



Helpful approaches to insomnia

PANELISTS

Dr. Chris Frank • Dr. Marcia Kostenuik • Dr. Purti Papneja

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff



Ontario College of
Family Physicians

**Practising
Well**
Share.
Inspire.
Connect.



Family & Community Medicine
UNIVERSITY OF TORONTO

August 23, 2023

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your twitter handle



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures



Dr. Purti Papneja

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- Eisai Limited 2019-20



Dr. Chris Frank

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker



Dr. Marcia Kostenuik

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- Peer Guide
- U of T DFCM Barrie
- Joule/CMA - speaking
- Various universities, hospitals, and non-for-profit organizations for one-off speaking engagements (paid and unpaid)

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

Disclosure of Financial Support

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Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

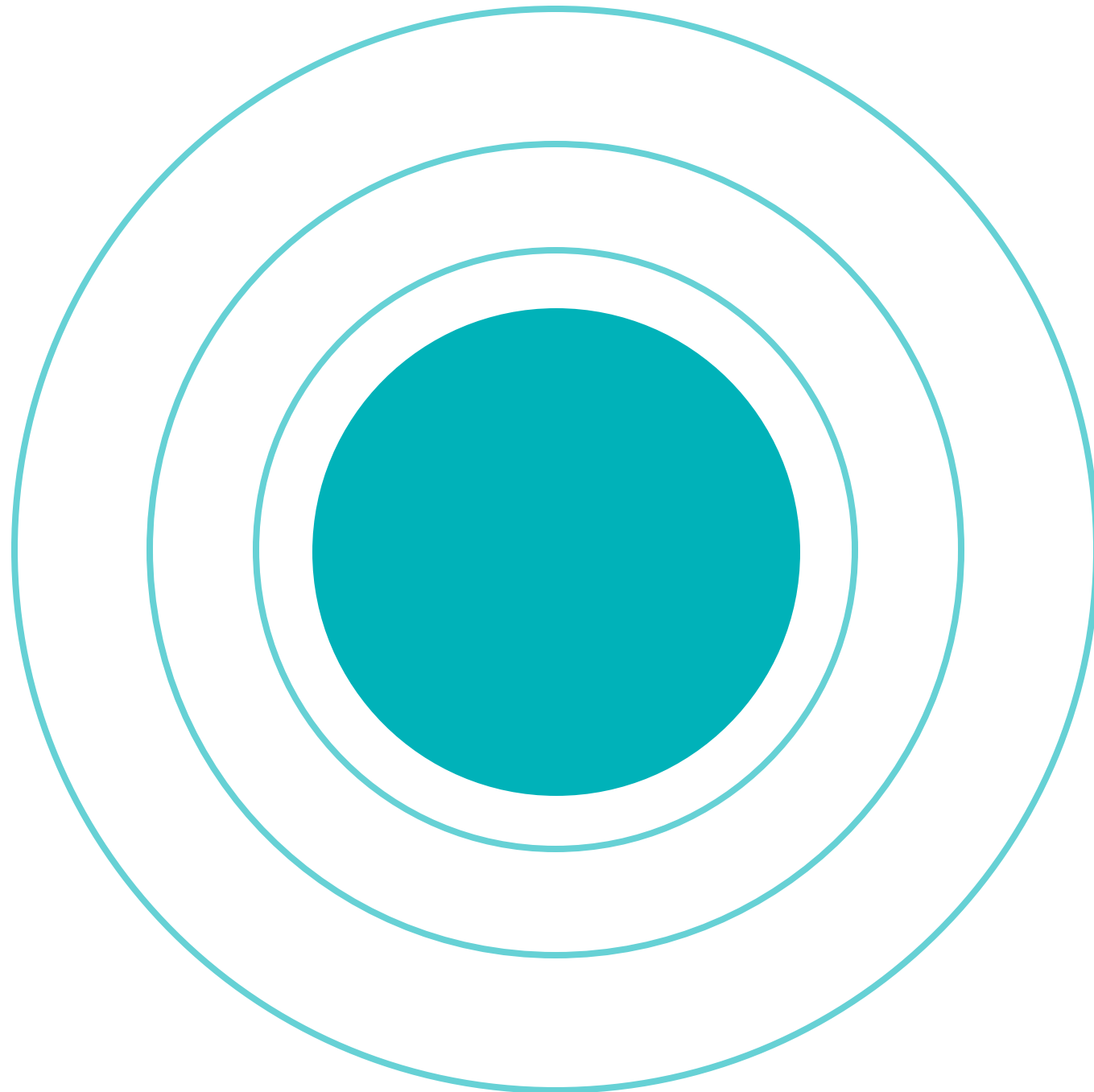
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.





Helpful approaches to insomnia

You raised important questions we'll try to work through together today:

1. What are the available pharmacological treatments for managing insomnia?
2. What are the non-pharmacological options and pharmacological alternatives with minimal or no dependency for treating insomnia?
3. What are practical Cognitive Behavioral Therapy for Insomnia (CBTi) principles that can be implemented during a standard appointment?

And other questions you add in the Q&A box... 



Helpful approaches to insomnia

Your Panelists



Dr. Purti Papneja
Toronto, ON



Dr. Chris Frank
Kingston, ON



Dr. Marcia Kostenuik
Barrie, ON

Insomnia:

Purti Papneja, MD CCFP

Clinical Associate at Ellesmere Sleep
Disorders Center

Clinical faculty at Dept of Community and
Family Medicine, Sunnybrook Health Sciences
Assistant Professor at University of Toronto



Who gets Insomnia: Epidemiology

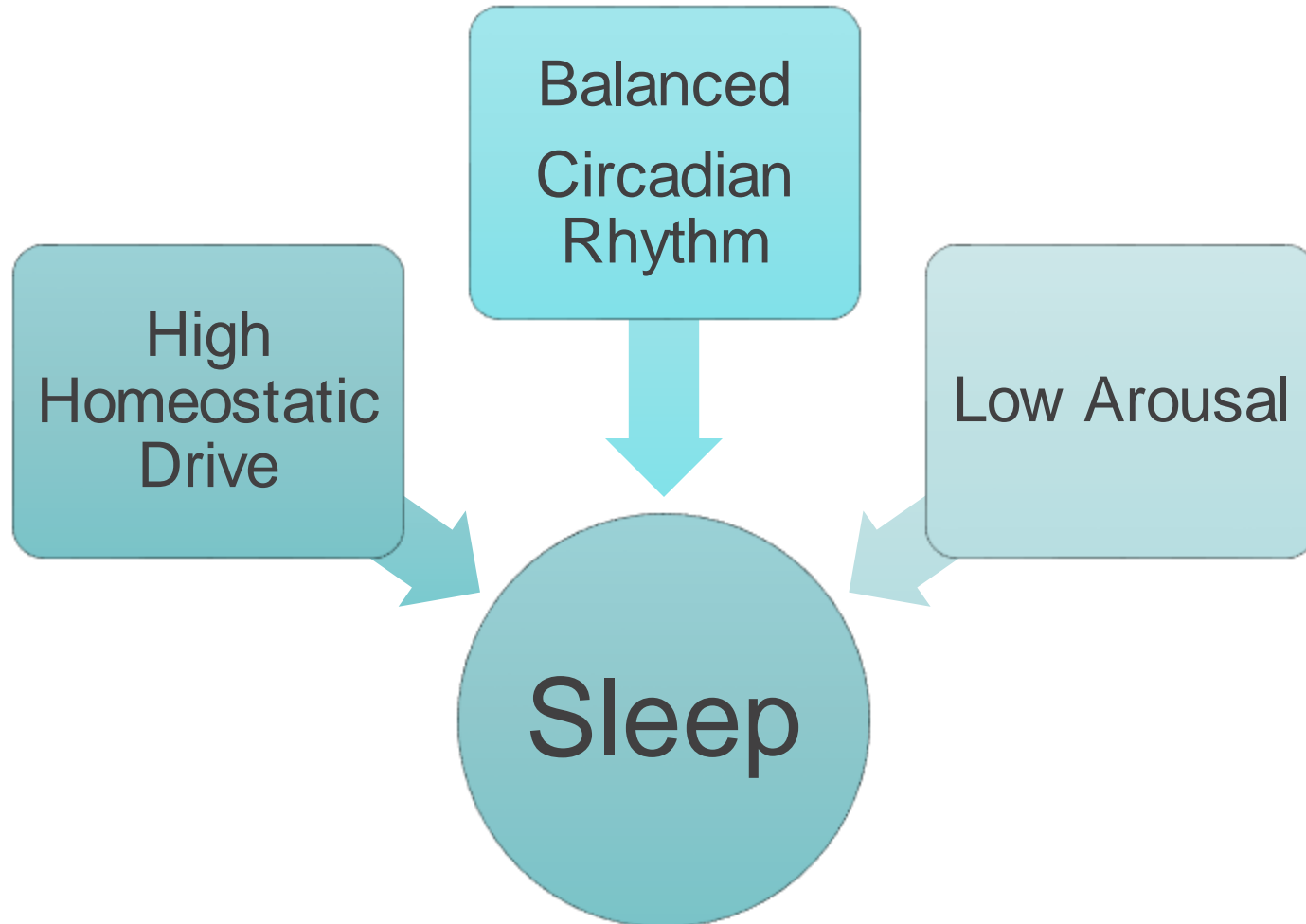
- Prevalence of insomnia symptoms in adults: 35-50%
- Prevalence of Insomnia disorder: 12-20%
- Female
- Middle age and older adults
- Co-morbidities:
 - Higher risk of depression, anxiety and substance abuse
 - Higher risk of chronic pain, obesity, diabetes and cardiovascular disorder

