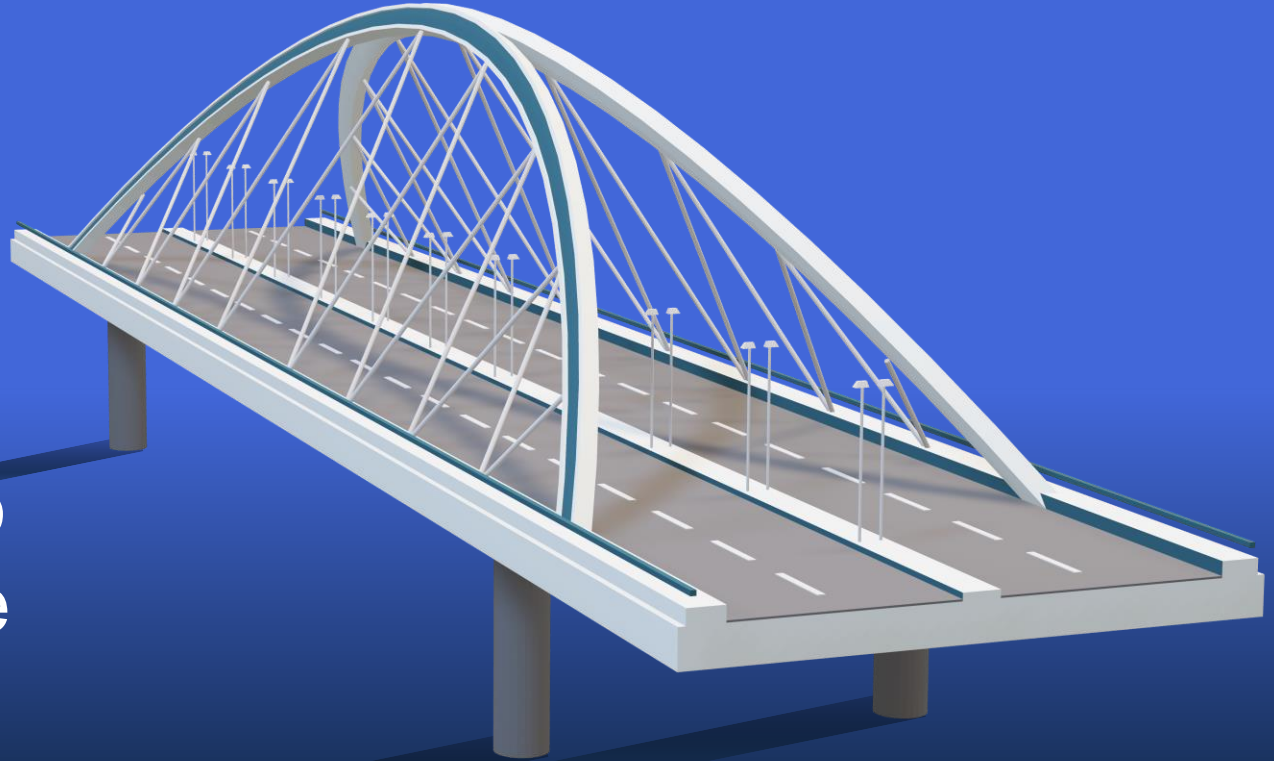


WELCOME & THANKS FOR ATTENDING OUR JUNE OPA/WSIB WEBINAR

Helping to
Bridge the
Gap



Welcome

- Land Acknowledgment
 - Recording
 - Structure of session
- Put additional questions in Chat box

Agenda

Welcome & Opening:

Richard Morrison OPA CEO & Julie Thurlow WSIB Executive Director

GAS Purpose & Resources:

Dr. Kimberly Watson

Frequently Asked Questions:

Dr. Bruce Baxter, Dr. Faith Kaplan
Dr. Kimberly Watson & Jessie Farran WSIB Manager

Open Question Period:

Carly Howe WSIB Director

Next Steps & Closing

Julie & Richard

GAS Purpose & Resources

Purpose of GAS: Improve Communication

Help to communicate:

- What is happening in therapy – what goals are you working on?
- Is the person meeting their goals?
- What is helping/hindering?
- Is the person feeling better and doing better?
- What else might the person need?

