTUAL GROUP-BASED INTERVENTIONS TO **ADDRESS MENTAL HEALTH NEEDS** IN YOUR COMMUNITY/ PRACTICE?
HOW COULD YOU?



LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

- ✓ Outline the steps taken that enabled a rapid increase in accessibility of publicly funded self-management skills training for mental health within primary care
- ✓ Identify drivers that enabled a quick transition to telehealth for the CBT Skills program at the outset of the COVID19 pandemic
- ✓ Compare virtual vs in-person experiences, including symptom changes, satisfaction ratings and preferences
- ✓ Describe how co-facilitating groups is an efficient and valuable way to train primary care providers to run mental health group medical visits



**We Will Never Have
Enough Therapy to
Meet this Need**

The background is a blurred photograph of a living room. In the foreground, two dark-colored armchairs with a light-colored pattern and red cushions are visible. Between them is a light-colored coffee table with a small red vase containing three red flowers. On the wall behind the chairs is a framed picture with a dark, abstract or nature-themed image. To the right, there is a window with light blue curtains. The overall scene is softly lit and out of focus.

Problem for primary care

- 80% receive care primarily from family physicians
- Psychotherapy/counseling private pay for mild-moderate conditions
- Family physician fee structure not supportive of counseling
- Family physicians lack relevant mental health training



Too little, too late

- People have to search hardest for services at a time when they are least able to do so
- Symptoms become entrenched
- Psychosocial impairment has costs for workplaces, relationships, finances



Local Needs Assessment

Family physicians directed practice support funds to patient care development

Partners

2 psychiatrists and a family doctor on a dog walk...

Funding

Doctors of BC and BC Ministry of Health (Shared Care Committee) & Victoria Division of Family Practice



LET'S DISCUSS #2

WHAT ARE THE **CHALLENGES FACED IN INITIATING AND PROVIDING** GROUP INTERVENTIONS FOR PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS?



INNOVATION



What we did

- ✓ Assembled team
(4 psychiatrists, 4 family doctors)
- ✓ Created content (CBT, ACT, DBT,
mindfulness)
- ✓ Designed training program
- ✓ Crafted evaluation plan
- ✓ Launched October 2015 in Victoria, BC



The Model: Patient Care

- A series of eight 90-minute sessions once weekly
- 15 adult patients per group
- Solo-facilitated, or co-facilitated if one physician is a trainee (Psych or FP)
- Physician time funded by provincial health care system
- Patients pay no-show fee
- Workbook online with hardcopy available for a fee





CBT

Skills Group
WORKBOOK



The Model: Physician Training

- Psychiatrists or experienced family physicians train new facilitators within existing groups
- 6 – 18 mo training time
 - Trainees earn CPD credits
 - Partially remunerated
- Trainees chosen based on local demand for the service, and presence of necessary partnerships



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- Physician Wellness
- 2h/week for 8 weeks



- Group facilitation training – minor facilitation with mentor
- 1.5h/week + 1 hour debrief for 8 weeks



- Group facilitation training – co-facilitation with mentor
- 1.5h/week + 1 hour debrief for 8 weeks



- Group facilitation training – solo facilitation with oversight
- 1.5h/week for 8 weeks

Facilitator Guide

Trainees earn up to 48
Mainpro+ credits per
phase of training



The Model: Delivery System

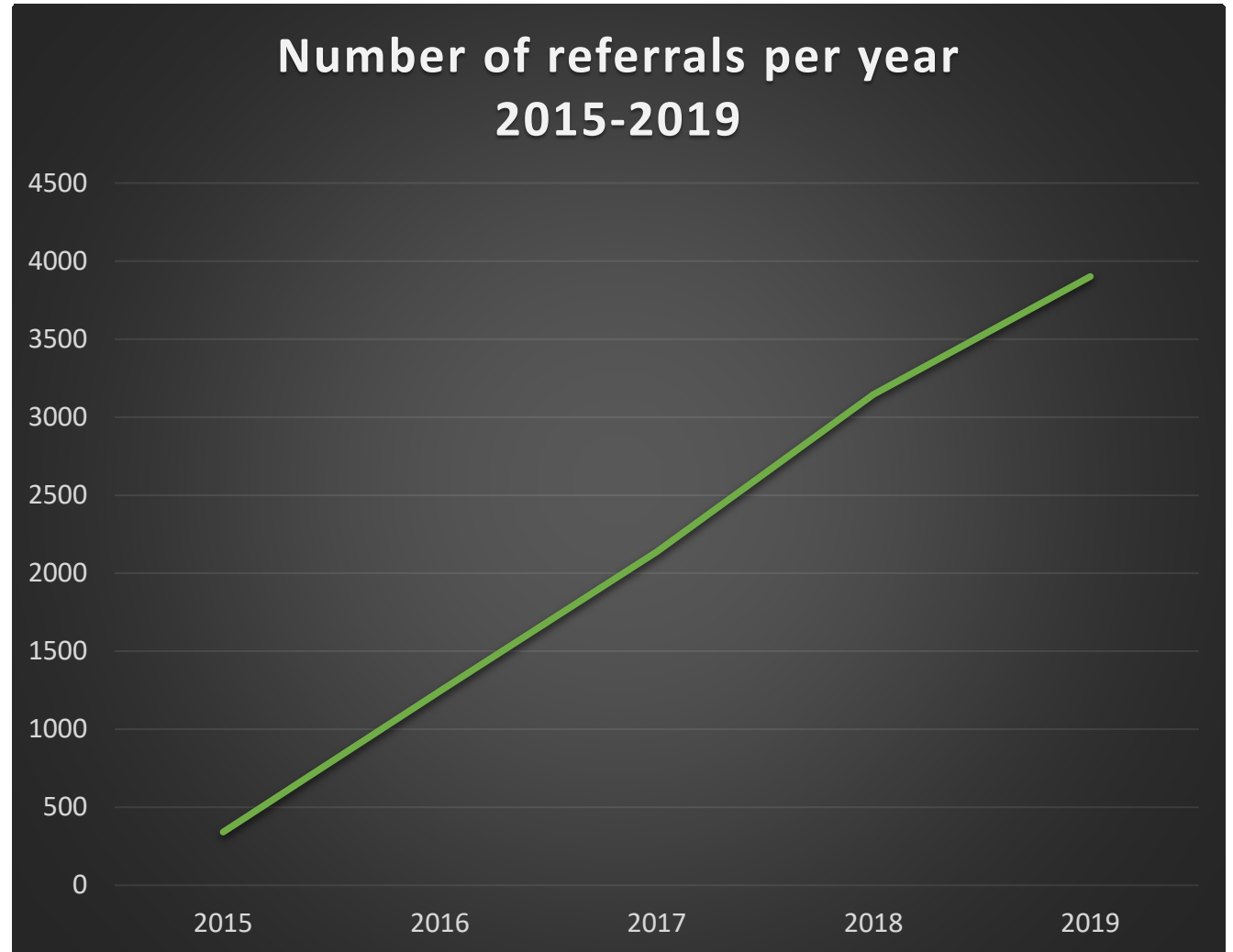
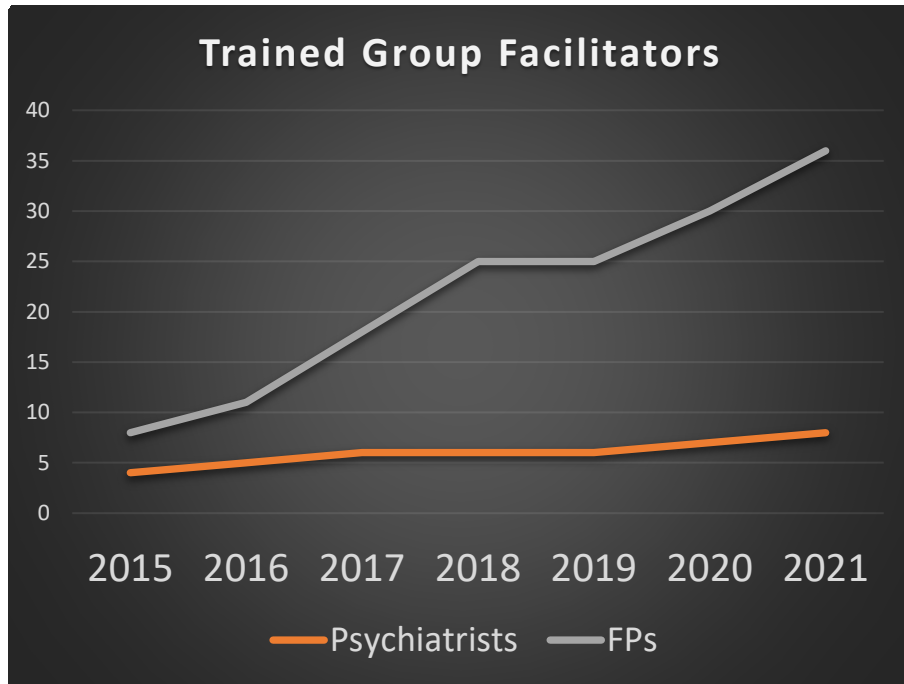
- Centralized referral centre
- Online registration, patient self-selects a group
- 2.5 FTE admin support for 2,300 patients
- Meeting rooms provided for free
- Funded by:
 - Physician overhead payments
 - Health Authority
 - No show fees



