

# CBTm

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

## Class 5

Class 5

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## 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

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Remain muted unless speaking

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

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

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

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## Class Outline

Mindfulness

Skills Practice Review

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What is Stress?

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Coping with Stressful Experiences

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Wellness Plan

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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

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Coping with Stressful Experiences

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Wellness Plan

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Skills Practice

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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

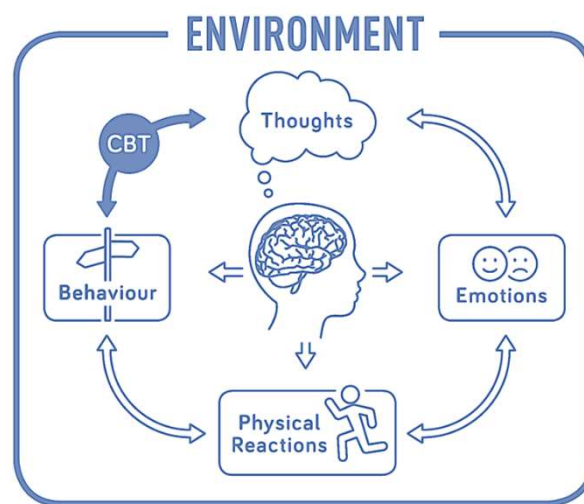
Fill out problem-solving sheet

Work on 1 **SMART** goals

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## The CBT Model



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## Class Outline

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Mindfulness

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Wellness Plan

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Skills Practice

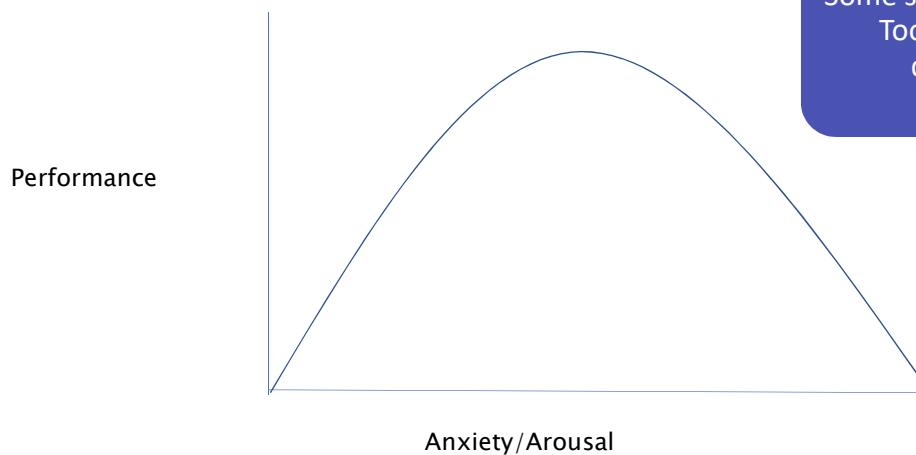
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## Stress