Purpose of GAS: Improve Communication

Help in managing cases:

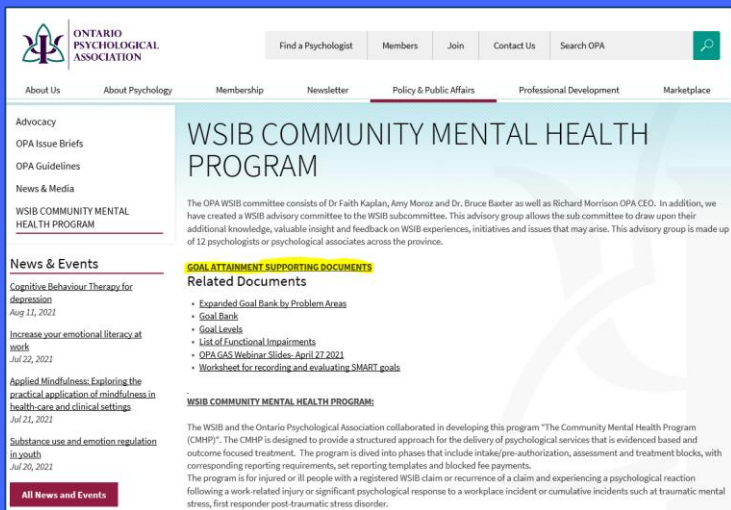
- Case management goal-setting responds to injured/ill person's current status and needs
- Helps Case Management Teams to set goals based on where people are in their functioning at that time
- Reduces the need for clarification follow-ups
- Helps to contextualize your Return To Work recommendations

Communication in WSIB

What have the WSIB staff been told about GAS?

- Psychologist led training plan, was present at all training sessions
- Purpose of GAS
- GAS is just one tool
- GAS is a journey and a transition period

Optional Resources to Support your Implementation of GAS



The screenshot shows the Ontario Psychological Association website. The main heading is "WSIB COMMUNITY MENTAL HEALTH PROGRAM". Below the heading, there is a paragraph describing the program: "The OPA WSIB committee consists of Dr. Faith Kaplan, Amy Moroz and Dr. Bruce Baxter as well as Richard Morrison OPA CEO. In addition, we have created a WSIB advisory committee to the WSIB subcommittee. This advisory group allows the subcommittee to draw upon their additional knowledge, valuable insight and feedback on WSIB experiences, initiatives and issues that may arise. This advisory group is made up of 12 psychologists or psychological associates across the province."

Below the paragraph, there are two sections:

- GOAL ATTAINMENT SUPPORTING DOCUMENTS**
- Related Documents**

The "Related Documents" section lists the following items:

- Expanded Goal Bank by Problem Areas
- Goal Bank
- Goal Levels
- List of Functional Impairments
- OPA GAS Webinar Slides- April 27 2021
- Worksheet for recording and evaluating SMART goals

Below the list, there is a section titled "WSIB COMMUNITY MENTAL HEALTH PROGRAM:" followed by a paragraph: "The WSIB and the Ontario Psychological Association collaborated in developing this program "The Community Mental Health Program (CMHP)". The CMHP is designed to provide a structured approach for the delivery of psychological services that is evidenced based and outcome focused treatment. The program is divided into phases that include intake/pre-authorization, assessment and treatment blocks, with corresponding reporting requirements, set reporting templates and blocked fee payments. The program is for injured or ill people with a registered WSIB claim or recurrence of a claim and experiencing a psychological reaction following a work-related injury or significant psychological response to a workplace incident or cumulative incidents such as traumatic mental stress, first responder post-traumatic stress disorder."

HOW YOU CAN REGISTER TO RECEIVE CMHP REFERRALS

If you are **not currently registered** electronically with the WSIB as a provider and would like to take part in the CMHP you can review the materials on the WSIB website (also available on OPA website) and submit a completed **Community Mental Health Network Psychologist Registration Form** via email to **provider_registration@wsib.on.ca** and register electronically with **TELUS Health** using an applicable role (either Mental Health Program Provider or Mental Health Program Clinic)