RESULTS



Build it and they will come



Accessible

Several groups starting each week

Tuesday, 19 October 2021

9:00 AM	CBT Skills Group - Online - Group P59	Dr. Jennifer Whyte	7	\$65	Info	BOOK
10:30 AM	CBT Skills Group - Online - Group P60	Dr. Sameen Ahmed	8	\$65	Info	BOOK
5:00 PM	CBT Skills Group - Online - Group P61	Dr. Trish Snozyk	0	\$65	Info	FULL
5:30 PM	CBT Skills Group - Online - Group P62	Dr. Sameen Ahmed	0	\$65	Info	FULL

Wednesday, 20 October 2021

8:30 AM	CBT Skills Group - Online - Group P63	Dr. Trish Snozyk	0	\$65	Info	FULL
10:30 AM	CBT Skills Group - Online - Group P64	Dr. Trish Snozyk	4	\$65	Info	BOOK
5:00 PM	CBT Skills Group - Online - Group P65	Dr. Jenna Creaser	0	\$65	Info	FULL
7:30 PM	CBT Skills Group - Online - Group P66	Dr. Samantha Stasiuk	0	\$65	Info	FULL

Thursday, 21 October 2021

2:00 PM	CBT Skills Group - Online - Group P50	Dr. Jennifer Whyte	8	\$65	Info	BOOK
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Evaluation of Victoria Pilot

- 2015-2018 (n=802)
- 802 patients from X family physicians
- 63% completion rate
- 4.6/5 satisfaction
- 93% have confidence to manage mental health symptoms
- Improved symptoms (trend)



Groups work!

- Self-management skills training is more comprehensive in a longer session (1.5h vs 20 min), and benefits from repetition and coaching inherent the series
- Group members motivate, encourage, and hold each other accountable
- Value of the sense of universality and destigmatization cannot be overstated



Patient Experience

“The CBT Skills Group has helped me not to feel so afraid of my own thoughts and feelings. It has helped me to be curious about myself and compassionate, and to notice when I am being unkind or judgemental to myself.”

“I am much more tuned into my emotions, feelings and thoughts. I am curious to see what is happening rather than my past move, which was to push away the feelings or tell myself I shouldn't have them. It's a new relationship to my mind and body. I am sleeping better which was a big goal for me.”

“Just knowing that there are other folks who shared similar feelings and experiences and knowing that there are people and tools to guide me through it all, was incredibly helpful.”

Assisting Primary Providers

- “In the span of a normal GP visit, it isn’t reasonable to teach a lot of the skills. If the patients is experiencing an acute episode most of the time is spent listening, addressing meds, sleep, work issues, writing note off work etc., unless you are seeing them weekly for mental health counseling, of which they are only allowed 8 times a year. There is no time to teach a technique in office as too many other things on the list. But every visit there is an opportunity to suggest getting their book out and encouraging them to return to the material again”
- “I think that the physicians need to actually do the course themselves, become familiar with all the tools in the [CBT skills] toolbox”



Facilitators Enthusied

- High retention
- Most run 1-3 groups a week
 - End of day, evening, weekend
- Many have atypical practices
 - Full-time locum, near retirement, seeking change
- Long wait list of physicians wishing to train
- Report high satisfaction, acceptable training burden, supportive environment



