

CBT Canada | TeleCBT

Fellowship in Medical CBT

FM CBT

Twelve Month Part-Time Program



The Spirit of CBT

“People are not troubled by things, but by their judgments about things.” —Epictetus

*“Our present thoughts build our life of tomorrow: our life is the creation of our mind.”
—The Dhammapada*

“There is nothing either good or bad but thinking makes it so.” —William Shakespeare

“The mind is its own place, and in itself can make a heaven of hell, a hell of heaven.” —John Milton

Floods will rob us of one thing, fire of another. These are conditions of our existence which we cannot change. What we can do is adopt a noble spirit, such a spirit as befits a good person, so that we may bear up bravely under all that fortune sends us and bring our wills into tune with nature’s. —Seneca

*“When a man is a prey to his emotions he is not his own master, but lies at the mercy of fortune.”
—Benedict de Spinoza*

*“Life consists in what a man is thinking of all day.”
—Ralph Waldo Emerson*

“The wise man is always happy—keeping an eye on his logic.” —Cicero

“The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.” —William James

*“The best way to predict your future is to create it.”
—Abraham Lincoln*

“If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment.” —Marcus Aurelius

“Your living is determined not so much by what life brings to you as by the attitude you bring to life; not so much by what happens to you as by the way your mind looks at what happens.” —Khalil Gibran

“Everything can be taken from a man but one thing: the last of human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.” —Viktor Frankl

*“The meaning of things lies not in the things themselves, but in our attitude towards them.”
—Antoine de Saint-Exupéry*

*“Men’s happiness or unhappiness depends no less upon their temperament than upon fortune.”
—François duc de La Rochefoucauld*

*“Misery is almost always the result of thinking.”
—Joseph Joubert*

“Happiness depends, as nature shows, less on exterior things than most suppose.” —William Cowper

“We cannot solve our problems with the same thinking we used when we created them.” —Albert Einstein

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F M C B T

Fellowship in Medical Cognitive Behavior Therapy

CBT CANADA



supratentorial medicine

TeleCBT
.ca

The logo for TeleCBT.ca is displayed within two overlapping speech bubbles, one blue and one green.

Dear Applicant:

Thank you for your interest in the *Fellowship in Medical CBT (FMCBT)*, co-sponsored by *CBT Canada* and *TeleCBT*.

Do you have a strong interest in human psychology—and personal growth? Are you embracing the new communication technologies transforming our healthcare systems? Are you drawn to the pluses of working from home—either part-time or as a permanent “pivot”? If the answer to all questions is yes, then we look forward to receiving your application.

Since the onset of COVID-19, the *Fellowship in Medical CBT* has been offered on a part-time basis, with the clinical exposure requirement reduced to only ten patient appointments per week. Remuneration for part-time *Medical CBT Fellows* starts at \$77,343⁶³ for the one-year program, and includes over forty-eight hours of live *CBT Canada* webinars, over forty-eight hours of *Medical CBT Rounds* (mentoring), and monthly *CBT Journal Club* sessions.

Medical CBT Fellows graduate with the award-winning *Certificate in Medical CBT (CMCBT)*, a confident expansion in their scope of practice, and 275 Mainpro+ credits. Top graduates are considered for the growing *TeleCBT* team, with a payment split of 90/10, and continued free access to many of *CBT Canada's* educational and social resources.

Application deadlines are August 19, 2022 (for a September 6, 2022 start); December 2, 2022 (for a January 11, 2023 start); March 10, 2023 (for an April 12, 2023 start); and August 18, 2023 (for a September 13, 2023 start). Midterm applicants are occasionally considered.

If you have any questions about the *Fellowship in Medical CBT* or the application process, please contact *TeleCBT's* Clinical Director, Christine Uchida (christine.uchida@telecbt.ca).

We look forward to hearing from you!

Sincerely,

A handwritten signature in black ink that reads 'Greg Dubord'.

Greg Dubord, MD
FMCBT Director

Eligibility Requirements

- A strong interest in human psychology—and in personal growth
- Excellent self-awareness
- Excellent communication skills
- An appreciation for the many pluses of working from home—and skills to manage the downsides
- A College of Physicians and Surgeons of Ontario (CPSO) independent practice certificate *
- An Ontario Health Insurance Plan (OHIP) billing number *
- Canadian Medical Protective Association (CMPA) malpractice insurance



CBT CANADA



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Greg Dubord, MD is the Founder and Director of *CBT Canada*, and the leading advocate of *medical CBT*—the integration of cognitive behavior therapy’s tested techniques into normal family practice appointments. Dr. Dubord is the CPD Director of CBT Canada and the Director of the *Fellowship in Medical CBT (FMCBT)*.

In addition to nearly twenty-five years of teaching with the University of Toronto’s *Department of Psychiatry*, Dr. Dubord has given CBT workshops for over ten other Canadian medical schools—many on an annual basis. He has presented over fifty workshops for *Family Medicine Forum*—at least one every year since the *CFPC*’s national conference began in 2000.

Dr. Dubord has given in-person workshops in all thirteen Canadian provinces and territories, and in over a dozen overseas countries. In total, he has presented over 500 one-day (or longer) workshops on medical CBT.

The *University of Toronto* has honored Dr. Dubord with both the *Continuing Mental Health Education Award* (from the *Department of Psychiatry*) and the *CME Teacher of the Year* award (from the *Faculty of Medicine*).