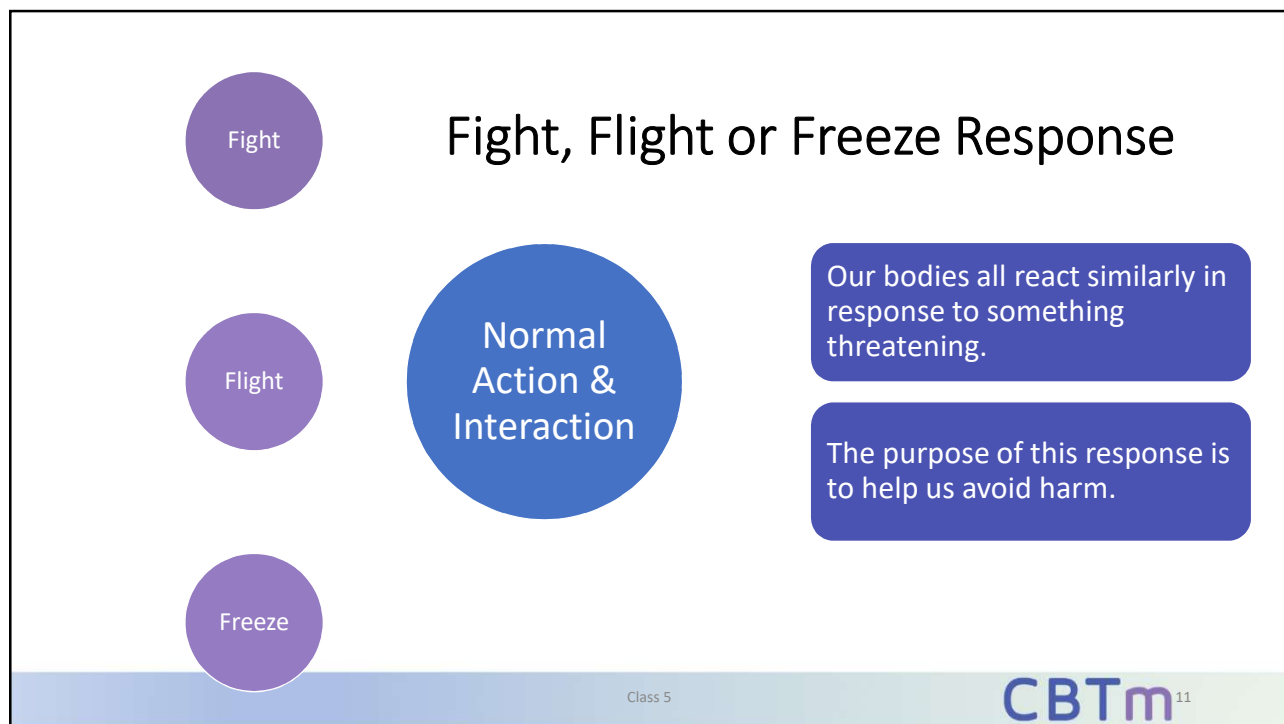
Yerkes-Dodson curve



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

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## Fight, Flight or Freeze Response

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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.

A line drawing of a classic twin-bell alarm clock. The clock is shown from a slightly elevated front perspective. It has two bells at the top, a central knob, and two legs at the base. The clock face has tick marks for minutes and hours. There are curved lines around the bells and the base of the clock, indicating that it is ringing or vibrating.

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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

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Mindfulness

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Skills Practice

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What is Stress?

Coping with Stressful Experiences

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Wellness Plan

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Skills Practice

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# Coping with Stressful Experiences



- 1 Remember the stress response
- 2 Common Thinking Traps
- 3 Common Behavioural Responses
- 4 Self-Compassion

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- Class 5 CBTm<sup>15</sup>

## 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](http://www.heretohelp.bc.ca).

Thinking Traps	Examples
<b>Overgeneralizing</b> 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".	Last time I drive downtown I made stupid errors. This always happens to me! I never manage this stuff well.
<b>All or Nothing Thinking</b> (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.	I can never let my guard down. People are bad. Nobody can be trusted.
<b>Fortune Telling</b> Predicting that something bad will happen, without any evidence.	If I'm not in full control, people will get hurt.
<b>Emotional Reasoning</b> Believing that bad feelings or emotions reflect the truth of a situation.	I feel guilty about what happened, so it must have been my fault/ I must be to blame.
<b>Labeling</b> Saying only negative things about yourself or other people.	My organization doesn't support me. My supervisor is a jerk! I made a mistake therefore I'm incompetent!
<b>'Should' Statements</b> Telling yourself how you "should" or "must" act. "Should" statements about ourselves lead to guilt. "Should" statements about others lead to anger and resentment.	I should be able to handle this without getting upset/sad/angry/scared! I shouldn't let this affect me!
<b>Mind Reading</b> Jumping to conclusions about what others are thinking, without any evidence.	If I take a few days off to deal with this, my coworkers will think I'm weak.
<b>Mental Filter</b> Focusing only on the negative parts of a situation and ignoring anything good or positive.	I've driven for 20 years but had one serious accident. I am a horrible driver.
<b>Catastrophic Thinking</b> Exaggerating the importance of negative things, believing the worst-case scenario, or thinking something is unbearable or impossible when it isn't that bad.	Because I feel stressed/overwhelmed now, I won't ever be able to drive again.
<b>Personalization</b> You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.	The family looks grief-stricken. They must blame me for what happened.