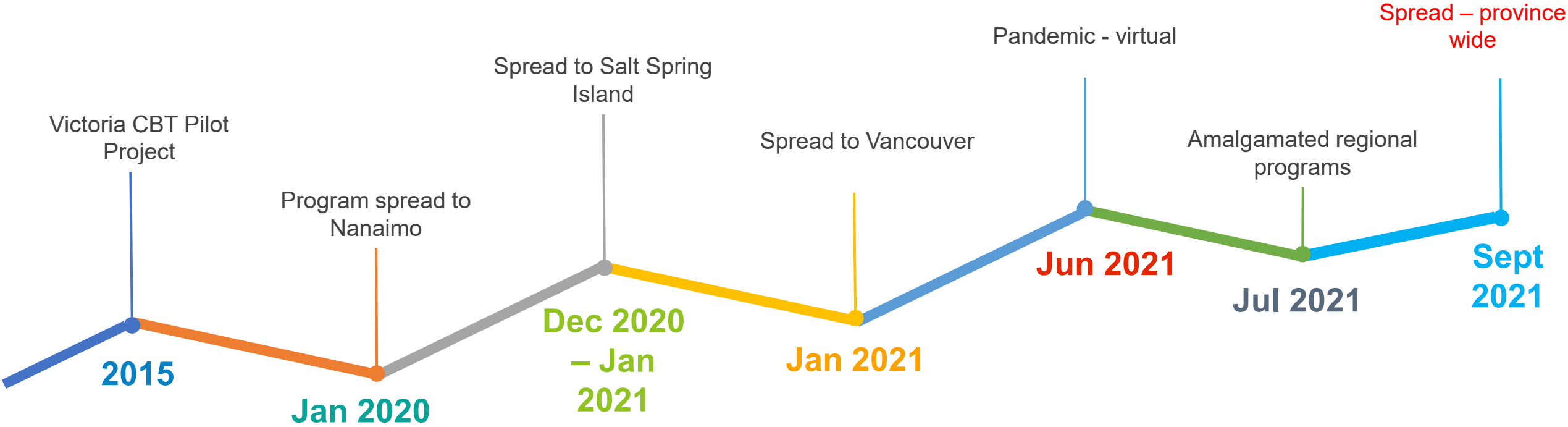
COLLABORATION

- Family physicians work closely with psychiatrists
 - Develop new competencies in CBT Skills and group management
 - Embodied teaching on being with suffering, compassionate curiosity
 - Increased knowledge sharing beyond the scope of groups
 - New interprofessional innovations

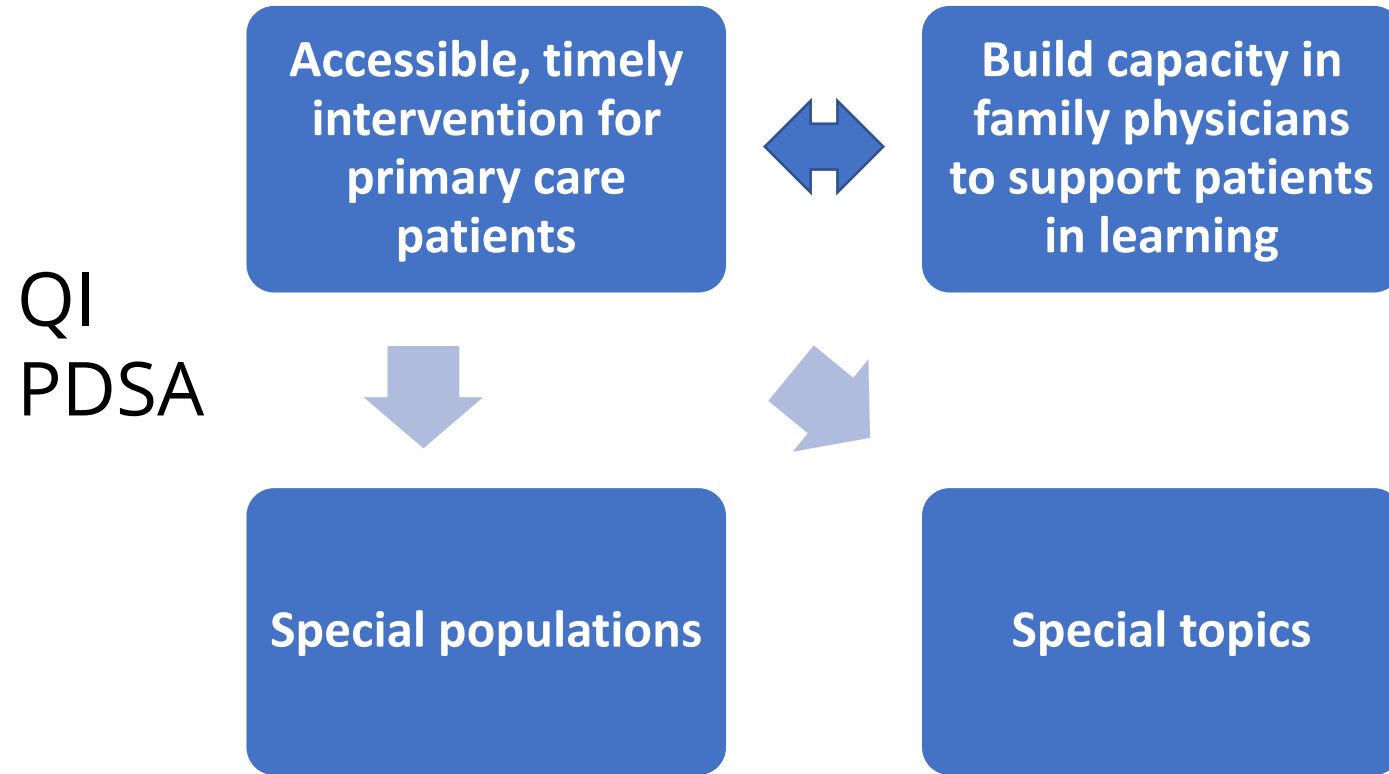


SUSTAINABILITY AND SPREAD

Geographic Spread



Ongoing innovation





And then...

Transition to Virtual Groups

- Groups resumed virtually within 1 week, and within 3 months, comparable number of groups were running
- Doctors of BC advocated, Ministry of Health made fee codes available as virtual at same rate
- Provincial Health Services provided Zoom account for all community-based physicians, and Doctors of BC provided tutorials for use, which we capitalized on to teach each other



Transition to Virtual Groups – Patients

- Improvised consent forms to include virtual care security considerations
- Devised technology skills training for participants in orientation session
- Workbook access – mailed to patient homes, pick up from local printing company, online format



Transition to Virtual Groups – Program

- Digitized all questionnaires and surveys (Checkbox)
- Identified secure information transfer systems for communications between admin and facilitators



Special Considerations

- Efforts to promote a culture of inclusiveness and psychological safety on an online platform
- Modified material to reflect challenges of the pandemic
- Online tech support
- Location of participants – health insurance coverage, liability coverage, crisis response