Paradigm shift

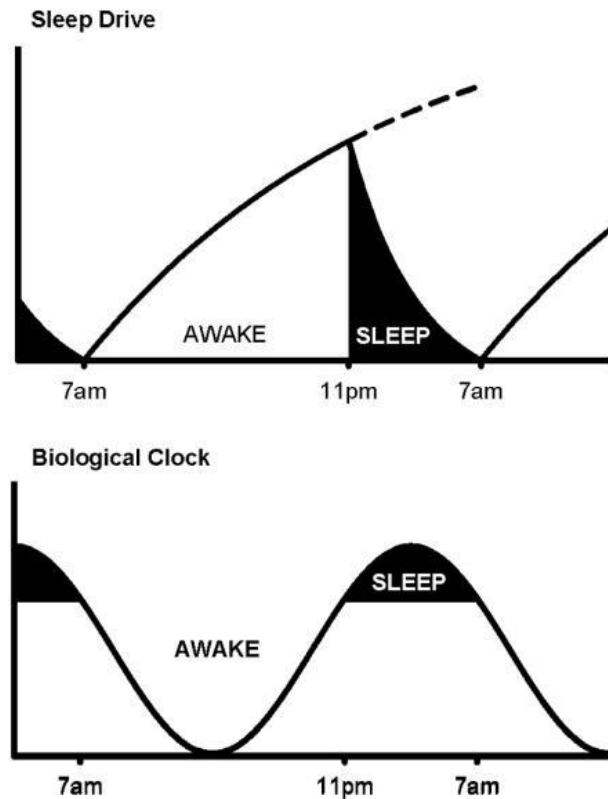
- Insomnia is no longer viewed as ‘symptom’ or ‘secondary’ to psychiatric illness
- Insomnia is recognized as co-morbid condition with the estimated prevalence rates of 80–90% in depression and anxiety, and 70% in post-traumatic stress disorder (PTSD)
- Many studies show emerging evidence of benefits when concurrent treatment of insomnia is provided

Ohayon MM, Shapiro CM. Sleep disturbances and psychiatric disorders associated with posttraumatic stress disorder in the general population. *Compr Psychiatry*. 2000;41:469–478.
Taylor DJ, Pruiksma KE. Cognitive and behavioural therapy for insomnia (CBT-I) in psychiatric populations: a systematic review. *Int Rev Psychiatry*. 2014;26:205–213.

Why is it so common ?



Heuristic Model of Sleep Regulatory Controls



Lu, Brandon & Zee, Phyllis. (2007). Circadian Rhythm Sleep Disorders. Chest. 130. 1915-23.

How does Insomnia Develop?

Predisposing Factors

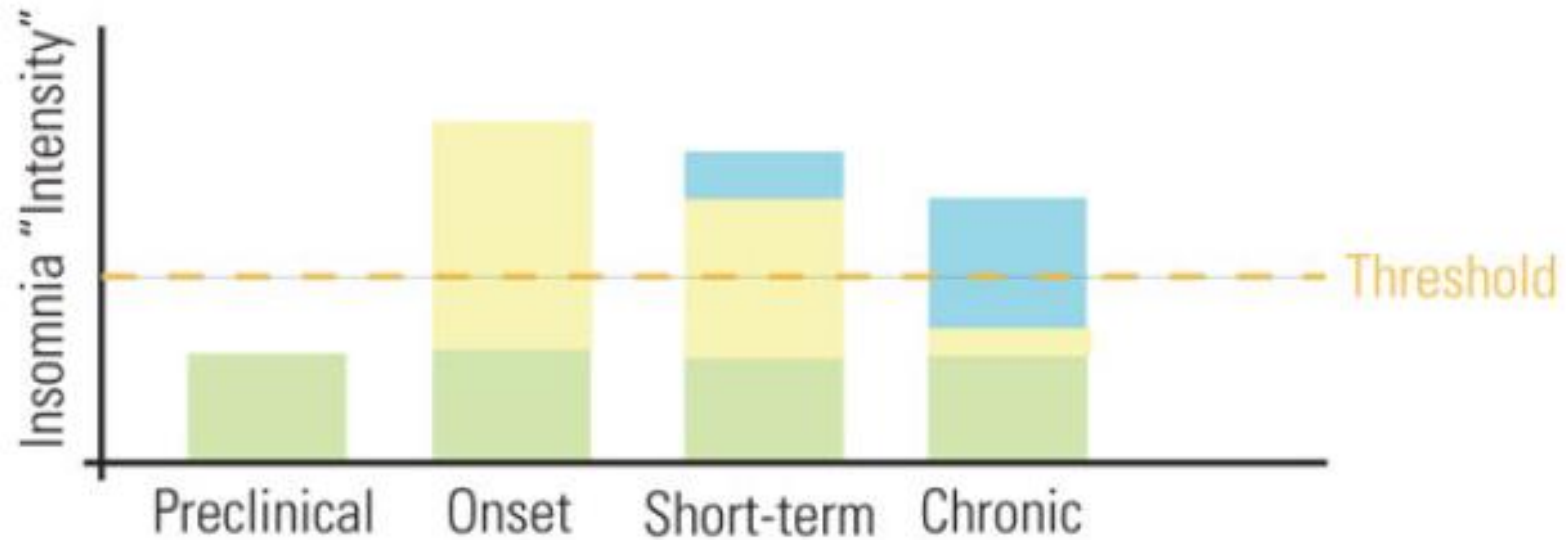
- Biologic traits
- Psychological traits
- Social factors

Precipitating Factors

- Medical illness
- Psychiatric illness
- Stressful life events

Perpetuating Factors

- Excessive time in bed
- Napping
- Conditioning



Spielman (1987)

Review Tools For Evaluating Patients with Insomnia Symptoms

How Can You Structure Insomnia History?

Primary complaint:

- Characterization of Complaint(s): Difficulty falling asleep, awakenings and poor or unrefreshing sleep
- Onset, duration, frequency, severity and course, perpetuating factor, past treatment and responses

Sleep-Wake Schedule (average, variability):

- Bedtime:
 - Time to fall asleep
 - Factors prolonging sleep onset
 - Factors shortening sleep
- Awakenings
 - number, characterization, duration
 - associated symptoms
 - associated behaviors
- Final awakening (natural or alarm) versus Time out of bed
- Amount of sleep obtained

Insomnia History

- **Before getting to Bed**

- Exercise, smoking, alcohol, caffeine, screen use
- Environment
- Evening mental status

- **In Bed**

- Bed partner's behaviour
- Snoring, witnessed apnea, restless legs, teeth grinding , dream enactments, sleep walking, sleep paralysis, seizures
- Cough, pain, reflux, nocturia

- **After Awakening**

- Identify sleepiness vs fatigue
- Napping
- Daytime Consequences: mood disturbance, cognitive dysfunction

- **Other Factors:**

- Psychological Disorder, Medical condition, Medications

Medications affecting Sleep

Drugs may cause fragmented sleep, nightmares, nocturia, or stimulation. These include:

Antidepressants	Bupropion, MAOIs (phenelzine, tranylcypromine), SNRIs (desvenlafaxine, duloxetine, venlafaxine), SSRIs (citalopram, escitalopram, fluoxetine, paroxetine, sertraline)
Cardiovascular	α -blockers (e.g., tamsulosin), β -blockers (e.g., propranolol, metoprolol), diuretics (e.g., furosemide, hydrochlorothiazide), statins
Decongestants	Phenylephrine, pseudoephedrine
Opioids	In combination with caffeine (e.g., Tylenol #1, #2, #3)
Respiratory	β 2-agonists (e.g., salbutamol, salmeterol, formoterol, terbutaline, indacaterol, olodaterol), theophylline
Stimulants	Amphetamine, caffeine, cocaine, ephedrine, methylphenidate, modafinil
Others	Acetylcholinesterase inhibitors (e.g., donepezil), alcohol (fragmented sleep), antineoplastics, corticosteroids (e.g., prednisone), dopamine receptor agonists (e.g., levodopa, rotigotine), nicotine, medroxyprogesterone, phenytoin, thyroid supplement

Antidepressants and Insomnia

- Commonly used antidepressants can cause insomnia (SSRIs, SNRIs, bupropion, activating TCAs) in 4-23% of patients
- Other sleep side effects include exacerbation/triggering of RLS/PLMs, REM behavior disorder (TCAs, SSRIs, SNRIs)

Brietzke E et al., Expert Opinion on Pharmacotherapy 20:11, 1341-1349, 2019; Riemann D et al., Neuropsychopharmacology 0:1-16, 2019; Krystal AD, Neuropsychopharmacology 0:1-10; 2019.