You must also watch the WSIB CMHP video: <https://youtu.be/65fAKhTVvk>

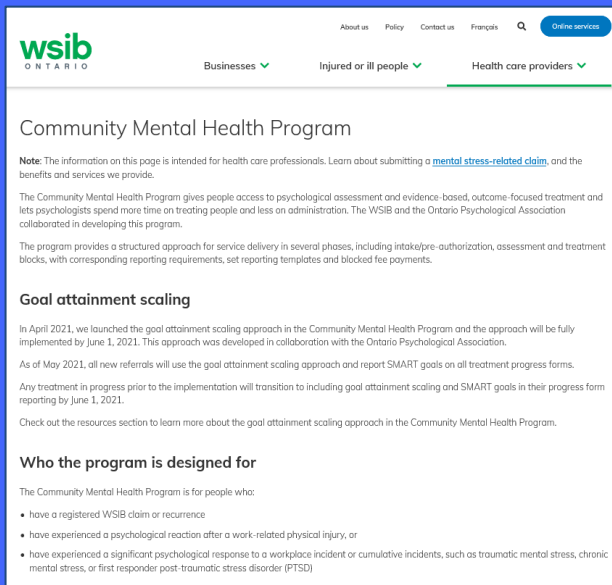
Note: Once you register for the program, it may take up to two weeks to appear in the WSIB network directory.

CMHP LINKS FROM WSIB WEBSITE

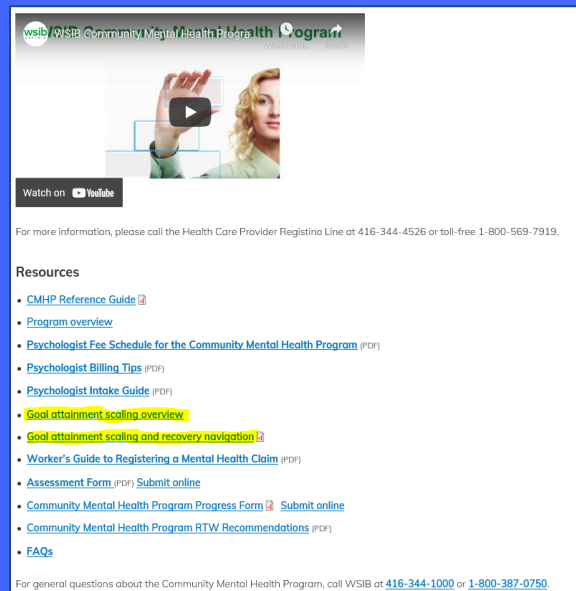
- **CMHP Reference Guide**
- **Program overview**
- **Psychologist Fee Schedule for the Community Mental Health Program** (PDF)
- **Psychologist Billing Tips** (PDF)
- **Psychologist Intake Guide** (PDF)
- **Goal attainment scaling overview**
- **Goal attainment scaling and recovery navigation**
- **Worker's Guide to Registering a Mental Health Claim** (PDF)
- **Assessment Form** (PDF) **Submit online**
- **CMHP Progress Form**
- **Community Mental Health Program RTW Recommendations** (PDF)
- **FAQs**

<https://www.psych.on.ca/Policy-Public-Affairs/WSIB-COMMUNITY-MENTAL-HEALTH-PROGRAM>

Optional Resources to Support your Implementation of GAS



The screenshot shows the top navigation bar of the WSIB website with links for 'About us', 'Policy', 'Contact us', 'Français', and 'Online services'. Below the navigation are dropdown menus for 'Businesses', 'Injured or ill people', and 'Health care providers'. The main heading is 'Community Mental Health Program'. A note states: 'Note: The information on this page is intended for health care professionals. Learn about submitting a [mental stress-related claim](#), and the benefits and services we provide.' The text explains that the program gives people access to psychological assessment and evidence-based, outcome-focused treatment. It also mentions a structured approach for service delivery in several phases, including intake/pre-authorization, assessment and treatment blocks, with corresponding reporting requirements, set reporting templates and blocked fee payments. A section titled 'Goal attainment scaling' explains that in April 2021, the goal attainment scaling approach in the program was implemented by June 1, 2021, in collaboration with the Ontario Psychological Association. As of May 2021, all new referrals will use the goal attainment scaling approach and report SMART goals on all treatment progress forms. Any treatment in progress prior to the implementation will transition to including goal attainment scaling and SMART goals in their progress form reporting by June 1, 2021. A link is provided to check out the resources section to learn more about the goal attainment scaling approach. A section titled 'Who the program is designed for' lists three categories of people who can benefit from the program: those with a registered WSIB claim or recurrence, those who have experienced a psychological reaction after a work-related physical injury, or those who have experienced a significant psychological response to a workplace incident or cumulative incidents, such as traumatic mental stress, chronic mental stress, or first responder post-traumatic stress disorder (PTSD).