## Thinking traps about stressful experiences

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Thinking traps  
about stressful  
experiences



# Common Thinking Traps

Overygeneralization

All or Nothing Thinking

Fortune Telling

Emotional Reasoning

Labelling

Should Statements

Mind Reading

Mental Filter

Catastrophic Thinking

Personalization

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## TESTING YOUR THOUGHTS Stressful Experience Example

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What is the situation? I was involved in a car accident where a woman was taken to hospital.  
 What am I thinking or imagining? It's my fault that she's hurt.  
 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 1-100 90)  
 What makes me think the thought is true?  
I tried to do first aid, but I don't think it helped.  
 What makes me think the thought is not true or not completely true?  
I did not cause the accident. I did everything I could think of to do.  
 What's another way to look at this?  
I tried my best to help her, but she was hurt.  
 What's the worst that could happen? Would I still live through it? The family may blame me.  
It'd be difficult, but I'd 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 and thank me for helping.  
 What will probably happen?  
The family will not focus on me, but on their own worry.  
 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 cope better and put this into perspective.  
 What would I tell my friend if this happened to them?  
That they did the right thing by trying to help the woman and did everything they could.  
 What should I do now?  
Talk to my friend/partner, go for a walk, listen 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?

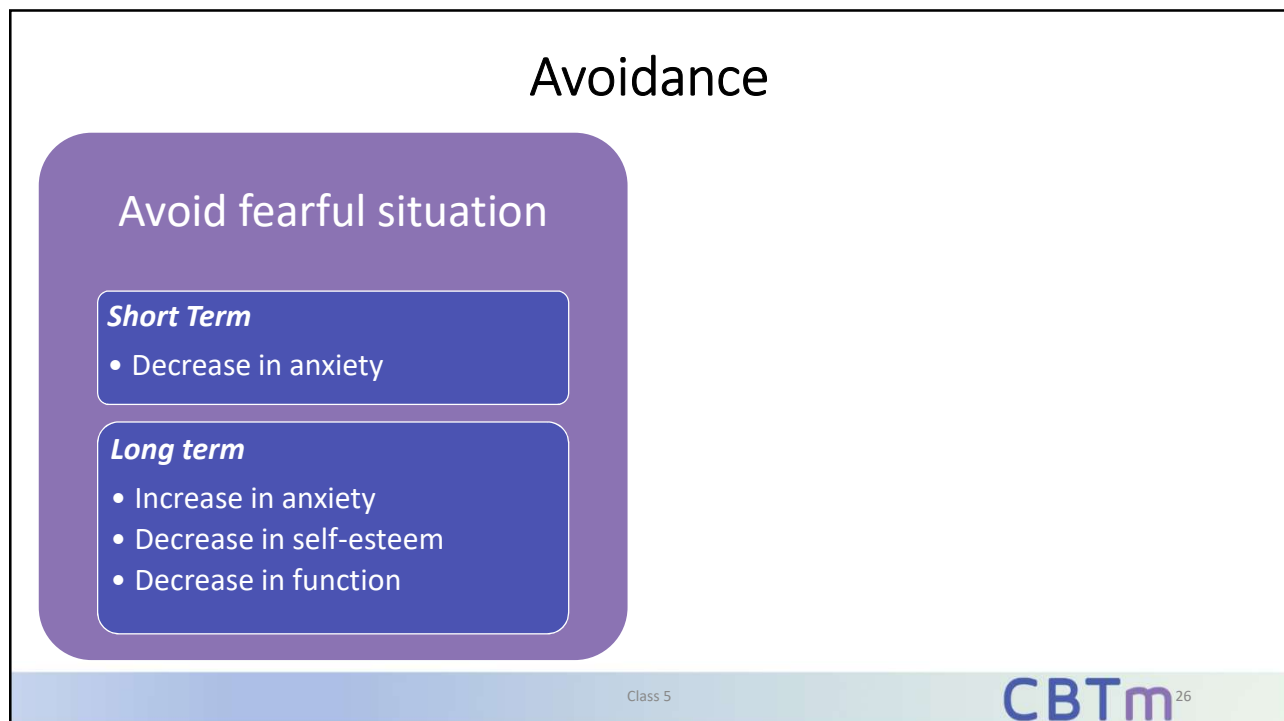
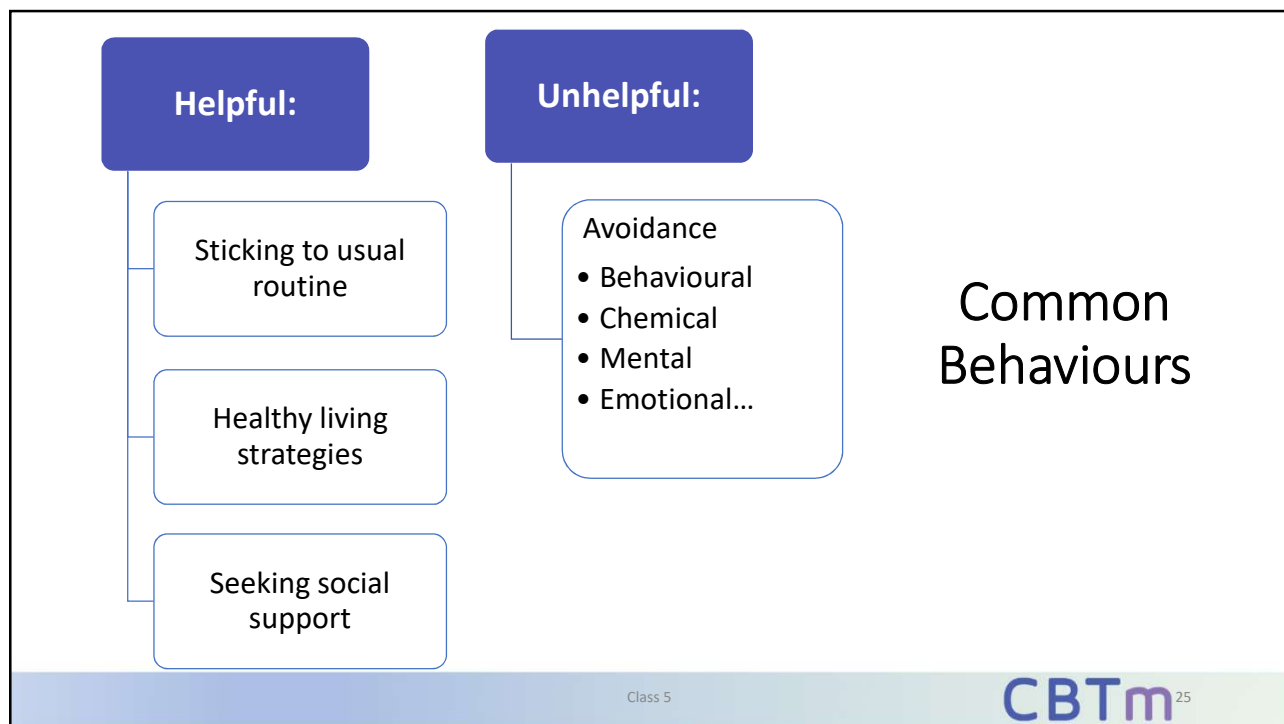
a little, medium, a lot (or rate 0-100)