Antidepressant Drug Effects on Sleep

Drug	Sleep continuity	Slow wave sleep	REM sleep	Other
Tricyclic	↓ To ↑	→ To ↑	↓ To ↓ ↓	↑ PLMs ↓ Apnea
SSRI	→ To ↓	→ To ↑	↓	Eye movements in NREM ↑ PLM ↓ apnea
Trazodone	↑	↑	→ To ↑	
Bupropion	↓	↓	→ To ↑	Less likely to increase PLMs
Mirtazapine	↑	→	→	Weight gain
MAOI	↓	?	↓ ↓ ↓	

Brietzke E et al., Expert Opinion on Pharmacotherapy 20:11, 1341-1349, 2019; Riemann D et al., Neuropsychopharmacology :1-16, 2019; Krystal AD, Neuropsychopharmacology 1-10; 2019.

Evaluation Tools:

- At-home sleep logs
- Symptom checklists
- Psychological screening tests
- Bed partner interviews
- Self-administered questionnaires

Evaluation Tools: Self Administered

Questionnaire	Description
Epworth Sleepiness Scale	ESS is an 8-item self report questionnaire used to assess subjective sleepiness (score range: 0–24; normal <10).
Insomnia Severity Index	ISI is a 7-item rating used to assess the patient's perception of insomnia.
Pittsburgh Sleep Quality Index	PSQI is a 24-item self report measure of sleep quality (poor sleep: global score >5).
Beck Depression Inventory	BDI (or BDI-II) is a 21-item self report inventory used to measure depression (minimal or no depression: BDI <10; moderate to severe: BDI >18).
State-Trait Anxiety Inventory-Form Y Trait Scale	STAI is a 20-item self report inventory used to measure anxiety (score range: 20–80; minimum anxiety: T-score <50; significant anxiety: T score >70).
Fatigue Severity Scale	FSS is a 9-item patient rating of daytime fatigue.
Short Form Health Survey (SF-36)	SF-36 is a 36-item self report inventory that generically measures quality of life for any disorder (range from 0 (poorest) to 100 (well-being)).
Dysfunctional Beliefs and Attitudes about Sleep Questionnaire	DBAS is a self-rating of 28 statements that is used to assess negative cognitions about sleep.

Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med* 2008;4(5):487–504.

Insomnia Disorder: Diagnostic Criteria DSM-V

- **Main complaint: dissatisfaction with sleep quantity/quality (≥ 1 of the following symptoms):**
 - Difficulty initiating sleep
 - Difficulty maintaining sleep (i.e., frequent awakenings or trouble returning to sleep)
 - Early morning awakening with inability to return to sleep
 - Non-restorative sleep
- **Sleep complaint is accompanied by great distress or impairment in daytime functioning (≥ 1 of the following):**
 - Fatigue or low energy
 - Daytime sleepiness
 - Cognitive impairments
 - Mood disturbance
 - Behavioural difficulties
 - Impaired occupational or academic function
 - Impaired interpersonal/social function
- **Occurs for ≥ 3 nights/week, for ≥ 3 months, despite adequate opportunity for sleep**
- **Symptoms are not explained by co-existing sleep disorder, mental disorder or medical conditions**

Role of Polysomnography in Insomnia

- Not indicated in the routine evaluation of chronic insomnia
- Indicated when:
 - Suspicion of sleep disordered breathing
 - Sleep-related movement disorder
 - Violent/injurious behaviour present
 - Diagnosis is uncertain
 - Treatment failure
- May demonstrate:
 - Increased SOL, WASO (>30 min)
 - Sleep duration <6 h
 - Increased N1 sleep and decreased SWS
 - Normal due to conditioned sleep difficulty at home

Consumer Sleep Technology

NEW



Consumer Sleep Technology



- Actigraphy – included in American Academy of Sleep Medicine (AASM) guideline for evaluation of Insomnia, helps in looking at circadian rhythm sleep-wake disorders.
- Most studies focus on validation of devices to measure sleep and are observational
- Gaps in sleep device capabilities, and variability in CST types, sensors, data acquisitions, calculations/algorithms/AI models remain, which limit their utility in practice.
- “Given the lack of validation and United States Food and Drug Administration (FDA) clearance, CSTs cannot be utilized for the diagnosis and/or treatment of sleep disorders at this time...” 2018 Position statement from AASM

Thank you

purti.papneja@sunnybrook.ca



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Dr. Purti Papneja
Toronto, ON



Dr. Chris Frank
Kingston, ON



Dr. Marcia Kostenuik
Barrie, ON

Psychiatric	Antidepressants: Selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs) Psychostimulants: methylphenidate, modafinil Cholinesterase inhibitors: e.g. donepezil, rivastigmine and galantamine
Cardiovascular	Angiotensin converting enzyme inhibitors (ACEI), diuretics, alpha-blockers (ARB), beta-blockers, calcium channel blocker, statins
Respiratory	Bronchodilators (e.g. Salbutamol), theophylline
Neurological	Anti-Parkinson's: dopaminergic agonist, such as Levodopa
Gastrointestinal	H2 blockers: Ranitidine, Cimetidine
Analgesics	Chronic opioid use
Others	Caffeine, nicotine, alcohol, glucocorticoid

Your Panelists



Helpful approaches to insomnia



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Toronto, ON



Dr. Chris Frank
Kingston, ON



Dr. Marcia Kostenuik
Barrie, ON

Free Practices & Resources

drkostenuik.com

MDStressReduction.com

(Visit the Menu/More tab for resources)

- Medical Psychotherapist
- Teacher
- Speaker
- Personal Coach



@drkostenuik



Content material from courses, training, research articles, experts, clinical experience, personal experience

How do You Respond to Stress?

It depends...

FLIGHT/FIGHT →
Fear, panic, anxiety,
anger, irritation



FREEZE/FLOP →
overwhelmed,
shutdown,
hopeless,
depressed



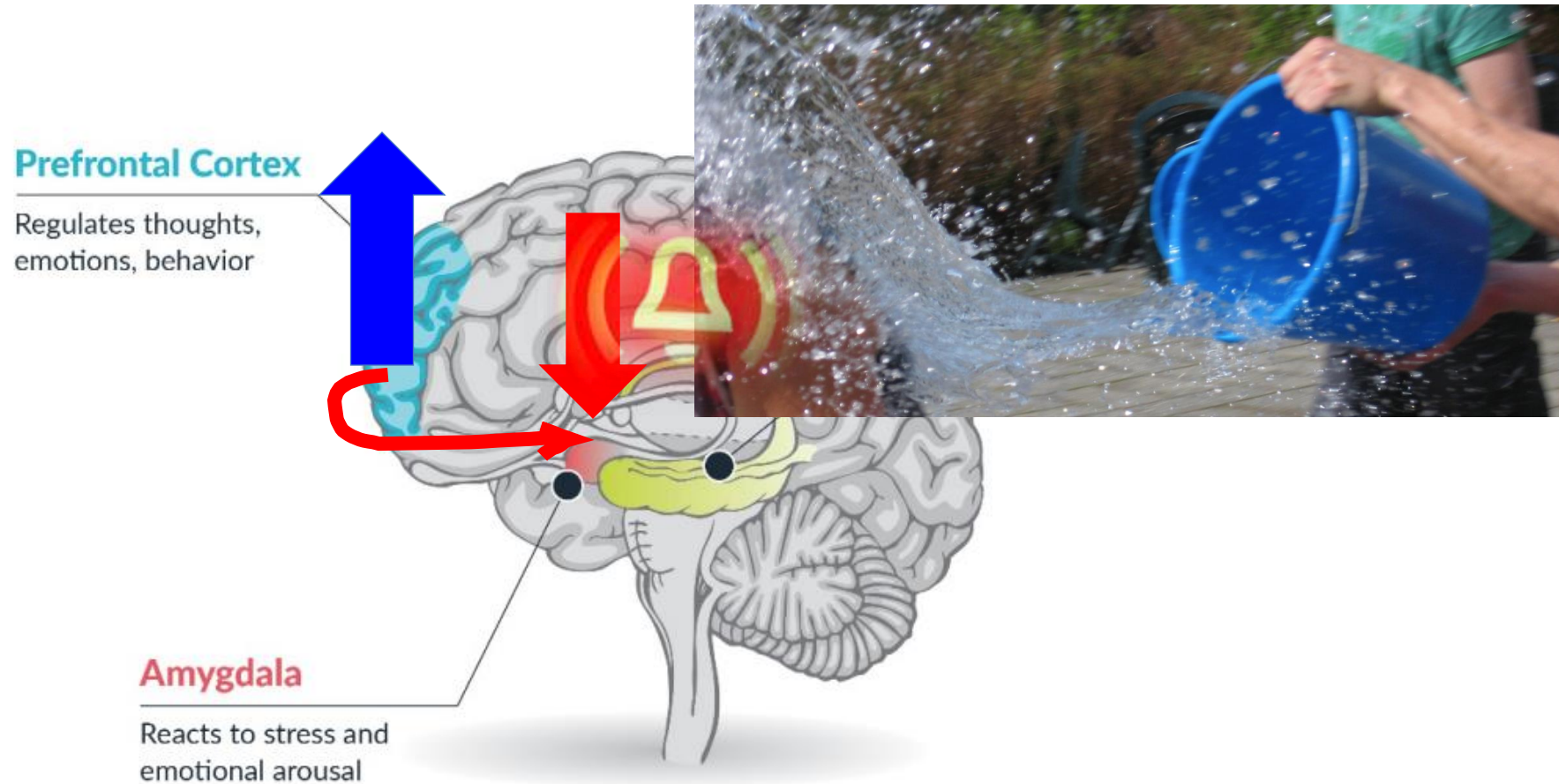
FAWN/APPEASE →
Poor boundaries, can't
say no, fear of criticism
& rejection, subjugation