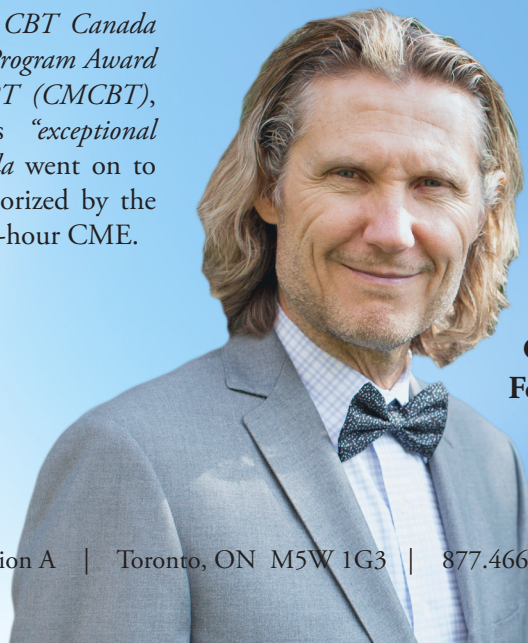
Under Dr. Dubord’s leadership, *CBT Canada* won the *CFPC*’s *National CME Program Award* for its *Certificate in Medical CBT (CMCBT)*, citing the certificate program’s “*exceptional learning experiences*”. *CBT Canada* went on to become the first institution authorized by the *CFPC* to provide *three-credits-per-hour* CME.

Dr. Dubord was significantly influenced by his three-year, one-on-one psychotherapy apprenticeship under UofT *Psychiatry* Chair and *homme de lettres* Dr. Vivian Rakoff (1928–2020). Their tutoring discussions focused on the clinical applications of the wisdom of the arts, literature, philosophy, and world religions—and (best of all) humour.

Dr. Dubord completed his orthodox CBT training under the “Father of CBT”, Dr. Aaron Beck (1921–2021). Dr. Dubord was the first Canadian *Beck Institute Fellow*, and is a *Founding Fellow* of the international *Academy of Cognitive and Behavioral Therapies*.

In the late 1990s, the *Clarke Institute of Psychiatry* (now *CAMH*) recruited Dr. Dubord to establish UofT’s *Advanced CBT Institute*. Dr. Dubord directed both the *Advanced CBT Institute* and the *Psychiatry Department’s CBT Certificate Program* for over a decade.

When he’s not teaching physicians CBT, Greg’s passions include mountain biking, sea kayaking, and alpine skiing—and playing frisbee with his Belgian Malinois—but most meaningfully, being the best husband and father he can be.



Greg Dubord, MD
Fellowship Director

The History of TeleCBT

The story of TeleCBT began in the *Pre-Corona Era*, a time that is sadly but a distant memory. TeleCBT was established by Toronto social worker Christine Uchida, MSW to increase accessibility and help eliminate the geographic barriers preventing people in need from getting expert CBT. October 20, 2015 marked the official start of TeleCBT's platform development, and TeleCBT opened its virtual doors on August 31, 2017...

Fast forward to the historic day of March 17, 2020. On that morning the Government of Ontario declared a state of emergency, and most mental health professionals were caught completely off guard. Clinics hurriedly cobbled together telehealth "systems" dependent upon temporary relaxations in privacy regulations. TeleCBT was fortunate to have fine-tuned its services long before the crisis hit, having commenced operations 2½ years earlier. Today, the tried & tested TeleCBT platform plays a vital role in helping Canadians cope amidst the corona crisis. Here are some facts about TeleCBT's mature system:

- TeleCBT is fully compliant with Canada's *Personal Information Protection and Electronic Documents Act (PIPEDA)* and the *Personal Health Information Protection Act (PHIPA)*.
- All of TeleCBT's servers are physically located within Canada, and the privacy of all TeleCBT appointments is safeguarded with end-to-end encryption with the 128-bit *Advanced Encryption Standard*.
- TeleCBT is a *Registered Health Care Organization* with *Ontario Health* and the *Ontario Telemedicine Network (OTN)*.
- TeleCBT is covered by the *Ontario Health Insurance Plan (OHIP)* and many employee benefit plans (based on *Blue Cross, Canada Life, Great West Life, Green Shield, Manulife, Sunlife*, etc.).
- TeleCBT provides physicians with administrative support Monday to Friday from 9:00AM–4:30PM and technical support 24x7.
- TeleCBT utilizes a robust intake and clinician matching process (with highly-experienced back-up team members).
- TeleCBT has over one hundred personnel, encompassing several dozen areas of expertise.
- TeleCBT delivers CBT in both official languages, along with Arabic, Czech, Farsi, Gujarati, Hindi, Hungarian, Korean, Mandarin, Portuguese, Punjabi, Romanian, Slovak, Spanish, Ukrainian and Urdu.



Program Components

All FMCBT components are 100% online

- 1.** **Fellowship Orientation** consists of a six-hour review of the fundamentals of cognitive behavior therapy (including case conceptualizations, strategies, and techniques), along with an introduction to TeleCBT forms and charting.
- 2.** **CMCBT Classes** are taught by Dr. Greg Dubord, a *UofT CME Teacher of the Year*. Dr. Dubord works through the entire curriculum of the *Certificate in Medical CBT* (recipient of the *CFPC's National CME Program Award*) over the course of over 48 interactive hours.
- 3.** **Medical CBT Rounds** (group mentoring) is one hour per week (48 sessions total). *Medical CBT Fellows* learn to assess themselves using the *Cognitive Therapy Rating Scale* (CTRS), discuss their challenging cases, and recap & expand upon their *CMCBT Classes*.
- 4.** **Medical CBT Journal Club** is one hour per month. Program Director Dr. Greg Dubord reviews key studies from the major journals in psychology, psychotherapy, and psychiatry. *Fellows* are welcome to contribute reviews based on their individual interests.
- 5.** **FMCBT Evaluations** consist of *Cognitive Therapy Rating Scale* assessments and a three-hour final examination (multiple choice questions).