The screenshot shows a video player interface for the 'Community Mental Health Program'. The video title is 'wsib WSIB Community Mental Health Program'. The video thumbnail shows a hand holding a play button over a woman's face. Below the video player is a 'Watch on YouTube' button. A text box below the video says: 'For more information, please call the Health Care Provider Register Line at 416-344-4526 or toll-free 1-800-569-7919.' A 'Resources' section lists several links: 'CMHP Reference Guide', 'Program overview', 'Psychologist Fee Schedule for the Community Mental Health Program (PDF)', 'Psychologist Billing Tips (PDF)', 'Psychologist Intake Guide (PDF)', 'Goal attainment scaling overview', 'Goal attainment scaling and recovery navigation', 'Worker's Guide to Registering a Mental Health Claim (PDF)', 'Assessment Form (PDF) Submit online', 'Community Mental Health Program Progress Form Submit online', 'Community Mental Health Program RTW Recommendations (PDF)', and 'FAQs'. At the bottom, it says: 'For general questions about the Community Mental Health Program, call WSIB at [416-344-1000](#) or [1-800-387-0750](#).'

<https://www.wsib.ca/en/health-care-providers/programs/community-mental-health-program>

Optional Resources to Support your Implementation of GAS

CMHP Progress Form with comments: Community Mental Health Program progress form

The format and content of the PR remains the same with only the addition of the GAS section.

CLAIM NUMBER: _____

A. Patient information

Last name: _____ First name: _____ Initial: _____

Date of birth (dd/mm/yyyy): _____ Date of injury (dd/mm/yyyy): _____ Date of initial psychology assessment: (dd/mm/yyyy): _____

Treatment Block number: _____ Number of sessions provided in this block: _____

Patient completed this Block (6 sessions over up to 8 weeks) Patient did not return/self-discharged: _____ Treatment period: _____ to _____

Current employment status: _____

A. Full time OF Part time Not working: _____

wsib ONTARIO wsib.ca CLAIM NUMBER: _____

Patient last name: _____ Patient first name: _____

B. Health

Psych: _____

Psych: _____

Family: _____

City/town: _____

Postal: _____

4. Goal Attainment Scaling (G.A.S.): Community Mental Health Program treatment is goal directed toward symptom reduction and functional restoration including the restoration of occupational functioning. It is expected the psychologist, together with the patient, will develop and evaluate SMART Goals. The SMART Goals serve to accomplish and evaluate progress towards the patient's treatment goals. SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound.

Goals (Goals set earlier in the current reporting period)	Goals achieved as expected? (Compare extent goals achieved at end of reporting period to the beginning of the same reporting period)	Goal status
SMART goal #1 Complete weekly assigned readings on chronic pain management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Much better A little better As expected Partly achieved Much less than expected
SMART goal #2 Complete assigned stretching and strengthening exercises daily, and go for a 10 minute walk three times weekly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Much better A little better As expected Partly achieved Much less than expected
SMART goal #3 Practice relaxation skills once daily for 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Much better A little better As expected Partly achieved Much less than expected
SMART goal #4 Develop two responses to the injury questions "What happened?" and "How are you doing?" and practice once daily	<input type="checkbox"/> Yes <input type="checkbox"/> No	Much better A little better As expected Partly achieved Much less than expected

Comment on overall goal attainment, including as related to functional restoration:
Relaxation training is being discontinued at this time as her efforts here are triggering too much frustration and negativity towards treatment. It may be revisited in the future.

Goal Bank

Note: the domains, problems and explicit goals are often overlapping and interactive

Domain	Emotional	Behavioural	Cognitive	Physiological	Personal	Social	Occupational
Examples of Problems which may become the focus of Treatment Goals	Excessive worry/fear Fear of separation Feelings of worthlessness Hypervigilance Irritability Labile mood Low mood Lack of enjoyment Maladaptive guilt Negative outlook on life	Avoidance of triggering stimuli/leaving situations Maladaptive behaviour Substance use Unduly controlling or passive behaviour Lose despite physical danger or medical warnings Negative social behaviours	Disocclusive reactions Impaired complex attention Impaired concentration Impaired executive function Impaired memory Impaired perception Impaired social cognition	Agitation and restlessness Conversion/omatic symptoms Fatigue Flashbacks Panic attacks Sleep disruption Weight change/appetite loss	Poor hygiene Poor completion of activities of daily living	Reduced interests and activities Self-isolation Social impairment	Avoidance of work/leisure Difficulty Adjusting to change Fear of return to work Job dissatisfaction Perceived injustice Strained workplace relationships Work-related triggers
	Expanded Goal Bank Organized by Specific Problem Areas						

This is a list of possible General Goals and more Explicit Goals for psychological treatment in WSI Mental Health Programs, to prompt thinking and discussion between the patient and treating psychologist.