Emphasis on evaluation



**Measured outcomes
for every group**



**Instigated mid-way
evaluations to assess
online experience**



VIRTUAL PROGRAM 2020



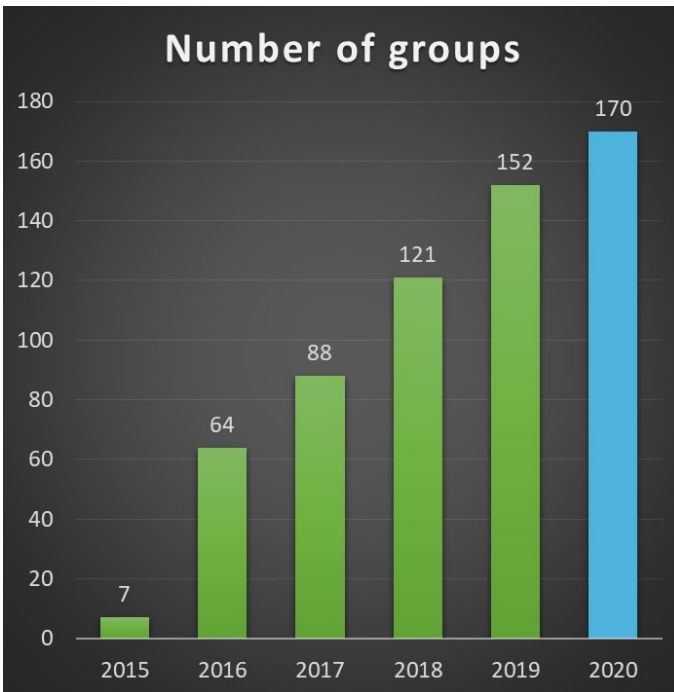
How we did: 2020

- ✓ 19 facilitators, 154 groups (2310 spots)
- ✓ Max 3 month waiting period
- ✓ 70% females, 26% males
- ✓ Average age 41.5 years



In-Person vs. Virtual Groups

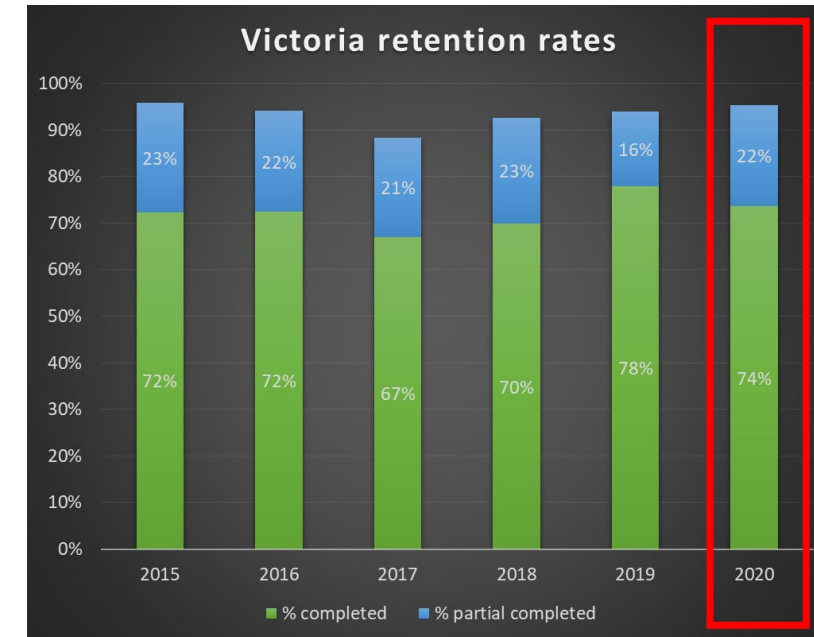
Number of groups



Total number of participants - Victoria only



Victoria retention rates



A New Experience



Participant Experience

What helped during the pandemic?

- Building connections and sense of common humanity
- Accountability with weekly check ins
- Learning skills
- Easy interactivity with breakout rooms, white boards
- Accessibility with work, kids, moves, disability, travel



Participant Experience

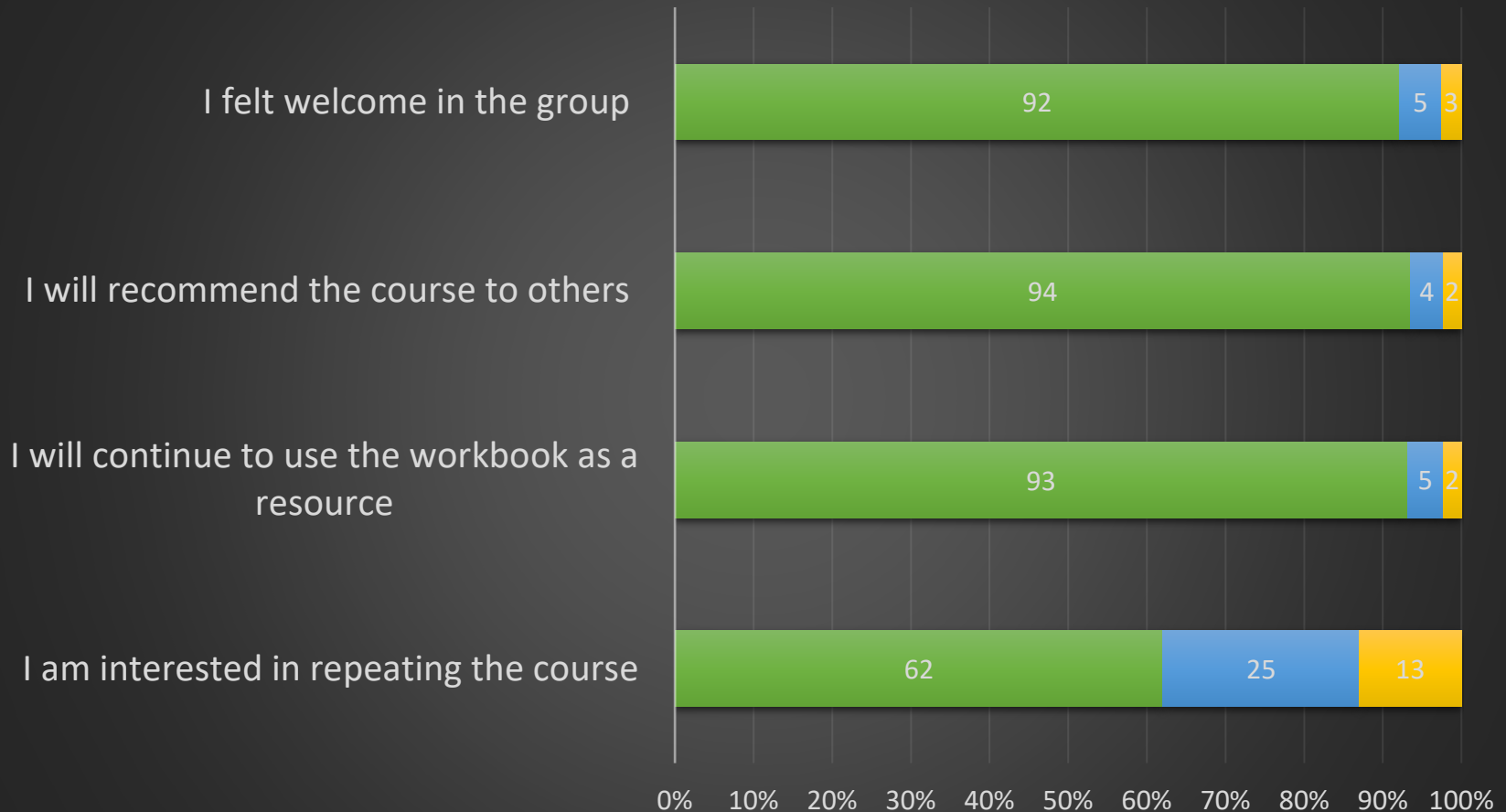
What are the challenges?