FMCBT

Fellowship in Medical Cognitive Behavior Therapy



Certificate in Medical CBT

History

One of the components of the *Fellowship in Medical CBT (FMCBT)* is the *Certificate in Medical CBT (CMCBT)*—the story of which began in April 1999.

It has long been recognized that about 1/3rd of primary care appointments are primarily psychiatric, and that most other visits require some psychology to optimize outcomes. Unfortunately, too few primary care physicians have had access to meaningful CBT training in their medical school years.

In April 1999, in preparation for a “Mainpro-C” workshop for the College of Family Physicians of Canada’s *Annual Scientific Assembly* (now known as *Family Medicine Forum*), CBT Canada began Canada’s largest ongoing behavioural medicine needs assessment. Over the subsequent decades—and continuing to this day—CBT Canada faculty have spent thousands of hours in small group dialogues while conducting workshops with family physicians coast-to-coast. In addition, CBT Canada faculty have analyzed attendees’ pre-workshop needs assessments, post-workshop evaluations, and post-post-workshop self-reflection exercises—over 25,000 physician-created documents in total.

The explicit and tacit understandings obtained from this ongoing behavioural medicine study have enabled CBT Canada to continuously refine three 12-hour workshops customized specifically to meet the needs of Canadian family physicians: *CBT Tools*, *CBT for Anxiety*, and *CBT for Depression*.

CMCBT & CanMEDS

The *CMCBT* was designed from the ground up to enhance all seven physician competencies as defined by the influential *CanMEDS Project*. The emphasis on therapeutic communication, cognitive biases, and behavior change strategies promotes capabilities within the seven roles of *Medical Expert*, *Communicator*, *Collaborator*, *Leader* (formerly *Manager*), *Health Advocate*, *Scholar* and *Professional*.

The CMCBT and the CFPC

CBT Canada has a long history of collaboration with the College of Family Physicians of Canada. *CMCBT* material has been presented at every *Family Medicine Forum* since FMF began in October 2000. In November 2011, David Dehaas, the publisher of the *Canadian Family Physician* wrote, “*Dr Dubord’s medical CBT series was one of the best things CFP has ever published.*” On October 7, 2013 the CFPC awarded the *CMCBT Program* the prestigious *National CME Program Award* at an Ottawa ceremony. And on August 30, 2016 the *CMCBT* became the first CME program in Canada to be certified by the CFPC at the three-credits-per-hour level.

CMCBT Requirements

1. Completion of the three core medical CBT workshops of *CBT for Anxiety*, *CBT for Depression*, and *CBT Tools* (i.e., traditional medical applications). These are offered in an online format for *Medical CBT Fellows*.
2. A minimum 75% grade on a three-hour online multiple choice examination

Application

All *Fellows in Medical CBT* are eligible to write the *CMCBT Examination* upon completing their final *CMCBT Class*. See www.cbt.ca for examination details.

Greg Dubord, MD, Co-Director

Peter Duffy, MD, Co-Director

🏆 National Winner 🏆

College of Family Physicians of Canada
Continuing Professional Development Program Award

Canada’s first three-credits-per-hour CME

CBT Tools

CASE STUDIES

1. Mary, 75, wants antibiotics yet again—but doesn't need them
2. James, 56, is doing almost nothing to control his diabetes
3. Patricia, 44, insists she's not an alcoholic, despite two blackouts
4. John, 61, wants yet another note for time off work
5. Linda, 36, demands that all tests be repeated to rule out MS
6. Robert, 53, refuses medication for his significant hypertension
7. Elizabeth, 43, has poorly controlled epilepsy but feels safe to drive
8. William, 68, still smokes despite many health complications
9. Barbara, 54, is still not exercising despite your best efforts
10. David, 31, wants another questionable pain medication refill
11. Jennifer, 16, has started cutting herself when distraught
12. Richard, 57, says his naturopath advises against the flu vaccine

OVERVIEW

This workshop is for physicians seeking to integrate CBT's tested tools into their daily work with *general medical patients*.

You will learn the key features of 52 tools used to change patients' unhealthy beliefs. You will then see step-by-step demonstrations of how to best integrate each tool into completely-routine ten-minute medical appointments. Finally, you will gain familiarity and comfort with the tools through the coaching you will receive while practicing in dyads.

LEARNING OBJECTIVES

1. Discover the central role of persuasion in medicine
2. Gain comfort with the tools best suited for your practice
3. Implement the appropriate tool(s) in a given situation
4. Use newly-acquired tools under direct supervision
5. Formulate more effective ways to motivate patients
6. Recognize and address "empathy addiction"
7. Learn more effective ways to get the patient "on side"
8. Learn to non-negotiably orient patients towards action
9. Recognize how to harness complaining for change
10. Learn to overcome many vexing blocks to compliance

Supporters of the "CBT Tools" module have included the Alberta College of Family Physicians, British Columbia College of Family Physicians, College of Family Physicians of Canada, Collège québécois des médecins de famille, Homewood Health Centre, Manitoba College of Family Physicians, Maritimes Conjoint Scientific Assembly, McGill University Department of Family Medicine, Ontario College of Family Physicians, Queen's University Department of Family Medicine, Saskatchewan College of Family Physicians, St Paul's Hospital, and the University of Toronto Department of Family & Community Medicine

TOOLS

ANXIETY

10



CBT for Anxiety

OVERVIEW

Many of your patients suffer from anxiety. But besides drugs, what tools do you have to help them? Prominent practice guidelines (e.g., Cochrane) now recommend CBT as a first-line treatment, because so many recent studies have found it as effective as medications.