Using concepts from Stephen Porges polyvagal theory

©Dr. Marcia Kostenuik 2021

Reverse the Amygdala Hijack

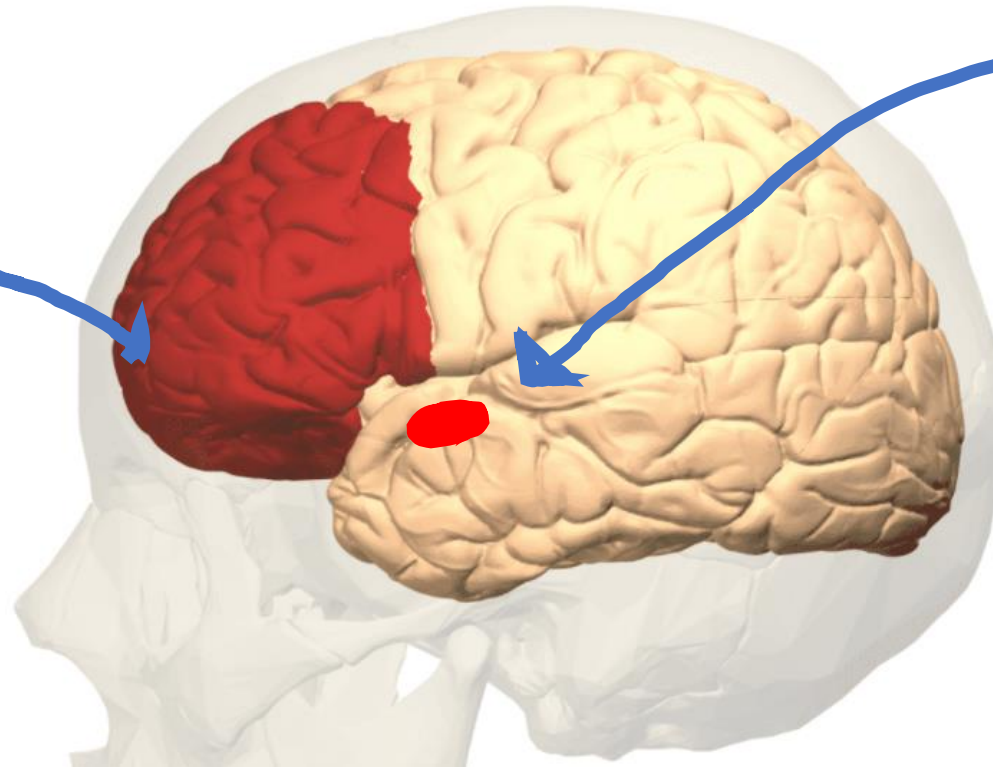




Psychological First Aid Tools[©]

123

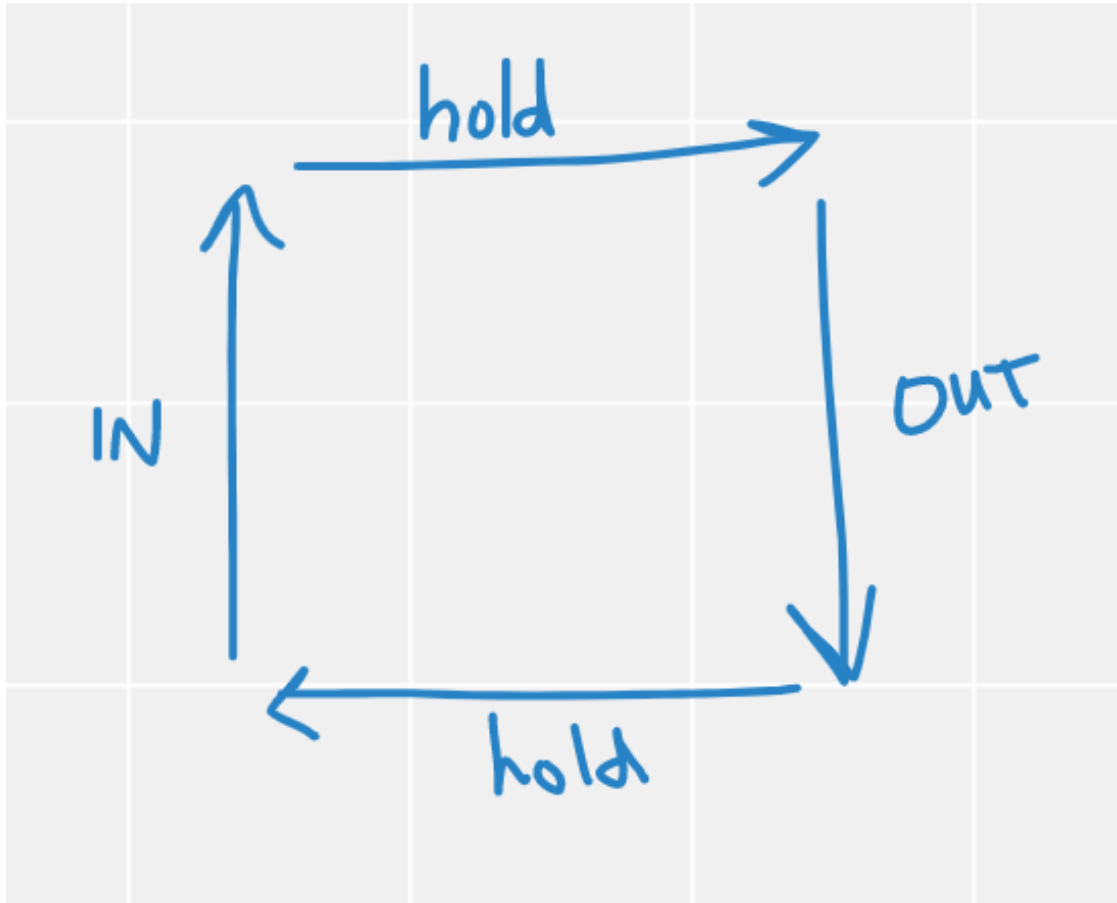
- | | |
|----------|---------------|
| 1 | ONE THING |
| 2 | TWO STRENGTHS |
| 3 | THREE THANKS |



ABC

- | | |
|----------|-----------|
| A | Awareness |
| B | Breathe |
| C | Count |

Box Breathing



- <https://www.medicalnewstoday.com/articles/321805#the-box-breathing-method>

Better Balance of Sympathetic & Parasympathetic



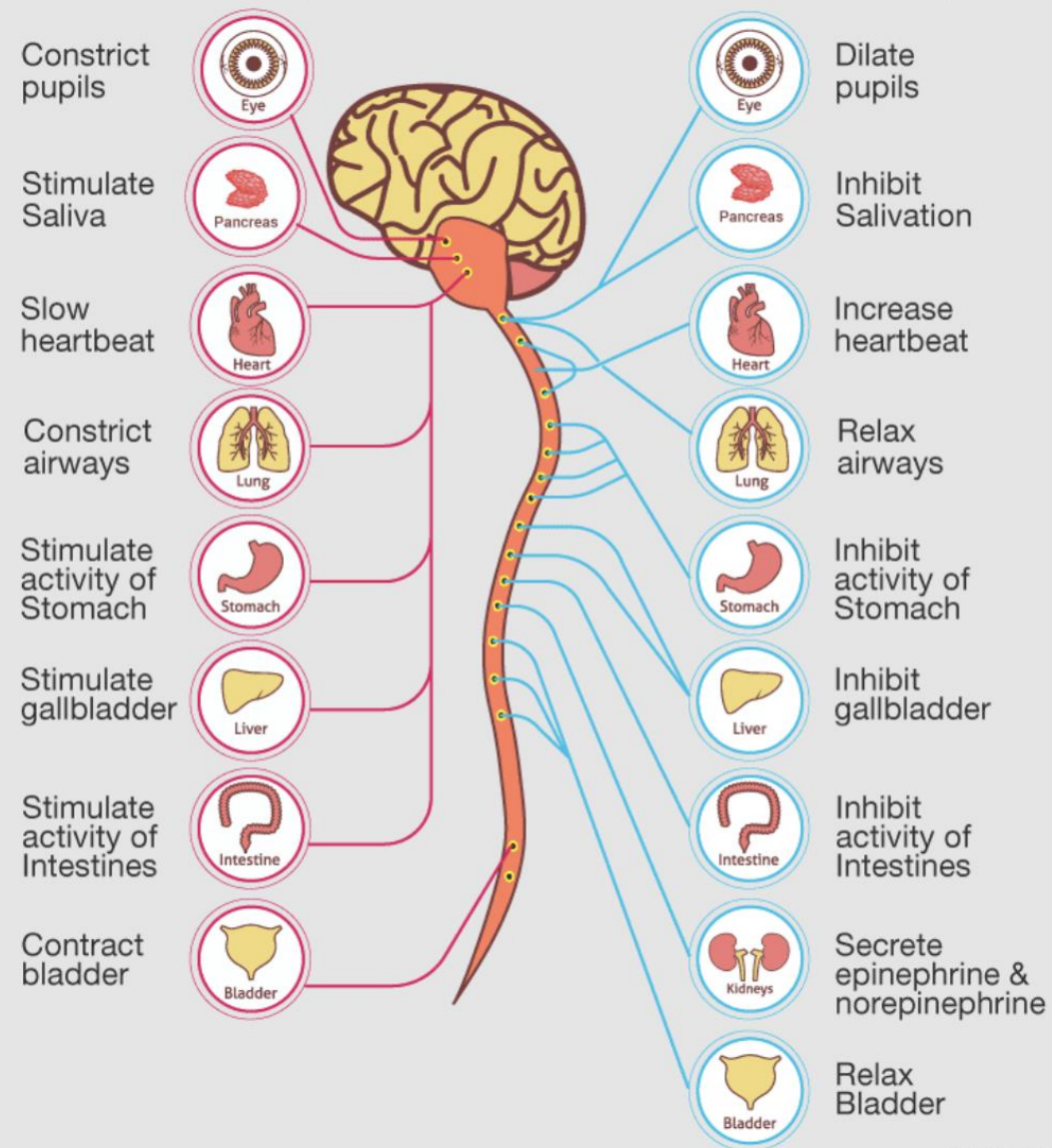
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DIFFERENCE BETWEEN SYMPATHETIC AND PARASYMPATHETIC