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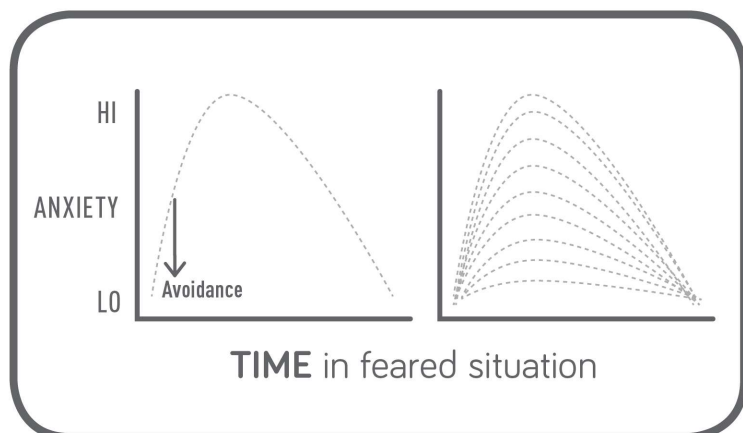
Facing your fears in a planned and repeated manner to fears.

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

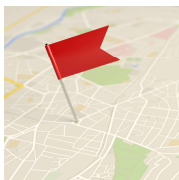
Mugging  
on Harris  
Street



Blue shirt  
example



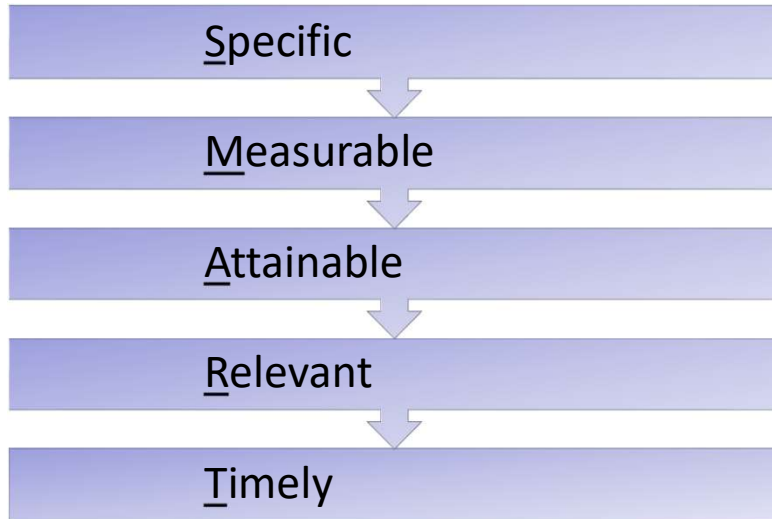
Other  
examples?