This highly-practical training works through family practice case studies of common conditions like chronic worry, panic disorder, illness anxiety (“hypochondriasis” before DSM-5), repetitive behavior disorders (e.g., skin picking), PTSD, social anxiety, “simple” phobias, and OCD. You will be shown how to weave high-impact CBT techniques into ten-minute family practice appointments, and will be encouraged to discuss real-life cases. Note: *Many of the non-pharmacological tools taught are very important to the resilience of physicians, along with that of their children and other family members.*

LEARNING OBJECTIVES

1. Identify the new DSM-5 anxiety disorders
2. Pinpoint the key anxiety-causing beliefs
3. Acquire skills to set the most strategic treatment goals
4. Learn highly modular and flexible treatment protocols
5. Discover effective interventions for chronic worry
6. Learn CBT’s acclaimed panic-intervention package
7. Formulate responses to DSM-5’s “illness anxiety”
8. Develop effective ways for overcoming social anxiety
9. Acquire the basic skills needed to treat PTSD
10. Discover simpler & quicker ways to assess progress

CASE STUDIES

1. Rachel, 27, worries constantly despite her privileged circumstances
2. Daniel, 40, is crippled by his malignant perfectionism
3. Susan, 33, is pathologically overprotective of her children
4. Joe, 18, remains very shy, to the growing alarm of his parents
5. Margaret, 14, regularly picks her acne lesions into *staph* infections
6. Thomas, 47, suffers from panic attacks but refuses meds
7. Dorothy, 68, is nearly housebound with her agoraphobia
8. Justin, 12, has been terrified of dogs since kindergarten
9. Anna, 26, is still awakening with nightmares after a sexual assault
10. Charles, 54, remains crippled by PTSD two months post-MVA
11. Nancy, 73, wants you to order yet more (likely) unnecessary tests
12. Paul, 37, washes his hands 4hrs/d (and he isn’t a surgeon)

Supporters of the “CBT for Anxiety” module have included the Alberta College of Family Physicians, British Columbia College of Family Physicians, College of Family Physicians of Canada, Collège québécois des médecins de famille, Manitoba College of Family Physicians, Ontario College of Family Physicians, Saskatchewan College of Family Physicians, and the University of Toronto Department of Family & Community Medicine



CBT for Depression

OVERVIEW

CBT is the top non-biological treatment for depression.

This practice-changing workshop teaches a plethora of ten-minute techniques for helping patients with major depression, persistent depressive disorder (“dysthymia” before DSM-5), and suicidality. You’ll learn how to integrate medical CBT techniques into your standard family practice appointments, and you’ll be encouraged to discuss your most challenging cases.

Note: Many of the tools taught in this workshop are very important to the resilience of physicians, along with that of their children and other family members.

LEARNING OBJECTIVES

- | | |
|--|--|
| 1. Identify & avoid depression’s thinking traps | 6. Learn to help patients delay procrastination |
| 2. Discover robust techniques to “goalify” complainers | 7. Learn releases from depressive rumination |
| 3. Acquire the skills to decisively manage indecision | 8. Discover better ways to help the lonely connect |
| 4. Learn “maturity coaching” for persistent depression | 9. Practice self-compassion for malignant self-criticism |
| 5. Identify “good enough” treatments for perfectionism | 10. Acquire 25 useful interventions for suicidality |

Supporters of the “CBT for Depression” module have included the Alberta College of Family Physicians, BC College of Family Physicians, College of Family Physicians of Canada, Collège québécois des médecins de famille, Manitoba College of Family Physicians, Maritimes Conjoint Scientific Assembly, Ontario College of Family Physicians, Saskatchewan College of Family Physicians, and the University of Toronto Department of Family & Community Medicine

CASE STUDIES

1. Sandra, 36, blames everyone else for her life situation
2. Mark, 20, is so perfectionistic you fear for his future
3. Betty, 43, is unable to leave her abusive boyfriend
4. Donald, 68, worries you constantly with his suicidality
5. Helen, 79, is a widow and heart-breaking lonely
6. George, 62, has been dysthymic for over a decade
7. Karen, 31, drains you with her “empathy addiction”
8. Ken, 18, is sabotaging his future with procrastination
9. Donna, 44, is so self-critical it’s making her depressed
10. Steven, 55, constantly asks “why” but rarely takes action
11. Carol, 49, won’t move beyond her childhood traumas
12. Edward, 60, complains so much that you dread his visits



Fellowship Journal Club

This is truly *La Belle Époque* for CBT, as never before has there been so much exciting clinical research. Indeed, the number of clinically-relevant papers has become almost overwhelming. Program Director Dr. Greg Dubord hosts a monthly journal club to review key studies—including many related to the psychological impact of the SARS-CoV-2 pandemic. *Fellows in Medical CBT* are welcome to contribute paper reviews based on their own individual interests:

Addictive Behaviors

Advances in Mental Health

Advances in Mind-Body Medicine

Aging and Mental Health

American Journal of Drug and Alcohol Abuse

American Journal of Psychiatry

American Journal of Psychotherapy

Annals of Behavioral Medicine

Annual Review of Clinical Psychology

Archives of Psychiatry and Psychotherapy

Archives of Suicide Research

Archives of Women's Mental Health

Behavior Modification

Behavior Therapy

Behavioral Disorders

Behavioral Interventions

Behavioral Medicine

Behaviour Change

Behaviour Research and Therapy

Behavioural and Cognitive Psychotherapy

BJPsych Bulletin

BMC Psychiatry

Borderline Personality Disorder & Emotion Dysregulation

British Journal of Clinical Psychology

British Journal of Psychiatry

British Journal of Psychotherapy

British Medical Journal

Burnout Research

Canadian Journal of Addiction Medicine

Canadian Journal of Psychiatry

Clinical Psychological Science

Clinical Psychologist

Clinical Psychology and Psychotherapy

Clinical Psychology Review

Clinical Psychology: Science & Practice

Cognitive and Behavioral Practice

Cognitive Behaviour Therapy

Cognitive Therapy and Research

Comprehensive Psychiatry

Contemporary Family Therapy

Couple and Family Psychology

Current Opinion in Behavioral Sciences

Current Opinion in Psychiatry

Depression and Anxiety

Depression Research and Treatment

Drug and Alcohol Dependence

Emotional and Behavioural Difficulties

Epidemiology and Psychiatric Sciences

European Journal of Psychotraumatology

European Psychiatry

Evidence-Based Mental Health

General Hospital Psychiatry

Harvard Review of Psychiatry

Health Psychology

Fellowship Journal Club

- Health Psychology Review
- International Journal of Clinical and Health Psychology
- International Journal of Cognitive Therapy
- International Journal of Emergency Mental Health
- International Journal of High Risk Behaviors & Addiction
- Journal of the American Medical Association
- JAMA Psychiatry
- Journal of Abnormal Psychology
- Journal of Addiction Medicine
- Journal of Affective Disorders
- Journal of Anxiety Disorders
- Journal of Behavior Therapy and Experimental Psychiatry
- Journal of Behavioral Addictions
- Journal of Behavioral Medicine
- Journal of Clinical Psychiatry
- Journal of Clinical Psychology
- Journal of Clinical Psychology in Medical Settings
- Journal of Cognitive Psychotherapy
- Journal of College Student Psychotherapy
- Journal of Consulting and Clinical Psychology
- Journal of Counseling Psychology
- Journal of Creativity in Mental Health
- Journal of Emotional and Behavioral Disorders
- Journal of Evidence-Based Psychotherapy
- Journal of Gambling Issues
- Journal of Gay and Lesbian Psychology
- Journal of LGBT Issues
- Journal of Marital and Family Therapy
- Journal of Mental Health
- Journal of Obsessive Compulsive Disorder
- Journal of Personality and Social Psychology
- Journal of Psychiatric Research
- Journal of Psychiatric Rehabilitation
- Journal of Psychosomatic Research
- Journal of Psychotherapy
- Journal of Psychotherapy Integration
- Journal of Sex and Marital Therapy
- Journal of Social and Clinical Psychology
- Journal of Traumatic Stress
- Lancet Psychiatry
- Law and Human Behavior
- LGBT Health
- Mental Health and Physical Activity
- Mental Health and Social Inclusion
- Molecular Psychiatry
- New England Journal of Medicine
- Personality and Mental Health
- Personality Disorders: Theory, Research, and Treatment
- Political Psychology
- Psychiatric Clinics of North America
- Psychological Medicine
- Psychology & Psychotherapy
- Psychology of Addictive Behaviors
- Psychosomatic Medicine
- Psychotherapies
- Psychotherapy
- Psychotherapy and Psychosomatics
- Sexual Addiction and Compulsivity
- Sexual and Relationship Therapy
- Sleep Disorders
- Sleep Medicine Clinics
- Stress and Health
- World Psychiatry



Coping with Corona

The COVID-19 pandemic has created unprecedented mental health challenges. Almost everyone was psychologically unprepared—much as the French philosopher and Nobel Laureate Albert Camus had predicted:

“Everybody knows that pestilences have a way of recurring in the world, yet somehow we find it hard to believe in ones that crash down on our heads from a blue sky. There have been as many plagues as wars in history, yet always plagues and wars take people equally by surprise.” (The Plague, 1947)

The rates of anxiety, depression, and substance abuse (c/o too many “quarantinis”, “lockdown lagers”, and “shutdown chardonnays”) skyrocketed from unacceptable base rates. And according to Health Canada, up to 40% of COVID-19 survivors develop long COVID, many of whom have significant mental health needs. As such, Dr. Greg Dubord makes the psychological implications of COVID-19 a consistent theme in his classes—facilitated in part by his public health training (MPH). In addition, *Journal Club* features COVID-19 papers from the major public health and general medical journals when relevant to mental health (e.g., *AJPH*, *CMAJ*, *JAMA*, *MMWR*, *NEJM*).

Rapid Review



The psychological impact of quarantine and how to reduce it: rapid review of the evidence

Samantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin

Lancet 2020; 395: 912–20
Published Online
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Introduction

Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others.¹ This definition differs from isolation, which is the separation of people who have been diagnosed with a contagious disease from people who are not sick; however, the two terms are often used interchangeably, especially in communication with the public.² The word quarantine was first used in 1127 in response to the Black Death, although it was not until 300 years later that the UK properly began to impose quarantine in response to plague.³ Most recently, quarantine has been used in the coronavirus disease 2019 (COVID-19) outbreak. This outbreak has seen entire cities in China effectively placed under mass quarantine, while many thousands of foreign nationals returning home from state-run facilities.⁴ There are precedents for such measures. Citywide quarantines were also imposed in areas of China and Canada during the 2003 outbreak of severe acute respiratory syndrome (SARS), whereas villages in many west African countries were isolated during the 2014 Ebola outbreak.

Why is this Review needed?

Quarantine is often an unpleasant experience for those who undergo it. Separation from loved ones, the loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Suicide has been reported,⁵ substantial anger generated, and lawsuits brought⁶ following the imposition of quarantine in mass outbreaks. The potential benefits of quarantine in the possible psychological costs.⁷ Successful use of quarantine as a public health measure requires us to reduce, as far as possible, the negative effects associated with it.

