



THE BEACON PROGRAM: A PRIMER

By Peter Gove, GSC Health Innovation Leader

First, what is cognitive behavioural therapy?

Cognitive behavioural therapy (CBT) is one of the few forms of psychotherapy that has been scientifically tested, and is shown to be effective in hundreds of clinical trials for many different conditions. Unlike other forms of psychotherapy, CBT is usually shorter, more focused on the present, and is focused on problem-solving. Most important, patients learn specific coping skills that they can use for the rest of their lives.

Typically delivered by a master's-level therapist, CBT is based on a cognitive model that shows that the way we perceive situations influences how we feel emotionally. In other words, it's not the situation that directly affects how people feel emotionally, but rather, their thoughts in that situation. When someone is in distress, their perspective is often inaccurate and their thoughts may be unrealistic – so perception leads to the emotion. For example, one person reading this page might think, "Wow! This sounds good, it's just what I've been looking for!" and feel happy. Another person reading the same information might think, "Well, this sounds good but I don't think I can do it." This second person feels sad and discouraged. The same situation is perceived differently by two individuals and, therefore, results in different emotions.

How does CBT help someone suffering from a mental health condition?

CBT helps people identify their distorted/negative thoughts while evaluating how realistic the thoughts are. They then learn to change this thinking – adjusting their perception – which leads to different emotions. When they think more realistically, they feel better. The emphasis is on consistently using this new way of thinking to solve problems and initiate behavioural changes.

Why is CBT effective for so many individuals and a wide variety of conditions?

Think of CBT as a recipe, one that can be adjusted slightly to result in a different (but very similar) outcome. Cognitive behaviour therapists use a different formulation (or "recipe") for each mental health condition. They use this formulation when assessing the patient. The assessment is an essential component to developing a sound therapeutic relationship (more on this later), setting goals, planning treatment, and selecting interventions. Developing the therapeutic relationship is most effective when trust and rapport can be established from the very first contact. This allows the therapist to demonstrate accurate empathy, share the assessment with the patient (making sure it "rings true" for them), and collaborate. Another important part of every CBT therapy session is

helping patients respond to inaccurate or unhelpful ideas, because as we've learned, perception is key. The basic question to ask when a patient is reporting a distressing situation, emotion, or dysfunctional behaviour is: "What is going through your mind right now?" Once a patient identifies their dysfunctional thinking, the therapist helps them gain more accurate perspectives, including helping them examine the validity and usefulness of their thoughts. The therapist also helps them design behavioural experiments to test the accuracy of their perceptions.

What is internet-based or digital CBT?

So now we know that CBT is an effective form of psychotherapy for many individuals. But how can this quality, evidence-based psychotherapy be more broadly available and at a much lower cost than face-to-face psychotherapy? The answer is digital or internet-based CBT (i-CBT).

There is a significant body of research and evidence that shows versions of CBT can be effectively delivered via the internet or a mobile app. Some examples of such an approach include programs in which patients are exposed to written materials and videos without the involvement of a therapist. In other programs, participants use internet materials while interacting with a therapist via email or chat (text). Research indicates that both approaches can be effective, depending on the condition. For example, less severe problems (such as insomnia) respond well to e-therapy without the involvement of a therapist, whereas more severe problems (depression, generalized anxiety disorder, etc.) typically require a more customized approach that involves access to a therapist, and in the case of i-CBT, an e-therapist. This type of therapist-assisted, internet-delivered CBT is also known as TAI-CBT.

Quality i-CBT must contain the same components as face-to-face (in person) CBT, which includes a rigorous initial assessment, care appropriate to the patient's diagnosis, an ongoing assessment of improvement (allowing the therapy to be adjusted as needed), and a therapeutic alliance between the patient and the e-therapist. These quality-based requirements can be difficult to find in many of the i-CBT platforms available. I-CBT also tackles the issue of accessibility, removing the need to travel to a scheduled appointment, and provides overall flexibility to patients as they are in control of when and where they access the programs. **It is also more cost effective than face-to-face visits – even up to 80 per cent less – stretching the dollar while still offering quality and evidence-based care.**

So what is the BEACON program?

We used the criteria for an effective i-CBT program to review many options available today, and while there were several programs to consider, the BEACON i-CBT program impressed.

The BEACON program is an i-CBT program for people 16 years or older struggling with a diagnosed or undiagnosed mental health condition. It provides participants with unlimited access to a therapist for up to 12 weeks, and to online BEACON resources for a full year.

It begins with a thorough online assessment, completed by the participant and reviewed by a therapist. The therapist uses the insights gleaned from the assessment to develop a treatment path that is highly customized to the needs of the individual. By taking an informed approach at the start of treatment, BEACON can ensure participants are getting the care they need for the condition they have. The therapist then introduces appropriate CBT exercises and modules based on the established care path, regularly communicates with the participant, and assesses weekly outcome measures.