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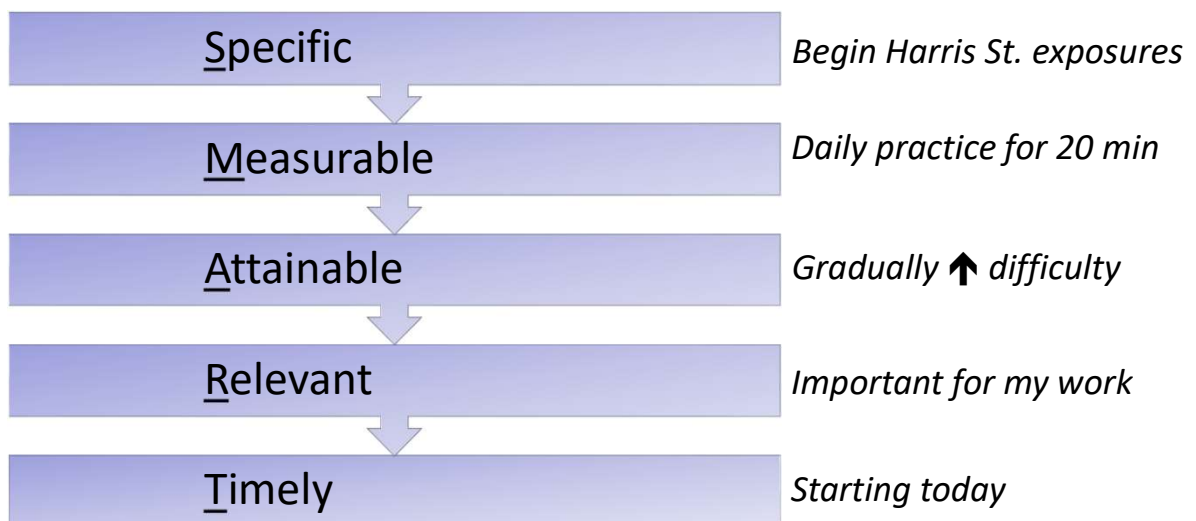
## SMART Goals



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## SMART Goals



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## Class Outline

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Mindfulness

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Skills Practice

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What is Stress?

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Coping with Stressful Experiences

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Wellness Plan

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Skills Practice

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## Mental Wellness vs. Mental Illness



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

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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

1-887-499-8770

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

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**Take your skills and run with them**

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**Attend another round of CBTm**

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**Attend Managing Difficult Emotions (MDE)**

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**Reconnect (or connect) with an individual Mental Health Worker**

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**Central Intake 204-7752**

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## Resources - IERHA

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

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**24 Hour Crisis Line** - (204-482-5419) OR (1-866-427-8628)

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

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

→ <https://www.reasonstolive.ca>

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**Addictions Foundation of Manitoba** - (204-944-6200) OR (1-855-662-6605)

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**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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## Class 5 Handouts

Mindfulness Exercise - *Engaging Your Senses*

Thinking Traps about Stressful Experiences

Testing Your Thoughts

Mental Health Continuum Model

Wellness Planning

[www.cbtm.ca](http://www.cbtm.ca)

# ENGAGING YOUR SENSES

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Sit in a comfortable upright position with your feet planted flat on the ground. Rest your hands on your thighs. Begin to notice your breath. It's time to engage each of your 5 senses, one at a time, for at least one minute each.

*Hearing:* Begin to relax by just noticing all of the sounds around you. Give yourself permission to suspend your judgment of the sounds. They are not good or bad, they just are. Are you now hearing more than you were before you started? Subtle sounds may have previously gone unnoticed. Can you hear them now?

*Smell:* Now shift your concentration to noticing the smells of your environment. Is somebody cooking lunch in your building? Can you detect the electronics smell of your computer or fresh air coming in through your window? Try closing your eyes so you can focus on the subtlest of scents.

*Sight:* If you closed your eyes a moment ago, open them to notice the colours, shapes and textures of your surroundings. If you really look, just about everything has colour variation and texture that may have gone unnoticed. How many shades of blue or red? Any colour missing?

*Taste:* You can do this one regardless of whether or not you have food to put in your mouth. Just notice your tongue in your mouth, your saliva, and your breath as you exhale. Most of us have tastes in our mouth at all times. Run your tongue over your teeth and cheeks - what do you notice?

*Touch:* Where did you place your hands when you first started this exercise? Notice the sensation of where your hands meet something solid like the fabric of your clothes or the surface of your desk. Notice the pressure between your feet and the floor. Try feeling the textures that you noticed by sight a moment ago. To fully ground yourself in the room and bring the exercise to a close, feel several objects on your desk and perhaps even stand up from your chair to bring energy and sensation to all parts of your body.

## Thinking Traps

## Stressful Experience Examples

### Overgeneralizing

Thinking that a difficult situation is part of a constant cycle of bad things that happen. People who overgeneralize often use words like "always" or "never".