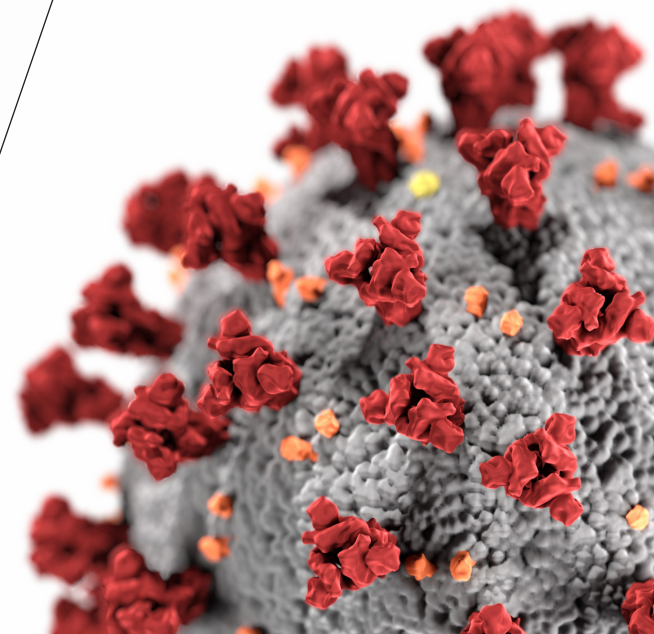
Given the developing situation with coronavirus, policy makers urgently need evidence synthesis to produce guidance for the public. In circumstances such as

Search strategy and selection

Our search strategy and selection criteria are available in the appendix.

Key messages

online for appendix





Patient Matching

Growth is maximized when you work towards the edge of your comfort zone. But what's *Plan B*? What's the protocol when you encounter a patient in your *Fellowship in Medical CBT* with whom you feel poorly matched?

For example, you may be comfortable treating patients with generalized anxiety disorder, panic disorder, or major depression, but feel over your head with borderline personality disorder. You may be at ease with social anxiety, insomnia, and illness anxiety, but lack confidence in managing substance abuse. You may be adept with the management of simple phobias, postpartum depression, and PTSD, but trichotillomania makes you pull your hair out. Although hopefully with time you'll feel at ease in treating all of the above, it's definitely not expected at the beginning of your *Fellowship in Medical CBT*.

Until you get your feet wet (or until you request otherwise), you will be assigned patients with relatively straightforward cases of anxiety and/or depression—often related to coping with COVID-19. However, as you progress through the *Fellowship in Medical CBT*, you'll find yourself increasingly comfortable with (and likely eager for the challenge of) patients with greater complexity—hopefully up to and including some with personality disorders.

Rest assured you'll never be knowingly assigned patients you're not comfortable managing. And should you ever find yourself too far outside your comfort zone, simply let your clinical director know. If we can't coach you through it, your patient will be reassigned. Although a healthy challenge is good, we don't want anyone's stethoscope tied in a knot.

Respect your comfort zone

FELLOWSHIP IN MEDICAL CBT

Fellowship in Medical CBT





Collaborations

CBT Canada leads many training workshops in collaboration with Canada's medical schools—for residents, for faculty development, and/or for CME—a total of well over 100 academic workshops to date. The following are some of CBT Canada's more recent collaborations:

April 16, 2015 | University of Alberta

May 7-9, 2015 | University of Toronto

May 13, 2015 | Queen's University

August 28-29, 2015 | McMaster University

September 18, 2015 | Western University

September 26, 2015 | University of Alberta

November 24, 2015 | McGill University

February 19, 2016 | University of Calgary

May 5-6, 2016 | University of Toronto

May 13, 2016 | Queen's University

June 3-4, 2016 | Memorial University

October 19, 2016 | McGill University

November 4, 2016 | Queen's University

December 2, 2016 | McMaster University

December 6, 2016 | McGill University

March 18, 2017 | University of Alberta

May 11, 2017 | University of Toronto

May 12, 2017 | Queen's University

July 14, 2017 | University of Alberta

September 15, 2017 | Western University

November 17, 2017 | Dalhousie University

November 28, 2017 | McGill University

December 1-2, 2017 | McMaster University

February 16, 2018 | University of Calgary

May 10, 2018 | University of Toronto

May 11, 2018 | Queen's University

May 18, 2018 | Dalhousie University

May 26-27, 2018 | Memorial University

June 15-16, 2018 | UBC

September 14-15, 2018 | UBC

November 27, 2018 | McGill University

December 7-8, 2018 | McMaster University

March 8, 2019 | University of Alberta

May 9, 2019 | University of Toronto

May 10, 2019 | Queen's University

May 31-June 1, 2019 | UBC

June 19, 2019 | Western University

September 13, 2019 | Western University

September 28-29, 2019 | Memorial University

October 5, 2019 | University of Alberta

November 11-12, 2019 | McMaster University

November 15, 2019 | Western University

November 22-23, 2019 | Dalhousie University

December 3, 2019 | McGill University

January 30, 2020 | University of Calgary

May 8, 2020 | Queen's University

December 1, 2020 | McGill University

January 22, 2021 | University of Alberta

April 13, 2021 | University of Saskatchewan

April 23, 2021 | Queen's University

May 15, 2021 | University of British Columbia

May 19, 2021 | Université de Montréal

November 28, 2021 | University of Saskatchewan

December 2, 2021 | McGill University

Teaching Testimonials

Many physician leaders have taken CBT Canada workshops over the past twenty years. Alumni include CFPC presidents (both national & provincial), department chairs, residency training program directors—and even a few doctors who are comfortable using drills & saws.