SMART Goal Examples

These examples of SMART goals are intended as an illustration for the development of individualized SMART goals. SMART goals are dependent upon situation. A stages of change approach was employed to help illustrate how SMART goals addressing the same psychological symptoms and/or functions upon the stage of the patient with that issue. It is not expected that there will be SMART goals for all of the patient's treatment goals, rather some will be SMART goals.

Some SMART goals may be very limited and addressed within a single week, while others may extend over a block of care or longer. When not otherwise stated SMART goal in the examples below is the block of care.

This is to improve: **PROBLEM**

Note: interact

Psychological symptoms and/or functional limitations	Pre-Contemplation and/or Contemplation (Engagement & Preparation)	SMART Goal Examples	Maintain (Over)
Emotional Ambivalence/resistance: low motivation for therapy	Show up and actively participate in each of the 6 sessions in the treatment block Develop a list of 3 pros and cons for requesting in treatment during the week. Spend 15 minutes, 3 days this week completing the exercise sheet considering pros and cons of change vs status quo. Spend 15 minutes, 5 days this week reading psychoeducational materials re psychological treatment	Review DBT emotion regulation and distress tolerance skills daily for 20 minutes, 3x/weekly. Generate alternative responses to 2 specific examples of feelings overwhelmed each week and bring to sessions to review possible outcome. Develop "distress tolerance tool kit" with 6 skills to use when distressed during this block of treatment. Use the developed alternative strategies on two occasions each week and record outcome to discuss in sessions.	Use at least one Maintain daily
Lack of emotional regulation and distress tolerance	Participate in psycho-educational exercises in 3 treatment sessions re how to regulate oneself when overwhelmed. Record an instance of feeling overwhelmed 3 days each week to review in sessions.	Maintain a mood journal and client regular feedback from spouse (i.e., trusted person) at least once per week.	
Anger and emotional outbursts	Monitor and record episodes of anger each time they occur and note triggering events, physiological sensations and thoughts.	Within the next 3 days, speak with spouse about any anger reduction goals and allow them to post one early sign of anger when they are noticed.	

PROBLEM: **Recognize triggers and symptoms of panic attacks**

List of Functional Impairments

Below is a sample list of areas of functional impairment that can be used to prompt discussion about how occupation-related psychological injuries, conditions and symptoms are impacting the injured ill person's quality of life and ability to function on a daily basis. This discussion can then inform treatment targets to address the occupation-related condition(s) by reducing symptoms and facilitating functional recovery.

Area of Life: _____ Do your symptoms impact the below areas of your life (e.g., _____) Ideas for Related Goals: _____

Worksheet for recording and evaluating SMART Goals

Patient's Name: _____ Date goals reviewed: _____

Record the Patient's Treatment Goals (symptom reduction/management and functional restoration, including restoration of occupational function)	Create SMART Goals to achieve Treatment Goals during the reporting period S - Specific M - Measurable A - Achievable R - Relevant T - Time bound	SMART Goals Achieved as Expected?	Describe Plan for SMART Goal
Goal #1 Date goals set: _____	Date goals set: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In progress/continue <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated
Goal #2 Date goals set: _____	Date goals set: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In progress/continue <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated
Goal #3 Date goals set: _____	Date goals set: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In progress/continue <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated
Goal #4 Date goals set: _____	Date goals set: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In progress/continue <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated

Frequently Asked Questions: Clinical

What is the time frame for setting and evaluating SMART goals?

- All SMART goals do not need to be set up in session 1 of each block.
- The duration of a SMART goal does not need to be 6 sessions.
- Success/progress on SMART goals can be evaluated at any time during the block.
- Progress/Achievement on SMART goals needs to be reported at the end of the block.

How do I address the situation where:

- the goal needs to be broken into small steps?
- goals evolve and change over the block of care?
- weekly exercises and tasks need to be set and reported on?