PARASYMPATHETIC NERVES

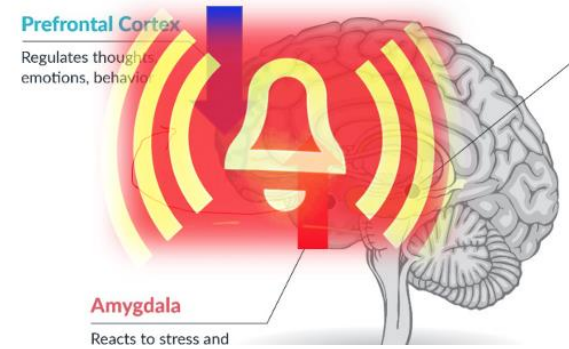
Vs

SYMPATHETIC NERVES

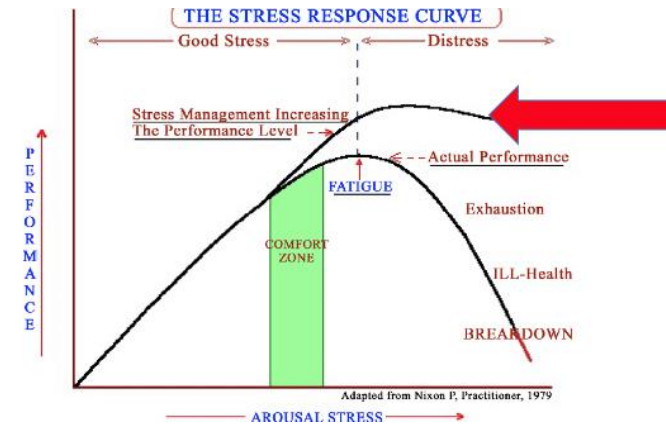


What Causes Burnout Syndrome?

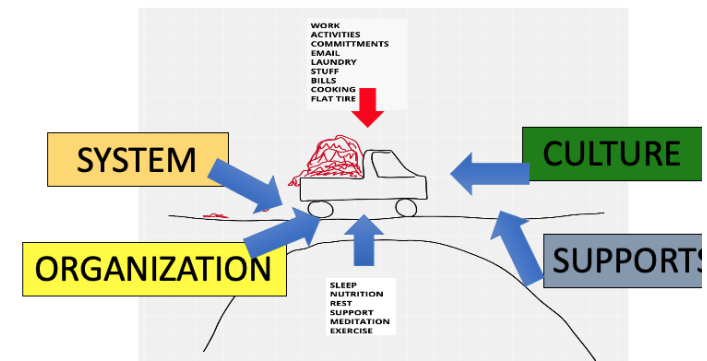
Stress Response



Resilience Myths

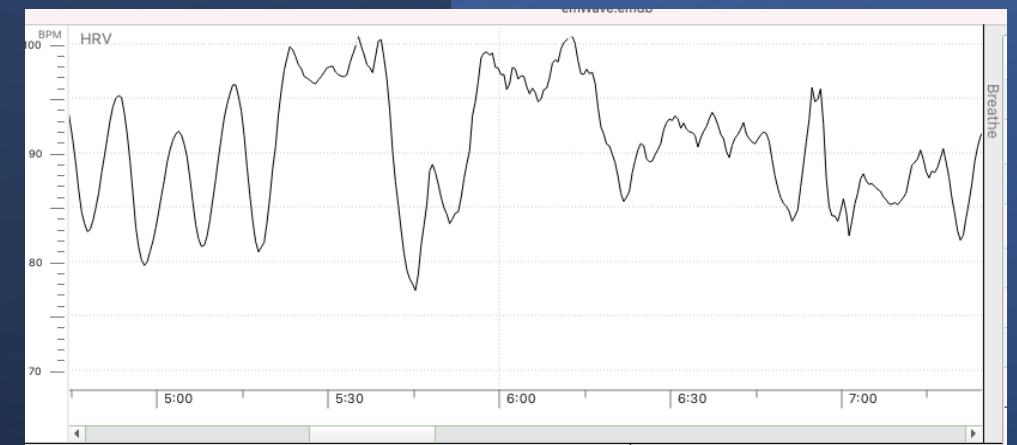
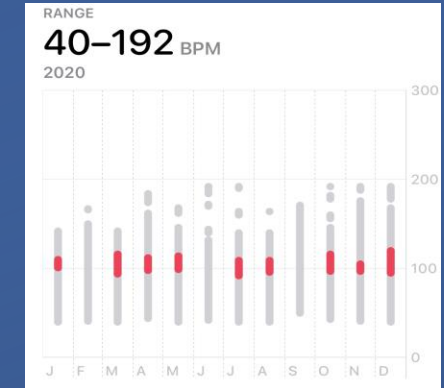
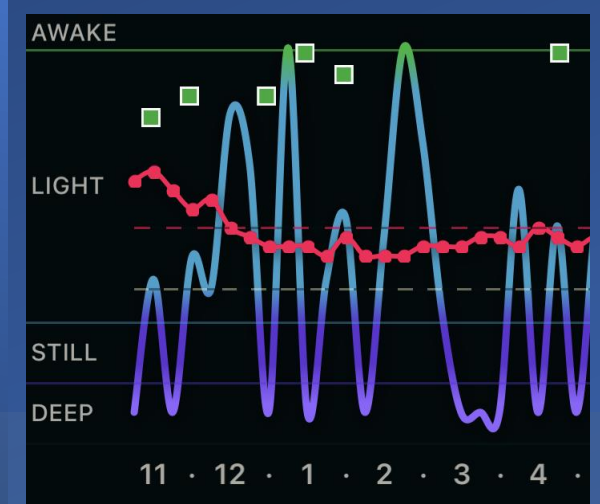