BEACON participants also have the option to have a clinical psychologist review the results of their assessment and schedule a real-time telephone diagnostic interview for an additional cost of \$300. Participants can also share their results with their doctor or health care provider. As the assessment is completed prior to the diagnostic interview, it allows the psychologist to review the results in detail and identify any presenting problem(s), or symptoms, before speaking with the patient. For those who select the clinical diagnosis option, their care path will follow treatment protocols designed specifically for their condition.

BEACON was created by CBT Associates, an organization established in 2002 in Ontario and now one of the largest mental health practices in Canada.

How long does it take for a patient to see improvements using the BEACON program?

Typically, patients start to improve their ability to manage their mood, thoughts, and feelings within a few weeks of starting therapy.

Is it possible for a patient to build a rapport with a therapist online?

The short answer is yes. As we've learned, an essential component of effective care is the formation of a therapeutic alliance between the therapist and the patient, allowing them to build trust and mutual engagement. But how is this possible without a face-to-face interaction? BEACON provides every participant with a dedicated e-therapist, a master's-level, college-regulated therapist who stays with the participant from start to finish. Apart from the benefit of the therapeutic relationship mentioned above, this also allows the therapist to track and adapt modular treatment tailored to the patient's specific needs. One size does not fit all, and a dedicated therapist can understand the path the participant has travelled along their treatment journey.

The therapeutic relationship is not formed through messaging alone. The therapist also provides essential elements of personalized care: monitoring the pace and completion of homework, adjusting the treatment protocol as needed, monitoring progress with regular outcome measures, and providing tailored advice and support through secure two-way messaging interactions. The presence of the e-therapist creates what's known as a "high-touch" level of i-CBT, which results in high patient ratings of satisfaction in their relationship with the therapists.

Another SMARTspend™ banner initiative

The BEACON program will fit into GSC's suite of SMARTspend initiatives, all designed to maximize on the quality and value of what plan members get in their health benefits plans. The BEACON program offers that same focus on quality and value. We know from research that high-quality i-CBT programs can be much more cost-effective than face-to-face therapy sessions – up to 80 per cent less expensive in the case of the BEACON program. And perhaps more importantly, the BEACON program is based on a standardized, scientifically tested psychotherapy approach. With face-to-face therapy, we don't always know if the plan member is getting validated or proven quality treatment. With the BEACON program you can be assured plan members are getting consistent, research-proven therapy – true value for spend, with a focus on quality-over-quantity.

How does BEACON measure improvements and health outcomes?

BEACON participants complete multiple validated questionnaires weekly, and a more rigorous assessment every four weeks. The questions are customized based on the participant's condition and responses to the initial assessment. Outcome measures are tracked individually for each participant. Both the patient and the therapist have access to the responses, which allows both individuals to see progress. BEACON also measures platform usage and overall program satisfaction.

What is GSC's involvement with the BEACON program? What does all of this mean to me?

We know we need to provide more quality treatment options for mental health conditions to plan members and their eligible dependents. After a thorough due-diligence assessment of the BEACON platform, we will be recognizing and including BEACON as an alternative to traditional face-to-face therapy for all benefits plans that include mental health/counselling coverage, effective August 1 – allowing reimbursement of the program according to existing plan limitations. This provides GSC plan members and their dependents age 16 and over with cost-effective and convenient access to quality, evidence-based psychotherapy. For example, come August 1, a plan member confirms that their benefits plan includes \$500 per year to access counselling services. They can choose to access treatment via face-to-face visits (allowing for two to four one-hour visits based on the cost of treatment) or, as an alternative option, they can have the cost of the full BEACON program covered under their benefits plan, providing unlimited access to a therapist for 12 weeks, and access to BEACON resources for a full year.

What is the expected uptake of the program?

As we have seen with other progressive health coaching programs, Canadians are slow to move to new means to seek evidence-based care. So anticipate a slow, incremental uptake of the services over time, and no short-term impacts on your rates. Any cost impacts will flow through your extended health services experience, and if a change to your rate is required, it will be applied at renewal.

Sources used for this primer:

Beck Institute for Cognitive Behavior Therapy, "CBT FAQs," 2016. Retrieved: May 2018, <https://beckinstitute.org/get-informed/cbt-faqs/>.

Thomas Berger, Katja Hämmerli, Nina Gubser, Gerhard Andersson, and Franz Caspar, "Internet-Based Treatment of Depression: A Randomized Controlled Trial Comparing Guided with Unguided Self-Help," *Cognitive Behaviour Therapy*, 2011, 40:4, 251-266. Retrieved: May 2018, <https://www.tandfonline.com/doi/full/10.1080/16506073.2011.616531?src=recsys>.