- SMART goals are Specific, Measurable, Achievable, Relevant, Time-bound.
- The objectives include supporting the patient's progress toward recovery (symptom reduction and functional restoration) as well as enhancing communication with the WSIB.
- Progress on SMART Goals must be evaluated and reported at the end of each block of care. Some SMART goals for some patients can be set at the beginning of the block of care and evaluated at the final session in the block. The time frames for completion of each SMART goal may vary between patients, goals, phases of treatment, etc.
- Achievement of goals may require multiple, very small, steps. Monitoring and modification may be needed on a session to session basis, recorded in session notes.
- The Progress Form may report a summary of progress over the block.

How do you report that the patient is not meeting expectations and not have the patient see it as a failure?

- Goals are set collaboratively by the patient and clinician. There may be opportunities to share ownership when goals are not achieved.
- Focus on goal achievement as a process. Not meeting expectations is an opportunity for learning and moving forward.

How do I create SMART goals with a patient who is not ready identify any goals?

- Goals may be very basic.
- Use clinical judgement; don't do something that is clinically contraindicated.
- Remember that just because you might not have SMART goals does not mean you don't have goals

How do I address SMART goals with a patient who is unrealistically optimistic in goal setting and likely not able to achieve them all?

- SMART goals are only one component of the work with the patient, an unrealistic expectation for rapid change may be an indication of a more general issue for the patient.
- A few thoughts:
 - Consider psycho-education regarding behavioural change principles;
 - Approach the SMART goal with the patient as an experiment with ongoing monitoring and modification;
 - Describe the patient characteristic in the comment section.

What do I do if the patient is not succeeding in achieving their goals?

- Ask yourself why the patient is not progressing. Ask the patient.
- Consider whether the goals are attainable/achievable.
- Consider if the goals are relevant to the patient.
- Consider whether there are other barriers unrelated to their injury.
- Determine if there needs to be a change in therapy.
- Consider if they would they benefit from medication and require communication with the family physician or a referral to psychiatry.
- Make use of WSIB resources.
- Consider if the patient is unlikely to make further progress and has reached a plateau in their psychological recovery.
- Communicate your understanding of the problem to WSIB.

What if the patient is actually making good progress in treatment but it is not reflected in the SMART goals?

- Not all therapy goals are represented by the SMART goals.
- Not everything that happens in therapy gets described in the GAS portion of the progress report.
- Use the other areas of the form to explain to WSIB how the patient is making progress in other areas.

What do I do if the patient does not have the goal to return to work?

Some patients are retired or have been determined to have a permanent impairment . For those patients SMART goals should reflect the patient's overall goals for symptom reduction and functional restoration in other areas of their life, including personal, social and recreational functioning.

Other patients who are not yet ready to focus directly on return to work, SMART goals for reduction and functional restoration in other areas of their life, including personal, social and recreational functioning should be relevant to return to occupational function.

How do I address situations where the patient is also working on SMART goals with an Occupational Therapist?

- SMART goals are a way of expressing goals for change and monitoring progress that are not limited to psychological treatment. They are widely used in a variety of situations. The issue is not the use of SMART goals *per se*.
- With patient consent, collaboration between the OT and psychologist is often very helpful; May avoid confusion re roles and duplication; May be essential to ensure that the patient is not being expected to work on too many tasks simultaneously.

Smart Goal Sample

SMART Goal Examples

These examples of SMART goals are intended as an illustration for the development of individualized SMART goals. SMART goals are dependent upon the specific patient's needs and situation. A stages of change approach was employed to help illustrate how SMART goals addressing the same psychological symptoms and/or functional limitations may vary depending upon the stage of the patient with that issue. It is not expected that there will be SMART goals for all of the patient's treatment goals, rather some will be selected to operationalize as SMART goals.

Some SMART goals may be very limited and addressed within a single week, while others may extend over a block of care or longer. When not otherwise specified, the time frame for the SMART goal in the examples below is the block of care.