System Issues

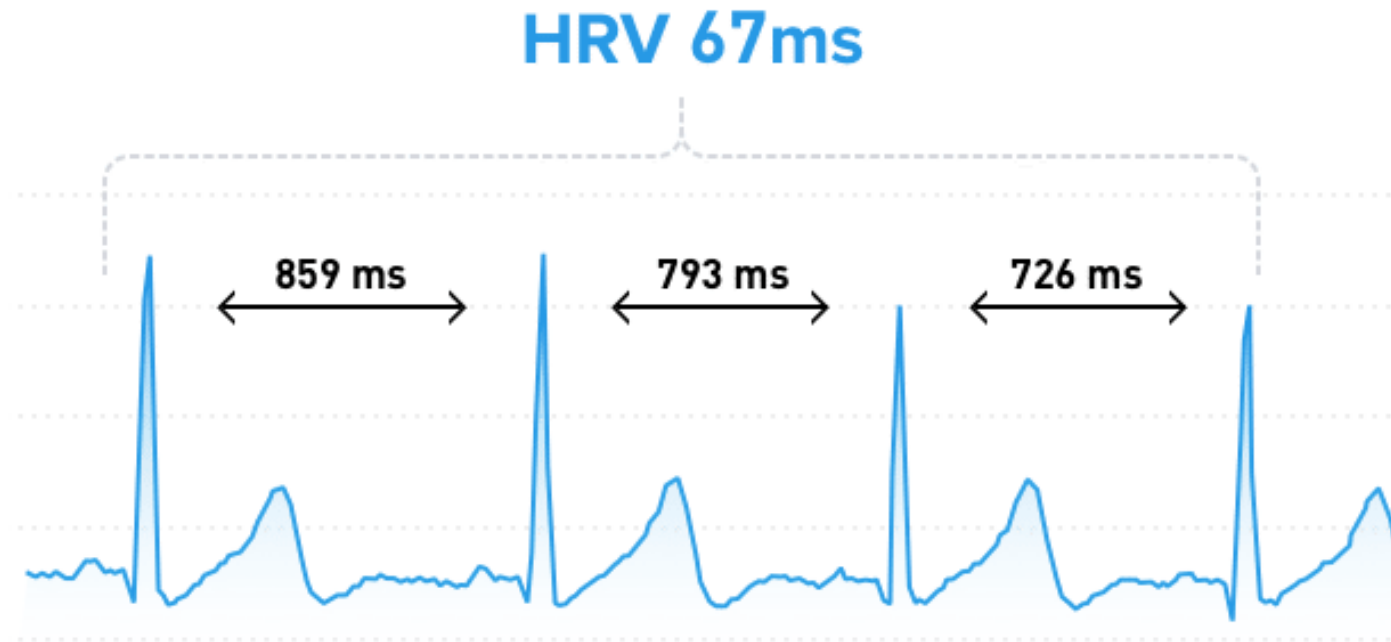


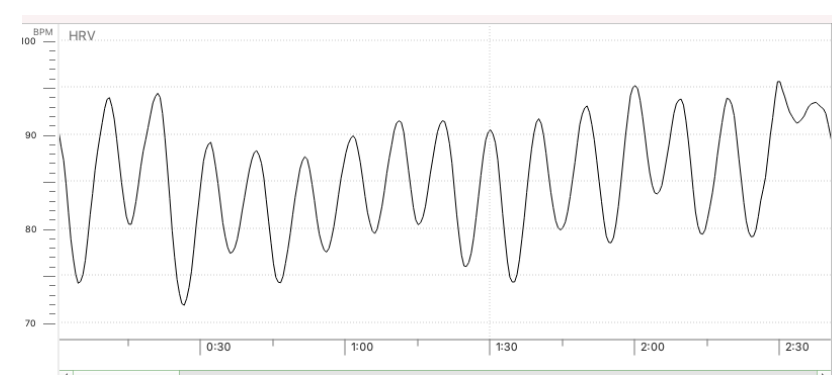
Monitoring & Managing Physiology of Stress & Burnout

1. HRV
2. Resting HR
3. High HR warnings
4. Biofeedback (EEG, HRV)
5. Monitor Sleep
6. Monitor Activity

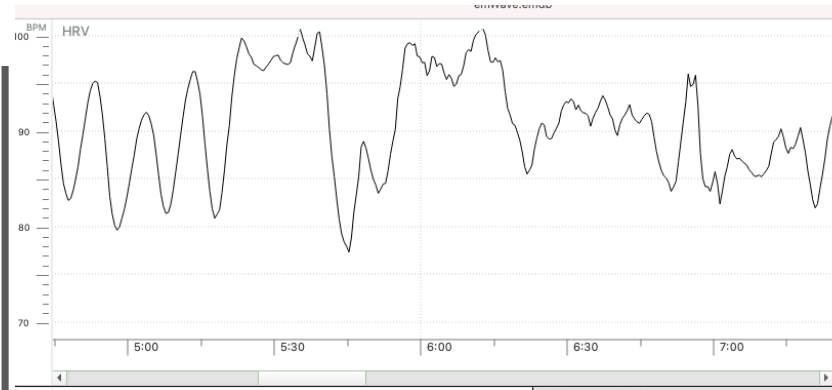


1. Heart Rate Variability (HRV)

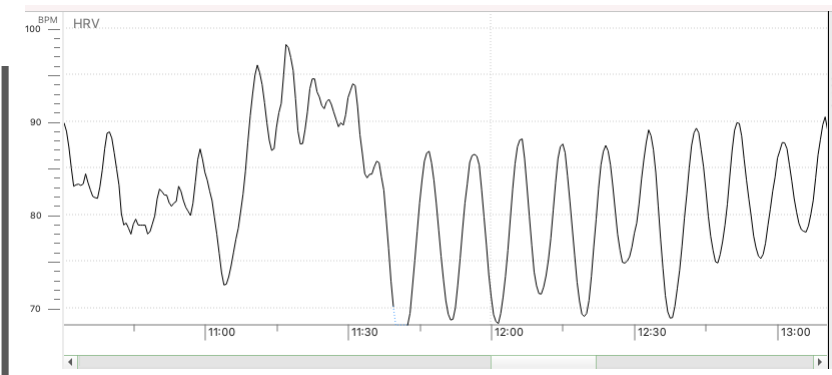




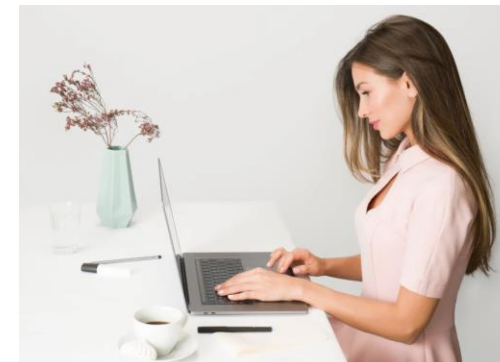
Using EMWave



Sorting Paperwork



USING EMWave
(paced breathing)



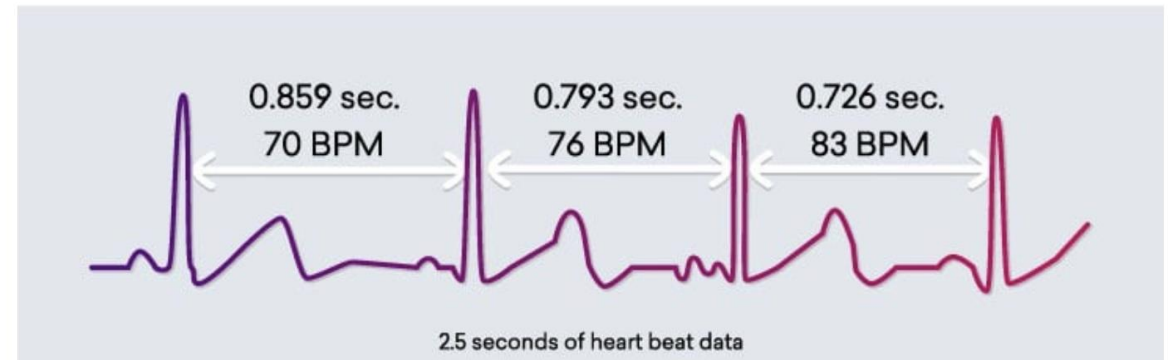
Biofeedback – HRV (EMWave2)

HRV Biofeedback (emWave2™)

+❤️ HeartMath.



changing. This naturally occurring beat-to-beat variation in heart rate is called **heart rate variability (HRV)**.



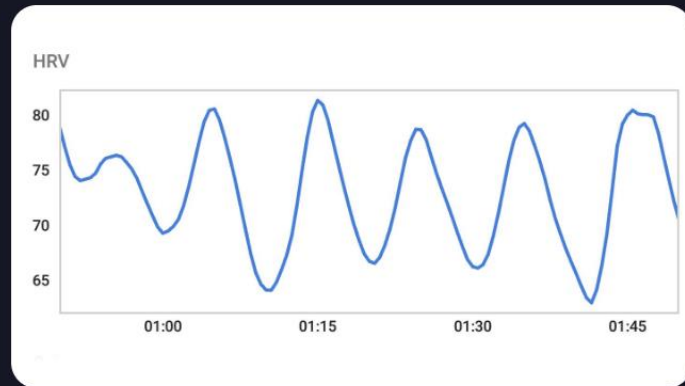
Heart rate variability is a measure of the beat-to-beat changes in heart rate. This diagram shows three heartbeats recorded on an electrocardiogram (ECG). Note that variation in the time interval between consecutive heartbeats, giving a different heart rate (in

Frustration

Appreciation



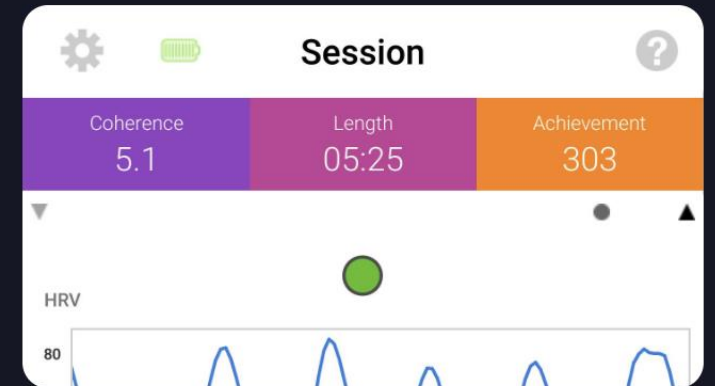
Changing Heart Rhythms — Changes Feelings