Highly relevant to family physicians for physical & mental problems... state-of-the-art techniques superbly presented.
—Donald Butt, MD, FCFP, President, College of Family Physicians of Canada

Powerfully useful tools for patient care—and for self-care.
—Michael Malus, MD, FCFP, Chief, Department of Family Medicine, Jewish General Hospital, McGill University

Rekindles the spirit & enthusiasm for medical practice... I daresay this was one of the most enjoyable CME events I've ever attended. —Tim Kolotyluk, MD, FCFP, President, Alberta College of Family Physicians

Very informative, evidence-based and up-to-date. Dr. Dubord is a wonderfully engaging teacher who is clear, concise and practical. Excellent for front-line mental health care. —Eric Young, MD, CCFP, FRCPC, British Columbia Deputy Provincial Health Officer

When family doctors ask me how to help patients rely less on opioids, I always steer them to these workshops—these are essential skills for working with patients in pain.
—Lori Montgomery, MD, FCFP, Medical Director, Chronic Pain Centre, University of Calgary

Although we tend to think of CBT as an important therapeutic tool in family practice, I have found it to be extremely helpful in the ED environment as well. I cannot recommend these medical CBT workshops highly enough!
—Jeff Eppler, MD, FRCPC, Scientific Co-Chair, Canadian Association of Emergency Physicians (2017)

Pithy pearls... my work in the clinic would have been way easier if I'd had this training back in medical school.
—Johanna Murphy, MD, FRCPC, Director, General Internal Medicine Fellowship, Queen's University School of Medicine

A great workshop... simple, practical & relevant... and humorous & really entertaining! —Linda Reid, MD, FCFP, Lead Faculty, Behavioural Medicine, UBC Family Practice Residency Program

A very enjoyable workshop, and highly impactful.
—Shusmita Dhar, MD, ABIM, Brigham & Women's Hospital, Harvard Medical School

I wish I'd had this training at the start of my medical practice—it would have saved me much headache & heartache. This series of workshops should be a mainstay for all those in family medicine... The presentation style & content are exceptional. —Harry Vedelago, MD, FCFP, ABAM, Chief of Addiction Medicine, Homewood Health Centre

Impressive and practical—one can never get too much CME on this topic—there is no finish line. Endless opportunities for personal growth. —Peter Nieman, MD, FRCPC, FAAP, Department of Pediatrics, University of Calgary (& “The 100 Marathon Man”)

Terrific workshop... “spot on” relevant... engaging & enthusiastic... high impact professionally & personally... I will definitely be back for more. —Madeleine Montpetit, MD, FCFP, Physician Lead, Faculty Development, Department of Family Medicine, University of Ottawa



CBT Canada's Programs

A fun yet focused presentation—I learned something about teaching... and truly useful on a day to day basis, both for self-care & patient care. —Anne Woods, MDiv, MD, FCFP, Director, Division of Palliative Care, McMaster University

Well above average... an overall excellent workshop. —Thomas M. Bailey, MD, FCFP, President, College of Family Physicians of Canada

Very practical and ready to use immediately... Recommended “+++”. —Nadia Knarr, MD, FCFP, Chief of Family Medicine, Belleville General Hospital

Very enjoyable and certainly useful. —David W. Tannenbaum, MD, FCFP, Chairman, Department of Family Medicine, University of Toronto

Practical tools for busy office practices... well organized & highly entertaining. Every family physician should be exposed to this training. —Pierre Larouche, MD, CCFP, Professeur titulaire, Université de Montréal

Highly knowledgeable speakers... very practical for primary care... tool-based and not just theoretical. —Amanda Bell, MD, FCFP, Regional Assistant Dean, McMaster University (Niagara Campus)

Fun with specific & clear points... very practical... well worth the time... CBT should be core training for all physicians. —Peter MacKean, MD, FCFP, President, College of Family Physicians of Canada

Excellent, practical & up-to-date info... very enjoyable & fun. —Steve Kraus, MD, CCFP(EM), President, Northwest Territories Medical Association

A great course to learn CBT and apply it to your practice immediately. —Joyce Tsang-Cheng, MD, FCFP, Acting Director, UBC Student Health Services

Very valuable workshops... I now have a much larger pool of techniques to use when dealing with difficult patients & situations. —Marilyn Raizen, MD, FRCPC, Pediatric Emergentologist, Health Sciences Centre, University of Manitoba

A very worthwhile exercise. —Bruce Wright, MD, FCFP, Regional Associate Dean, Vancouver Island, UBC Faculty of Medicine

Very helpful... an excellent course which I would highly recommend to others. —Jane Philpott, MD, CCFP, Chief, Department of Family Medicine, Markham Stouffville Hospital (Canadian Minister of Health, 2015-17)

Family medicine oriented... very useful & accessible. —Thomas R. Freeman, MD, FCFP, Chairman, Department of Family Medicine, Western University (UWO)

Very good & helpful in coping with life issues, both for our patients and ourselves. —Gordon Riddle, MD, FCFP, President, Ontario College of Family Physicians

I felt totally engaged and challenged. Short, sweet, to the point. —Dietmar Raudzus, MD, FCFP, Chairman, St. Paul's Hospital CME Conference for Primary Care Physicians

We're pleased and proud... a marvellous program. —Jamie Meuser, MD, FCFP, Director of CPD/CME, College of Family Physicians of Canada

Very useful... and easy to understand with a good relaxed style. —David Cree, MD, CCFP, President, General Practice Psychotherapy Association (MDPAC)

If I'd had medical CBT training back in medical school, I would have spent less time feeling helpless/hopeless—as would my patients. —Claudette Chase, MD, FCFP, President, Ontario College of Family Physicians



CBT Canada's Programs

Techniques that are applicable to every area of medicine... should be a mandatory part of medical training. —Angie Hong, MD, FCFP, Dipl ABOM, Bariatric Medicine, North York General Hospital

An excellent program I would recommend to anyone. I strongly believe these medical CBT workshops should be part of residency training, not just for patient care, but also for personal well-being. —Tuhin Bakshi, MD, FCFP, President, Alberta College of Family Physicians

Puts my workshops to shame. —Kirk Lyon, MD, FCFP, Mentorship Taskforce Chair and Former Residency Director, Department of Family & Community Medicine, University of Toronto