<i>Psychological symptoms and/or functional limitations</i>	SMART Goal Examples		
	<i>Pre-Contemplation and/or Contemplation (Engagement & Preparation)</i>	<i>Action</i>	<i>Maintenance & Relapse Prevention (Improvement & Generalization)</i>
Emotional			
<i>Ambivalence/resistance/ low motivation for therapy</i>	<p>Show up and actively participate in each of the 6 sessions in the treatment block</p> <p>Develop a list of 3 pros and cons for engaging in treatment during the week.</p> <p>Spend 15 minutes, 3 days this week completing the exercise sheet considering pros and cons of change vs status quo.</p> <p>Spend 15 minutes, 5 days this week reading psychoeducational materials re psychological treatment</p>		
<i>Lack of emotional regulation and distress tolerance</i>	<p>Participate in psycho-educational exercises in 3 treatment sessions re how to regulate oneself when overwhelmed.</p> <p>Record an instance of feeling overwhelmed 3 days each week to review in sessions.</p>	<p>Review DBT emotion regulation and distress tolerance skills daily for 20 minutes, 3x/weekly.</p> <p>Generate alternative responses to 2 specific examples of feeling overwhelmed each week and bring to sessions to review possible outcome.</p> <p>Develop "distress tolerance tool kit" with 6 skills to use when distressed during this block of treatment.</p> <p>Use the developed alternative strategies on two occasions each week and record outcome to discuss in sessions.</p>	<p>Use at least one alternative strategy 5 days per week.</p> <p>Maintain daily record of application of skills to review in session.</p>
<i>Anger and emotional outbursts</i>	<p>Monitor and record episodes of anger each time they occur and note triggering events, physiological sensations and thoughts.</p>	<p>Within the next 3 days, speak with spouse about my anger reduction goals and allow them to point out early signs of anger when they are noticed.</p>	<p>Maintain a mood journal and elicit regular feedback from spouse (i.e., trusted person) at least once per week.</p>

SMART GOALS: Anxiety and Hyperarousal

Pre-Contemplation and/or Contemplation (Engagement & Preparation)	Action	Maintenance & Relapse Prevention (Improvement & Generalization)
<p>Write at least 3 benefits of reducing anxiety for review in next session.</p> <p>Record at least 3 things that others and you will notice when anxiety is reduced for review in next session</p> <p>Review and document at least 3 pros and any cons of reduced prn use of lorazepam during the weeks.</p>	<p>Read “How Breathing Affects Feelings” Handout prior to next session.</p> <p>Increase practice of breathing relaxation skills for 15 minutes from 1 day per week to 4 days per week.</p> <p>Reduce prn use of lorazepam from “x to y”.</p> <p>Do “Body Scan Meditation (45 min) daily for 5 days -use behaviour tracker.</p>	<p>Continue to use breathing and grounding skills when potentially triggered at least 1 time per day. Record instances and outcome for review in treatment session.</p> <p>Continue to not take lorazepam to manage panic attacks.</p>

Frequently Asked Questions: Progress Report Completion

Does the GAS section of the progress report replace the section on treatment goals previously identified?

- The treatment goals previously identified section has been updated to report on broader goals related to symptom reduction, functional restoration and RTW
- Broader treatment goals may not be captured in the SMART goals detailed in the progress report

Does the GAS section of the progress report replace the section on response to treatment?

- No - the response to treatment section provides information on the injured/ill person's overarching progress in treatment
- This section also provides an area to report on prognosis

Does the GAS section of the progress report replace the section on functional status?

- No - the goals outlined in the GAS section may not speak specifically to functional domains
- GAS provides information on what interventions are being delivered to help improve function rather than reporting on functional status
- Functional information such as the ability to perform activities of daily living, participate in social activities, and the ability to concentrate should be reported on

How will I use the new form with a current patient who does not yet have SMART goals?

- During the transition to SMART goals, you are encouraged to use the GAS section to report on goals you are currently working on even if they are not defined in SMART terms
- The additional comments section of the GAS chart provides space to detail your expected transition to SMART goals

What do I do if a Case Manager is concerned with the lack of detail in the GAS section?

- As part of case manager training, it was emphasized that during transition there may not be SMART goals or the full completion of the GAS section
- We have provided education to case managers to review the comments section and the report in entirety to gain an understanding of what is happening in treatment
- Case managers may still contact you if they are looking for clarification or have questions about the report overall

Open Question Period

Next Steps

- Questions - OPA & WSIB contacts
 - WSIB Case Management Teams – claim specific questions
 - 1-800-387-0750 or direct line
 - WSIB Health Services – WSIB/CMHP/GAS questions or support
 - healthservices@wsib.on.ca
 - OPA Representatives – Clinical questions and general CMHP/GAS questions
 - OPA office email – opa@psych.on.ca or call 416-961-5552
- Continued communication & webinars with WSIB with topics including:
 - Mental health policies
 - Decision making
 - Roles
 - Return to Work

Thank You