- Feeling connected virtually
- Time commitment
- Technological challenges
- Online etiquette challenges
- Screen fatigue
- Privacy concerns
- Access on workbook



Participant Experience

General experience



Participant Experience

Accessibility

- I think it was very valuable to have it offered online. **I am really grateful and doubtful I would have taken the course had it not been offered online.** In the online setting the use of breakout groups was a nice chance to get to share and connect more with the other participants.
- I like that **I can be home and not in hospital setting.** (Feels safer and more comfortable). And not dealing with parking and traffic. **I am more focused on the instructor.** When I am in a classroom situation I get distracted by being in an unfamiliar environment and being with other people physically
- The **online format gives a large number of options for engagement** depending on comfort level.



Participant Experience

Accessibility

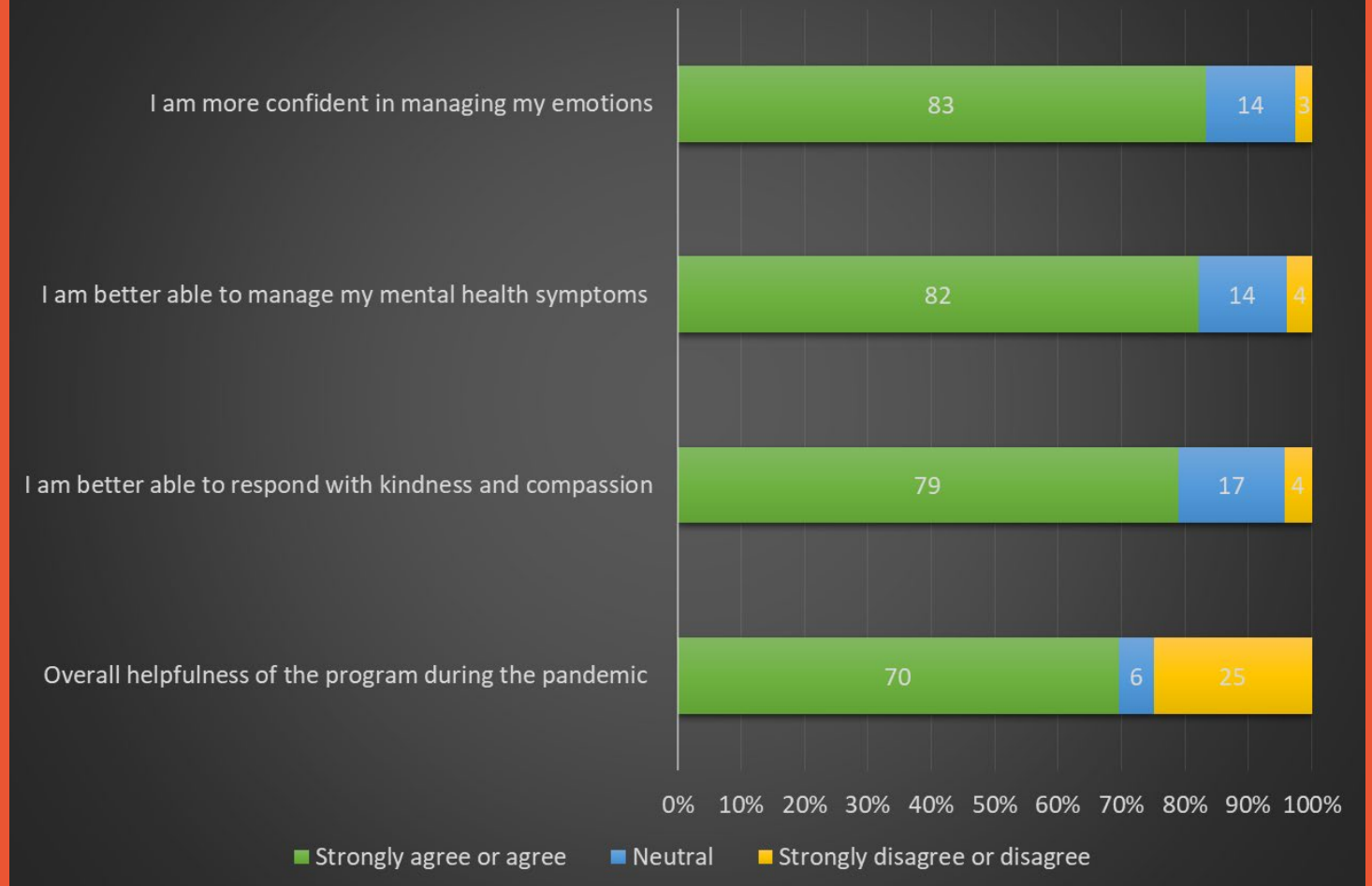
- I actually would not have been able to attend due to available times/ childcare/ commute from my location without the online option.
- The online format is what gave me the confidence and the boost to sign up for the course in the first place. I'd honestly been avoiding it for a year or more for various reasons.
- I moved for a job and am grateful that I can still participate. It's nice to be able to be in a comfortable space
- I have mobility issues, so going to an in-person session is far more difficult. Being able to stay at home in a comfortable chair made it much easier for me.



Participant Outcomes

Helpfulness during the pandemic = mean 4.64 (5,5)