Observe your heart rhythm



Use scientifically validated



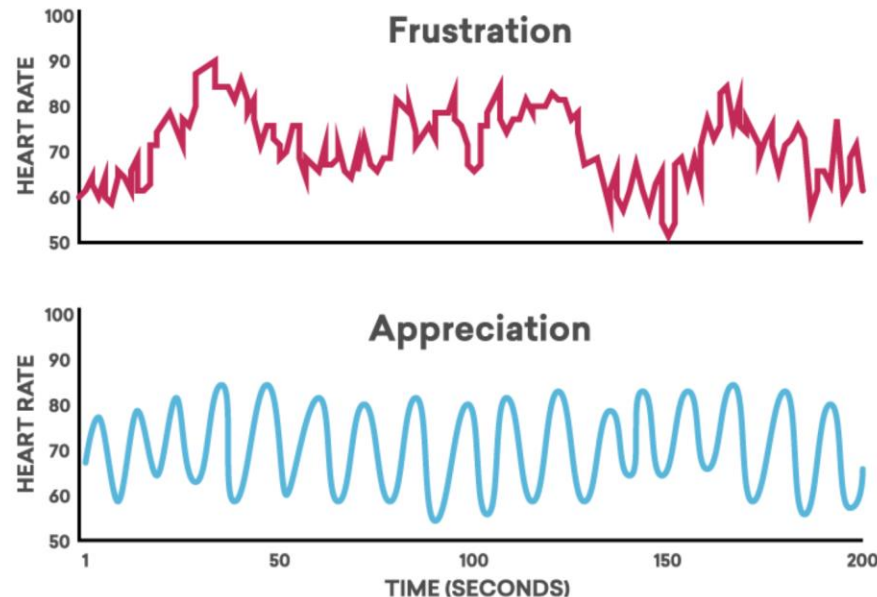
Real-time Coherence feedback

MINDBODY

-cannot separate “mindbody”

-it is *incorrect, ignorant & outdated* to separate medicine into physical & mental

-think of the VAGUS nerve, MI/depression, abandonment/addiction



Think about:
Somatic Therapies
For Trauma

<https://www.heartmath.com/science/>

Benefits of HRV Biofeedback & Cardiac Coherence



Reduce Stress



Improve Sleep



Restore Energy



Balance Emotions

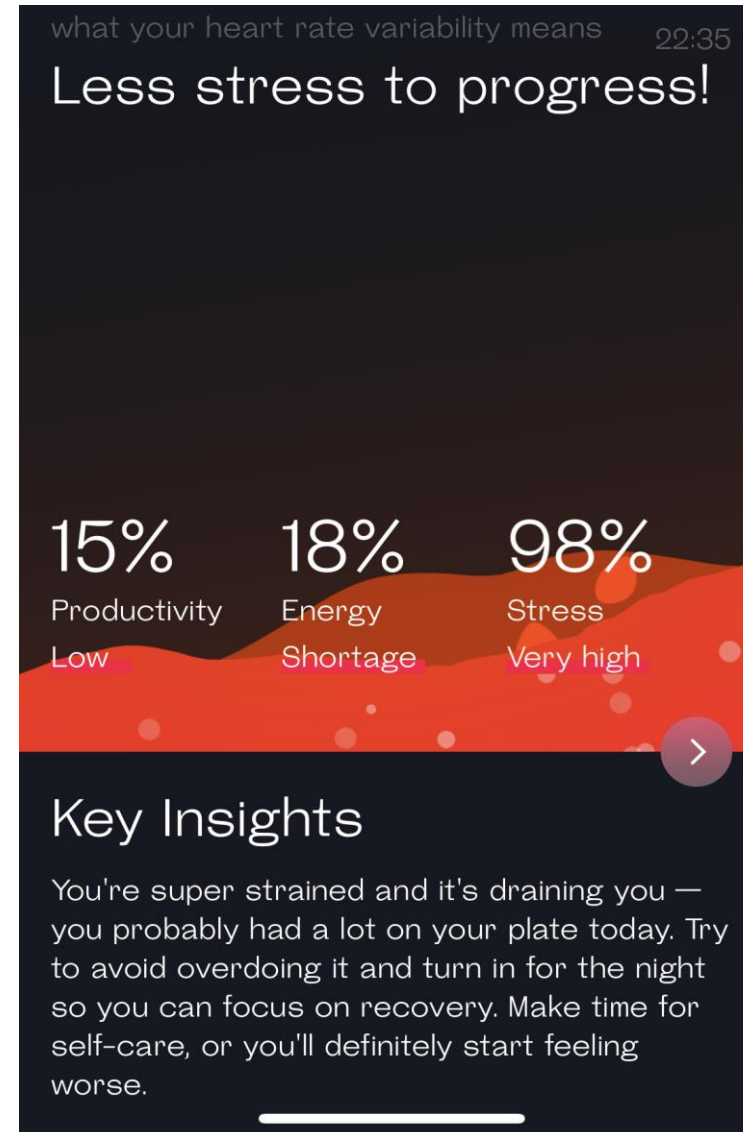
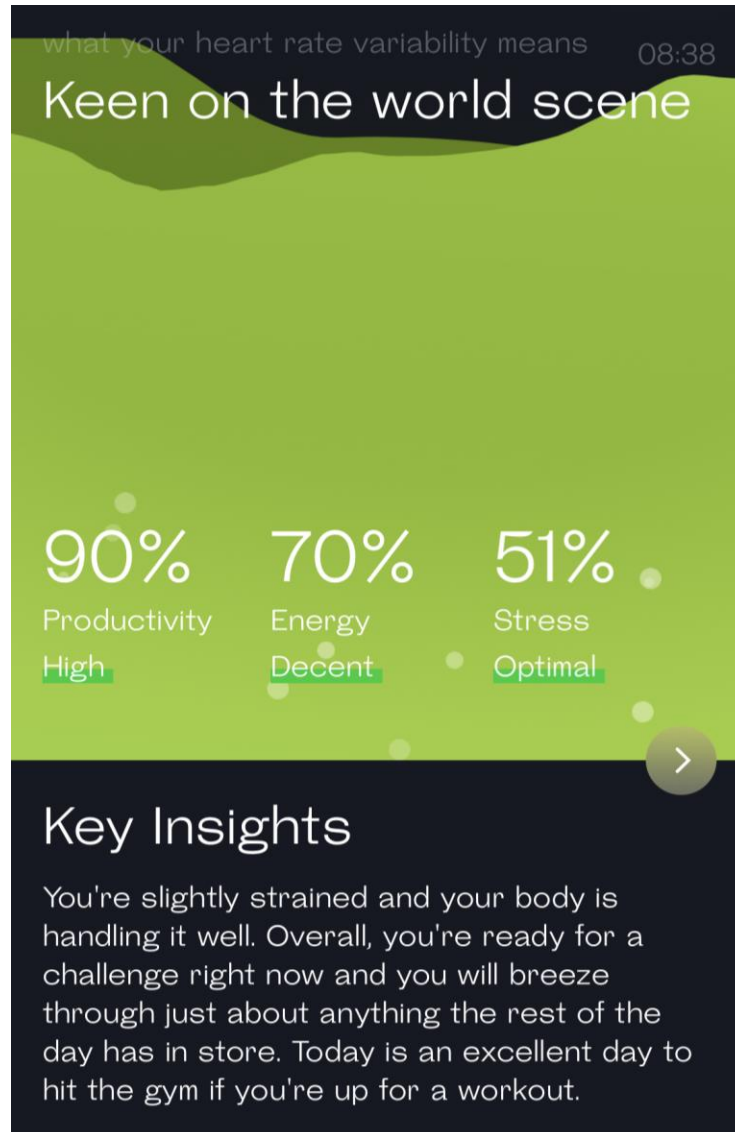


Increase Focus



Tap into your Intuition

Monitor HRV (Welltory App™)