Very well organized & very enjoyable workshops... and very helpful in approaching patients with anxiety about cancer diagnosis & treatment. This material should be incorporated more into medical school training. —Phillip Wright, MSc, MD, FRCPC, Radiation Oncologist, Saskatchewan Cancer Agency, University of Saskatchewan

A captivating presentation style and an outstanding workshop overall... very applicable to hospital life & physician well-being. —Colin Marsland, MBChB, FRCPC, Department of Anesthesiology, University of Otago, Wellington, New Zealand

Excellent... practical & entertaining. —Cameron Ross, MD, FCFP, Lead Faculty, Evidence Based Medicine, UBC Family Practice Residency Program

Very expert & very well run. Ideal for the busy practitioner to deal with mental health issues in the office setting—and it's helpful for personal resilience & wellness as well. —Stephen Darcy, MD, FCFP, Behavioural Medicine Coordinator, Faculty of Medicine, Memorial University of Newfoundland

Ranks in the top 5% of the CME I've taken over the years. —Barbara Stubbs, MD, FCFP, Director, Professional Development Program, Department of Family and Community Medicine, University of Toronto

One of the best training setups I've ever seen in hundreds of educational experiences over the past 50 years. —John Crosby, MD, FRCPC, Medical Post columnist

Very user-friendly and plain language... practical points that are readily adaptable... definitely worth the time. Kami Kandola, MD, MPH, FCFP, ACBOM, ABPM, DTM&H, Chief Public Health Officer, Government of the Northwest Territories

Very practical and confidence-building. Very engaging speaker and packed with evidence-based information. —Olivia MacLeod, MD, FRCPC, Child and Adolescent Psychiatry, University of Ottawa

Well-organized and relevant. Applicable not just to psychiatric counseling, but in various medical scenarios (chronic pain, motivating diabetics, etc.). Very highly recommended. —Nadia Alam, MD, CCFP, Past-President, Ontario Medical Association

Much more practical than other psychiatric training... it is essential and should be given to all family medicine residents. —François Lehmann, MD, FCFP, Chairman, Department of Family Medicine, Université de Montréal.

Excellent. I would have used these tools in every patient encounter. It would have revolutionized my early career and made my satisfaction with medicine vastly better. —Michael R. Lyon, MD, ABOM, Medical Director, Medical Weight Management Program



CBT Canada's Programs

I wish I did this workshop years ago! The tools I learned about are so helpful. They can be used in almost every patient encounter. —Ruby Alvi, MSSc, MD, FCFP, Preclerkship Director, Department of Family and Community Medicine, University of Toronto

Tips/skills presented in an organized way... energy, insight & practical applicability. —Perle Feldman, MD, FCFP, Post-Graduate Program Director, Family Medicine, North York General Hospital

Highly recommended! Very practical, do-able & very applicable to family practice within the time constraints... and a fun way of learning. —Doris Kyeremateng, MD, FCFP, President, Manitoba College of Family Physicians

Clear and useful... speeds up visits... it would be a helpful part of the curriculum in medical training. —Brenda Maxwell, MD, FCFP, President, Manitoba College of Family Physicians

Very informative & helpful... fast-paced but rich in detail. Excellent—no suggestions for improvement. —Barry Finegan, MD, FRCPC, Chair, Department of Anesthesiology & Pain Medicine, University of Alberta

Fabulous! Highly relevant and consistently excellent! —John Hedden, MD, FCFP, President, Manitoba College of Family Physicians

Very pertinent to family medicine... many patients came to mind throughout the workshop. Great use of clinical examples & humour, and very engaging. —Joanne Maier, MD, CFPC, Medical Lead and Education Director, Brandon Campus, Department of Family Medicine, University of Manitoba

Flexible tools... highly adaptable... easily incorporated into practice. —Debra Boyce, MD, FCFP (CMPA President 2018-2020)

Important techniques... enhances building trust between doctor & patient and improves patients' satisfaction & compliance. —Basim Uthman, MD, Professor & Vice-Chair of Neurology, Weill Cornell Medical College in Qatar

Designed for GPs, but still very relevant for psychiatrists... loads of great tools to use in the clinic. —Rhonda Sommerville, MD, FRANZCP, Department of Psychiatry, University of Auckland

Very well organized & very polished CME... excellent overall. —Jock Murray, MD, CCFP(EM), Director, Family Medicine Emergency Program, Dalhousie University

🌀 National Winner 🌀

**College of Family Physicians of Canada
Continuing Professional Development Program Award**

Over 10,000 physician alumni



How to apply

1. Choose your desired program start date (*midterm applicants are occasionally accepted*):

Application deadline	Start date
August 19, 2022	September 6, 2022
December 2, 2022	January 11, 2023
March 10, 2023	April 12, 2023
August 18, 2023	September 13, 2023

2. Complete the online *Medical CBT Fellowship* application form at www.cbt.ca/fellowship.

3. Collate the documents listed on the *Eligibility Requirements* page (p5) and either fax them to (289) 203-1178 or email them to registrar@cbt.ca.



Convenient Confidential Counseling

*All text & video consultations utilize the 128-bit Advanced Encryption Standard, and TeleCBT.ca is compliant with the Personal Information Protection & Electronic Documents Act (PIPEDA).

Teaching Opportunities

In non-pandemicky times, CBT Canada conducts dozens of live training workshops every year. In addition to those held in collaboration with medical schools, workshops are hosted in resorts and on cruises all around the world. Do you have a knack for teaching? Would you love to resume your *Bucket List* explorations in the *Post-Corona Era*? If so, we may have some interesting opportunities for you after you complete your *Fellowship in Medical CBT*.



National CME Award Winner