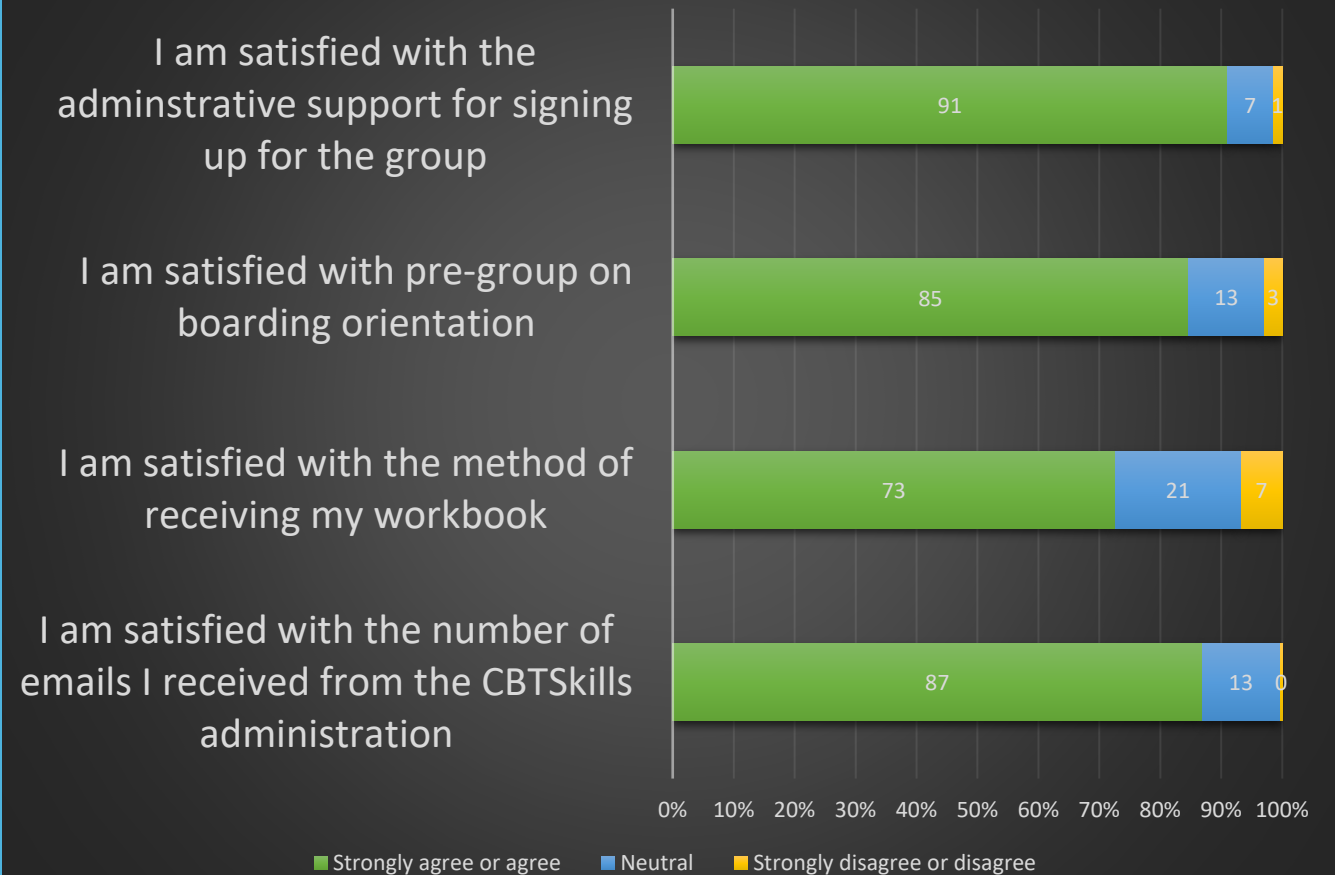
SELF-MANAGEMENT SKILL ACQUISITION



Virtual Program Logistics

- 40% of the participants had done in person groups before. Of those,
 - 43% preferred online,
 - 37% preferred in person,
 - 20% had no preference – graph available if needed

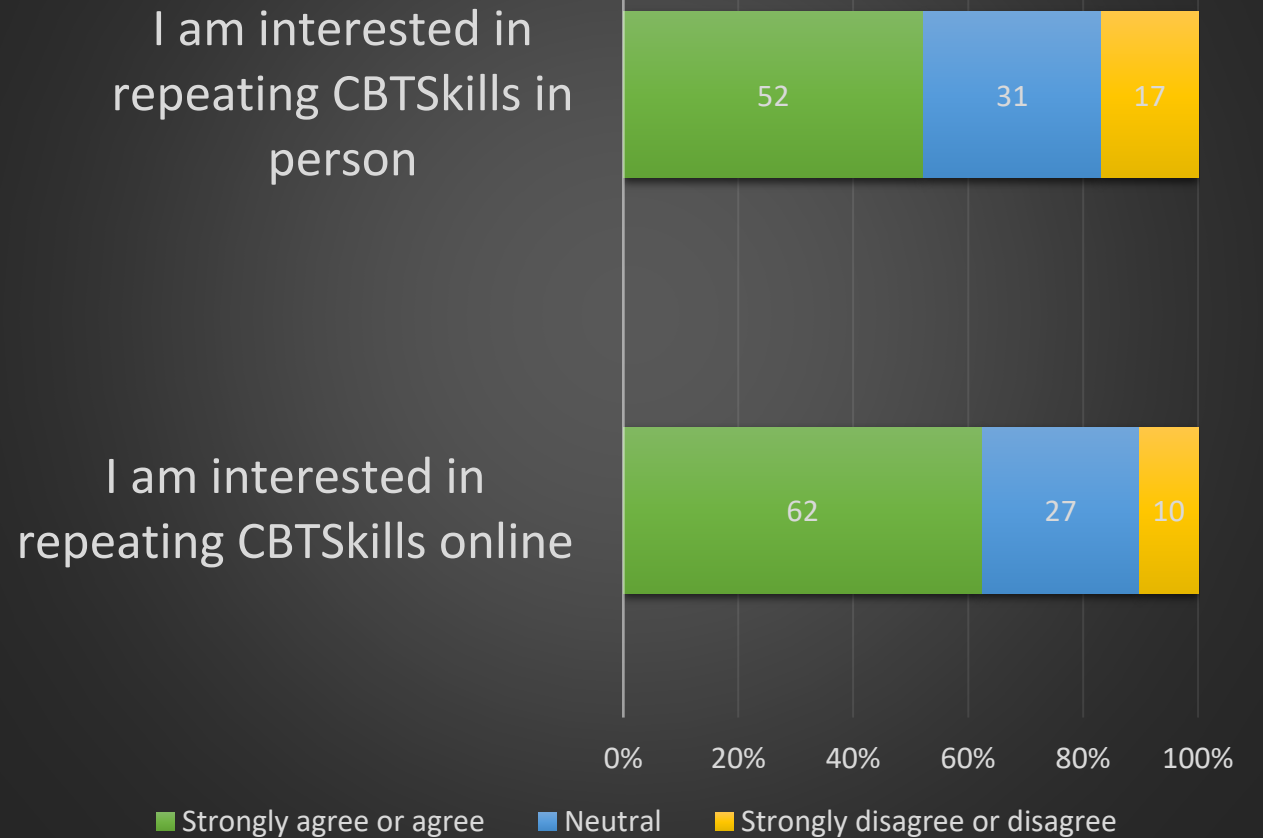
Logistics of the online program



Virtual Preference

- Overall satisfaction = mean 4.56 (5,5)