Last time I drove downtown I made stupid errors. This always happens to me! I never manage this stuff well.

### All or Nothing Thinking

Seeing things as only right or wrong, good or bad, perfect or terrible. People who think in all or nothing terms see a small mistake as a total failure.

I can never let my guard down. People are bad. Nobody can be trusted.

### Fortune Telling

Predicting that something bad will happen, without any evidence.

If I'm not in full control, people will get hurt.

### Emotional Reasoning

Believing that bad feelings or emotions reflect the truth of a situation.

I feel guilty about what happened, so it must have been my fault/I must be to blame.

### Labeling

Saying only critical things about yourself or other people.

My organization does not support me! My supervisor is a jerk! I made a mistake therefore I'm incompetent!



## Thinking Traps

## Stressful Experience Examples

### '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.

I should be able to handle this without getting upset/sad/angry/scared! I shouldn't let this affect me!

### Mind Reading

Jumping to conclusions about what others are thinking, without any evidence.

If I take a few days off to deal with this, my coworkers will think I'm weak.

### Mental Filter

Focusing only on the challenging parts of a situation and ignoring everything else.

I've driven for 20 years but had one serious accident. I am a horrible driver.

### Catastrophic Thinking

Exaggerating the importance of distressing things, believing the worst-case scenario, or thinking something is unbearable or impossible when it isn't.

Because I feel stressed/overwhelmed now, I won't ever be able to drive again.

### Personalization

You see yourself as the cause of some upsetting external event for which, in fact, you were not primarily responsible.

The family looks grief-stricken. They must blame me for what happened.

# TESTING YOUR THOUGHTS

Beck Institute

## Stressful Experience Example

What is the situation? I was involved in a car accident where a woman was taken to hospital.

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

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 1-100 90)

What makes me think the thought is true?

I tried to do first aid, but I don't think it helped.

What makes me think the thought is not true or not completely true?

I did not cause the accident. I did everything I could think of to do.

What's another way to look at this?

I tried my best to help her, but she was hurt.

What's the worst that could happen? Would I still live through it? The family may blame me.

It'd be difficult, but I'd 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 and thank me for helping.

What will probably happen?

The family will not focus on me, but on their own worry.

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 cope better and put this into perspective.

What would I tell my friend if this happened to them?

That they did the right thing by trying to help the woman and did everything they could.

What should I do now?

Talk to my friend/partner, go for a walk, listen 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)

## 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 1-100 \_\_\_\_)

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?

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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 \_\_\_\_)