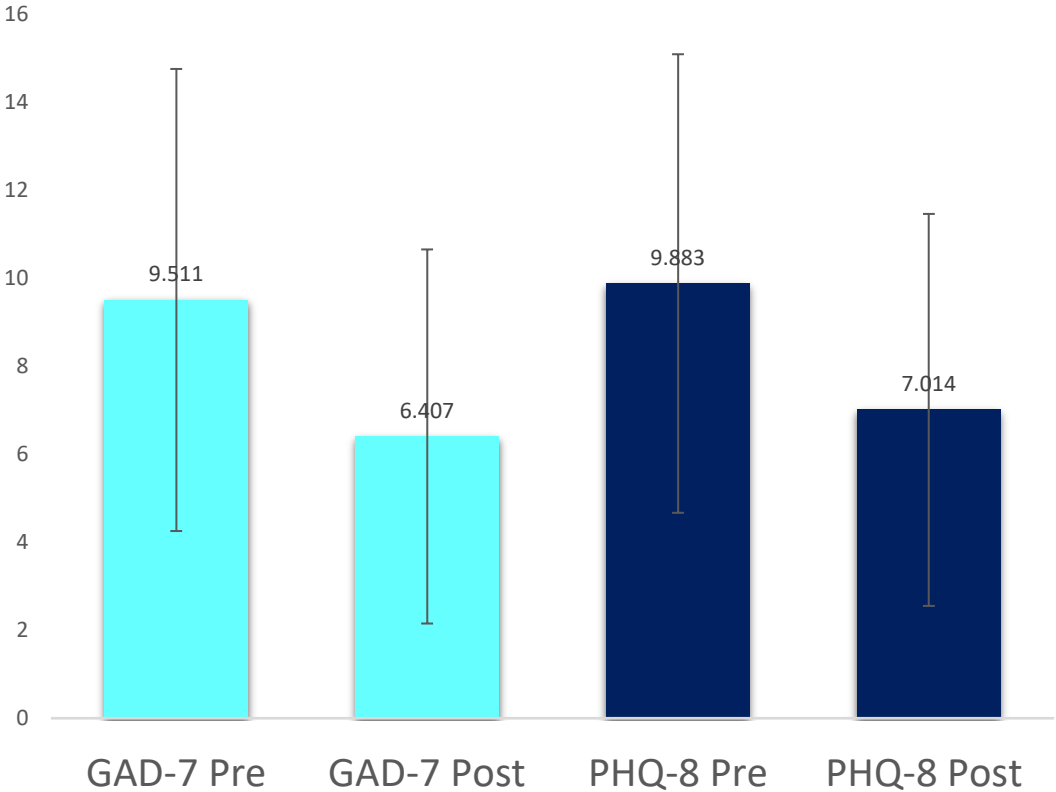
Patient preference



Effectiveness

Pre and Post PHQ-8 and GAD-7 score

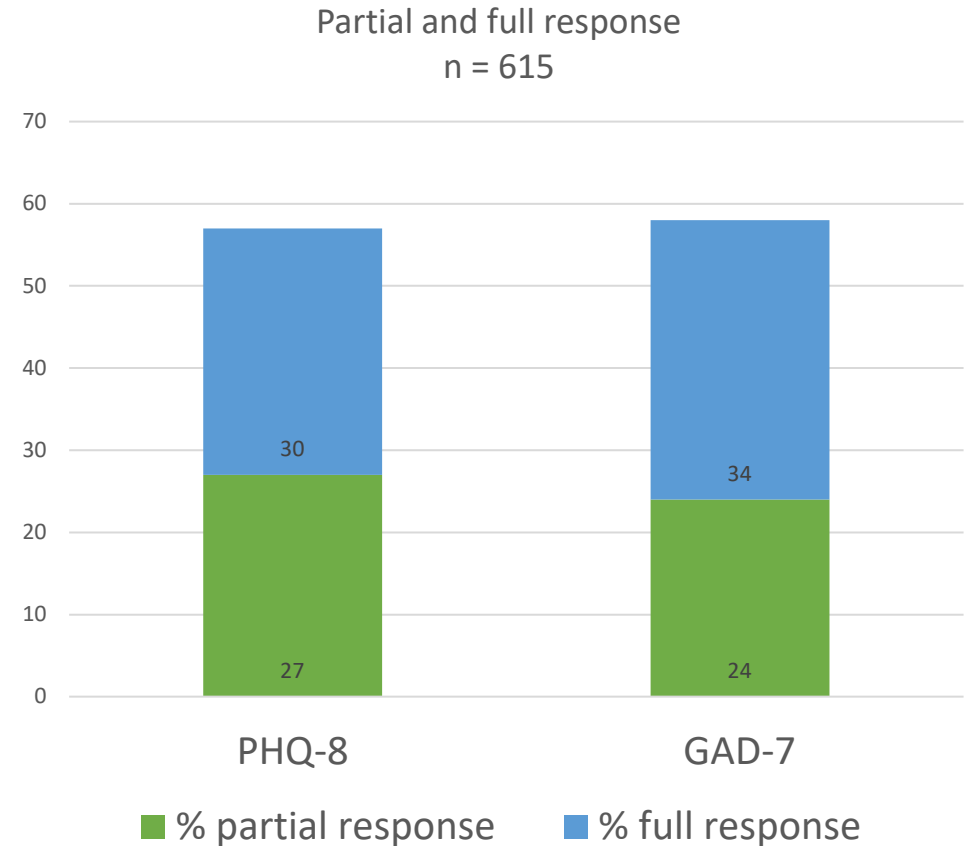
n = 615



Effectiveness

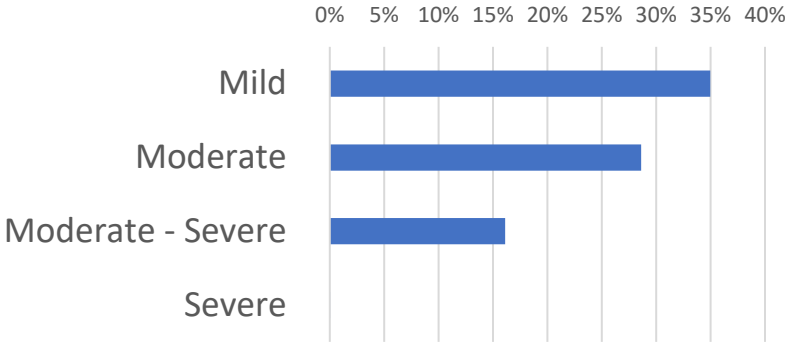
- Full response – improvement **$\geq 50\%$** in PHQ-8 and GAD-7
- Partial response – improvement of **25-49%** in PHQ-8 and GAD-7

% participants with full and partial response on PHQ-8 and GAD-7



Effectiveness

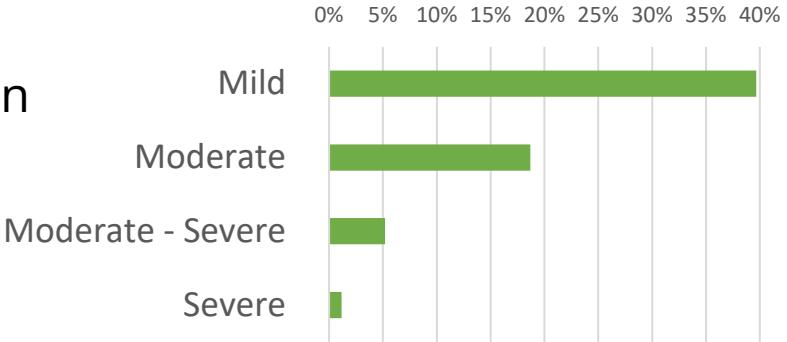
Pre-group PHQ-8 score distribution in % of participants



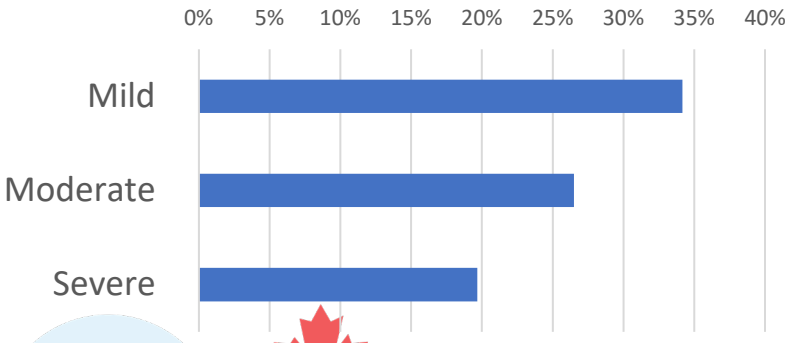
Depression



Post-group PHQ-8 score distribution in % of participants



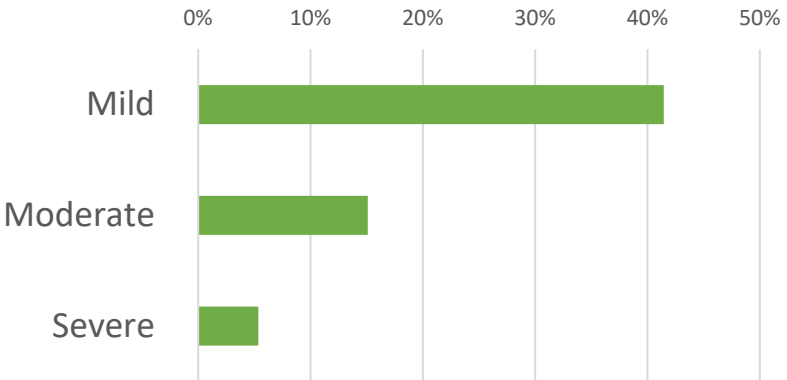
Pre-group GAD-7 score distribution in % of participants



Anxiety



Post-group GAD-7 score distribution in % of participants



THE TEAM TODAY

- 36 facilitators
- 70 groups running this fall (= avg of 260 patient spots a month)



Quadruple Aim

Patients

++ accessibility to a previously unavailable intervention that is both effective and highly destigmatizing

Providers

Referrers relieved.
Facilitators vitalized

System

Large numbers of patients, few facilitators, lean administration

Costs

A physician spends 4x more time with the patient, for half the cost to the system



Silver Linings

- Online groups enabled training of new family physicians from more remote areas
- Designed a graduated training intake based on number of referrals from each community
- Designing implementation pathways to assist each community in context-dependent implementation



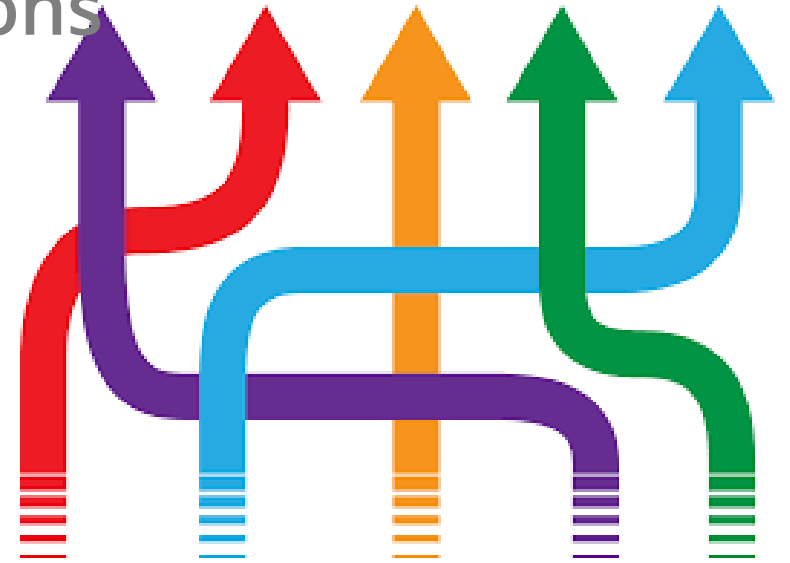
Partnerships

- Shared Care Committee
- Divisions of Family Practice
- Physician Health Program & UBC Office of Continuing Professional Development



New Directions

- Returning to in-person groups
 - Maintain online option
- Physician-focused groups
- Groups for specific populations



SUSTAINABILITY

- Community of practice of facilitators
- Broad understanding of where program fits in stepped care approach
- Financial support for physician training



Overall Limitations & Challenges

- Not a panacea – not for high acuity, problem-solving, crisis
- Not in-depth therapy
- Meeting rooms!
- Must have a primary care provider for participation
- Need highly motivated FP trainees (time and financial demand for training)
- Attrition threatens sustainability – no show fee



Virtual Groups Limitations & Challenges

- Privacy
- Patient safety
- Workbook access
- Suitable referrals



LET'S DISCUSS #3

WHAT ARE SOME STRATEGIES TO ADDRESS LIMITATIONS/ CHALLENGES WITH VIRTUAL GROUP BASED INTERVENTIONS ?



SESSION EVALUATION

Use the CFHA mobile app to complete the evaluation for this session.



JOIN US NEXT YEAR IN BOISE, IDAHO!



References

- Burlingame, G.M., Strauss, B., & Joyce, A.S. (2013). Change mechanisms and effectiveness of small group treatments. In M.J. Lambert (Ed.) *Bergin and Garfield's handbook of psychotherapy and behaviour change (6thed.)*, pp. 640-689. Hoboken, N.J.: Wile
- [D. Hansen](#), [W. Vach](#), [J. Rosholm](#), [J. Søndergaard](#), [L. Gram](#), [J Kragstrup](#) (2004). Early Discontinuation of antidepressants in general practice: association with patient and prescriber characteristics. *Family Practice*. 21(6): 623-629