# Mental Health Continuum Model



Healthy	Reacting	Injured	Ill
<ul style="list-style-type: none"> <li>• Normal mood fluctuations</li> <li>• Calm &amp; takes things in stride</li> </ul>	<ul style="list-style-type: none"> <li>• Irritable/Impatient</li> <li>• Nervous</li> <li>• Sadness/ Overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>• Anger</li> <li>• Anxiety</li> <li>• Pervasively sad/ Hopeless</li> </ul>	<ul style="list-style-type: none"> <li>• Angry outbursts/ aggression</li> <li>• Excessive anxiety/ panic attacks</li> <li>• Depressed/ Suicidal thoughts/Numb</li> </ul>
<ul style="list-style-type: none"> <li>• Good sense of humour</li> <li>• Performing well</li> <li>• In control mentally</li> </ul>	<ul style="list-style-type: none"> <li>• Displaced sarcasm</li> <li>• Procrastination</li> <li>• Forgetfulness</li> </ul>	<ul style="list-style-type: none"> <li>• Negative attitude</li> <li>• Poor performance/ Workaholic</li> <li>• Poor concentration</li> <li>• Poor decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot concentrate</li> <li>• Can't perform duties, control behaviour or make decisions</li> </ul>
<ul style="list-style-type: none"> <li>• Normal sleep patterns</li> <li>• Few sleep difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Trouble sleeping</li> <li>• Intrusive thoughts</li> <li>• Nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Restless disturbed sleep</li> <li>• Recurrent images/ nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Can't fall asleep or stay asleep</li> <li>• Sleeping too much or too little</li> </ul>
<ul style="list-style-type: none"> <li>• Physically well</li> <li>• Good energy level</li> </ul>	<ul style="list-style-type: none"> <li>• Muscle tension</li> <li>• Headaches</li> <li>• Low energy</li> </ul>	<ul style="list-style-type: none"> <li>• Increased aches and pains</li> <li>• Increased fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Physical illnesses</li> <li>• Constant fatigue</li> </ul>
<ul style="list-style-type: none"> <li>• Physically and socially active</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased activity/ socializing</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidance</li> <li>• Withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• Not going out or answering phone</li> </ul>
<ul style="list-style-type: none"> <li>• No/ limited alcohol or drug use/ gambling</li> </ul>	<ul style="list-style-type: none"> <li>• Regular but controlled alcohol or drug use/ gambling</li> </ul>	<ul style="list-style-type: none"> <li>• Increased alcohol or drug use/ gambling - hard to control</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent alcohol or drug use/ gambling - inability to control with severe consequences</li> </ul>
<ul style="list-style-type: none"> <li>• Use support systems</li> <li>• Rely on skills</li> </ul>	<ul style="list-style-type: none"> <li>• Recognise limits/ take breaks/ identify problems early/ seek support</li> </ul>	<ul style="list-style-type: none"> <li>• Tune into signs of distress, make self-care a priority</li> <li>• Seek support</li> </ul>	<ul style="list-style-type: none"> <li>• Seek professional help</li> <li>• Follow recommendations</li> </ul>

# 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: \_\_\_\_\_

CBTm SKILLS DIARY CARD

Class 5

		MON	TUE	WED	THUR	FRI	SAT	SUN	Notes
Class 1: Thoughts	Mindfulness								
	Thought Record								
	Catch Thinking Traps								
	Review resources								
Class 2: Behaviours	Behavioural Experiment								
	Exposure								
	Behavioural Activation								
	SMART Goal								
Class 3: Healthy Living	Regular Check up								
	Exercise								
	Nutrition								
	Reduce Caffeine								
	Reduce Alcohol								
	Reduce Other Substances								
	Healthy Sleep Behaviours								
Class 4: Assertiveness Problem Solving	Assertiveness								
	Self-Compassion								
	Problem Solving								
Class 5: Stress	Grounding								
	Notice Stress Response								
	Wellness Plan								

**EVALUATION of the Virtual CBTm Session**

*Thank you for completing this evaluation form to help improve future sessions.*

1. **How did you attend the class?**

Phone

Video

2. **How useful was the session for you? (circle one number)**

Not very useful

Extremely useful

1

2

3

4

5

3. **How much would you agree with the following:**

1 –

2

3

4

5 –

Strongly  
disagree

Strongly  
agree

I was able to easily  
access the class using  
video/telephone options

I found the  
video.telephone format  
an acceptable way to  
receive this service.

I would prefer to attend  
classes by video/phone  
over attending in  
person.

4. **What is one skill you learned today that you could apply this week?**

• \_\_\_\_\_

5. **What did you like about the session?**

• \_\_\_\_\_

6. **What could we improve about the session?**

• \_\_\_\_\_

7. **Would you recommend this session to others?**

YES

NO

8. **Did you practice any skills from last class?**

YES

NO

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 <b>last 2 weeks</b> , 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: <a href="http://www.bounceback.mb.ca">www.bounceback.mb.ca</a> or call 1-844-733-8181.<br>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<br>West 204-330-7821<br>East 204-444-5228<br>Anxiety Disorder Association of Manitoba<br>West 204-389-5030<br>East 204-345-8511<br><a href="http://ierha.ca">ierha.ca</a> > 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*