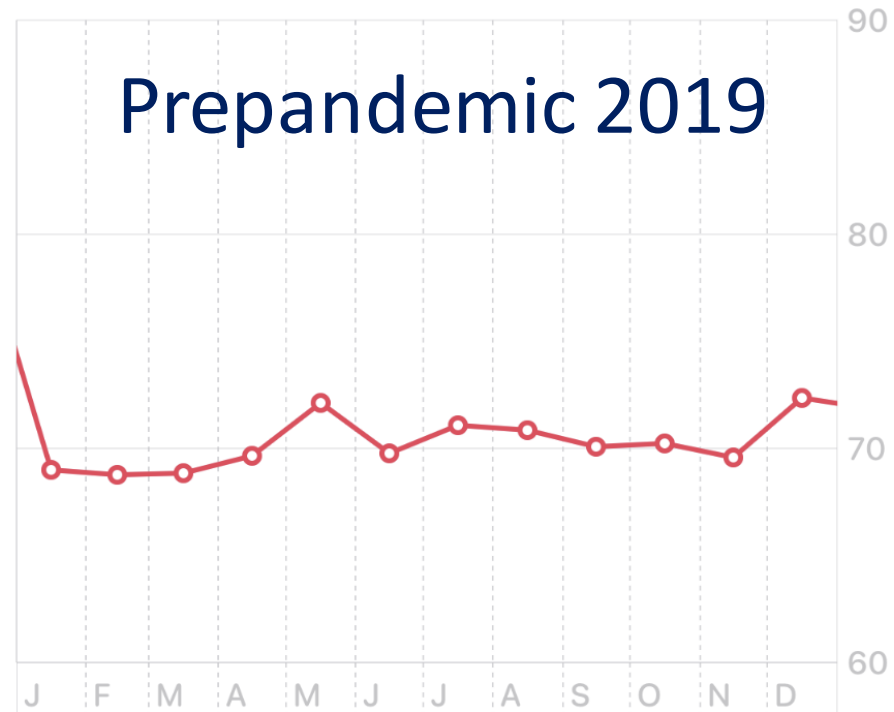


2. Track Resting HR & HRV (AppleHealth™, HeartWatch™ App)

AVERAGE

70 BPM

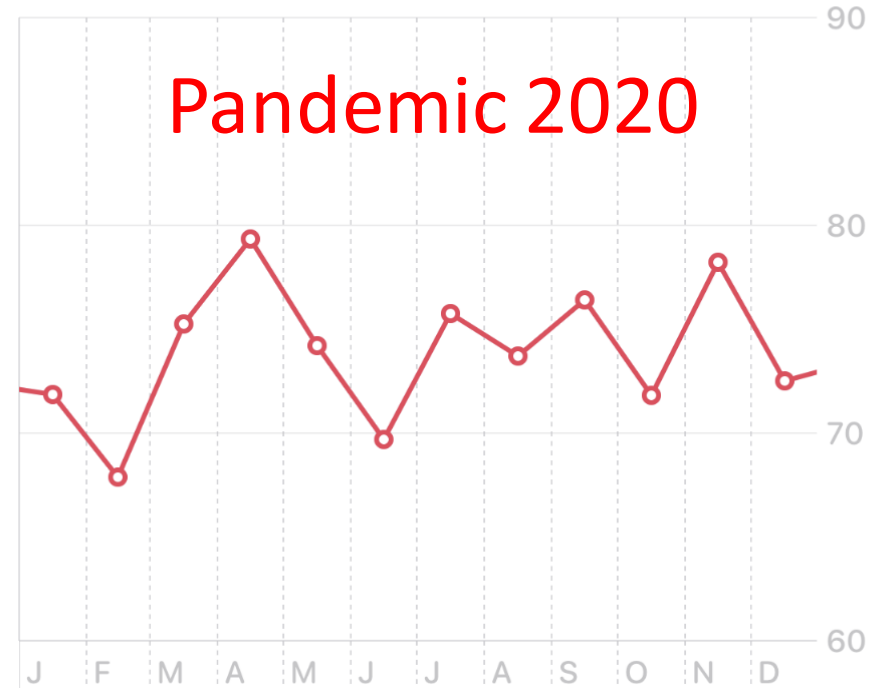
2019



AVERAGE

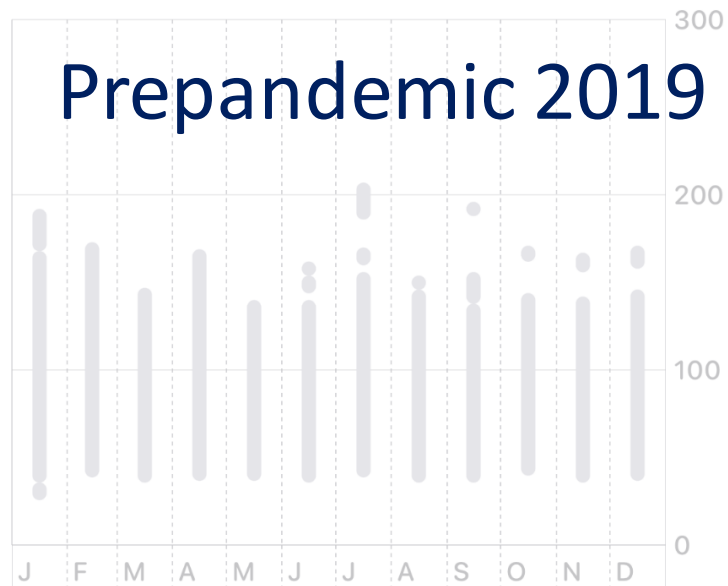
74 BPM

2020

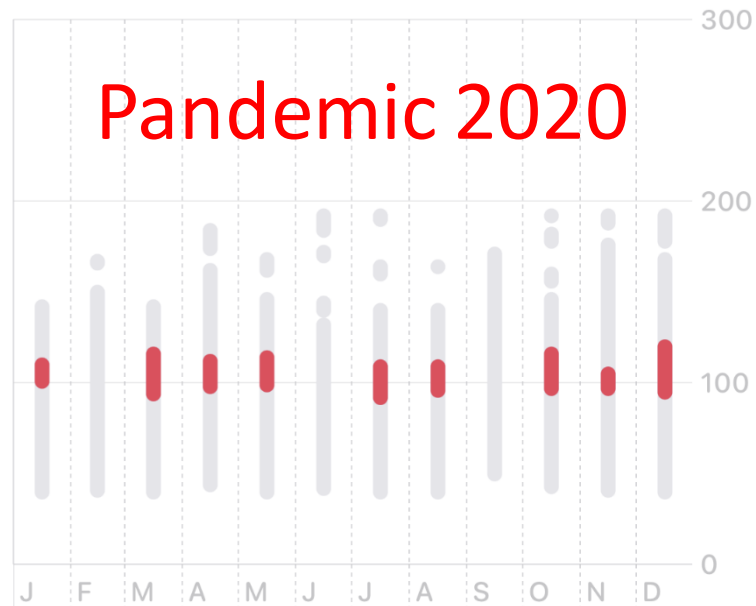


3. High HR Warnings

RANGE
30–203 BPM
2019



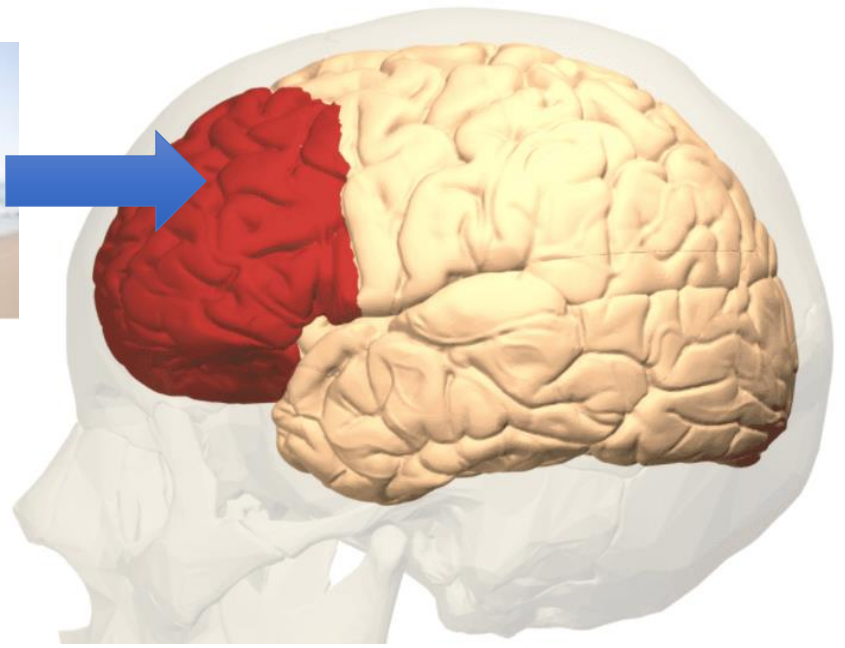
RANGE
40–192 BPM
2020



RANGE
40–165 BPM
2023



4. Biofeedback EEG

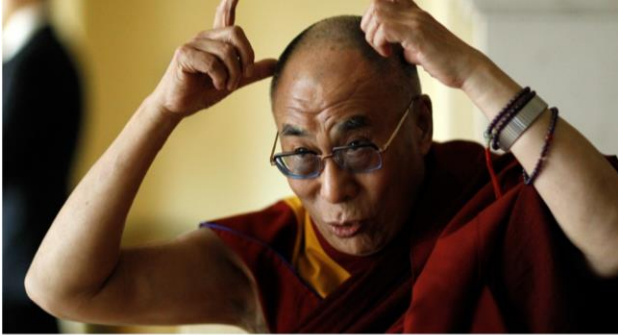


“I’m shrinking my amygdala”

-patient with PTSD



Meditation Changes your Brain



- 34,000 hrs mental training
- State: love and compassion permeate the whole mind, no other considerations or thoughts
- **High-amplitude gamma-oscillations, indicative of plasticity**, more capable of change, resilience
- Compassion state: involves the body in a major way
- **Better immune response** to flu vaccine (after 8 week pgm)



- Notes: www.theatlantic.com/health/archive/2015/07/dalai-lama-neuroscience-compassion/397706/
- Top Image <https://www.bbc.com/news/world-us-canada-12661646>
- Bottom Image <https://www.lionsroar.com/how-meditation-changes-your-brain-and-your-life/>

Top Performers Meditate

1 Jeff Weiner, CEO of LinkedIn



David Paul Morris/Getty Images

3 Marc Benioff, Chairman and CEO of Salesforce



Early White/Getty Images

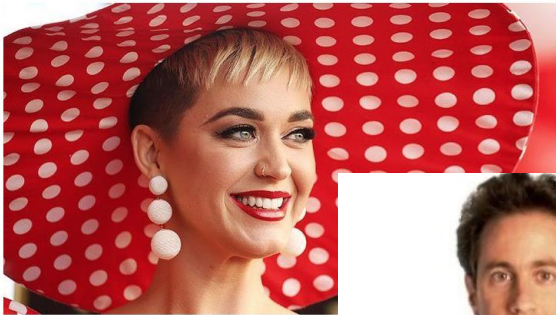
4 Arianna Huffington, Cofounder of Huffington Post and Thrive Global



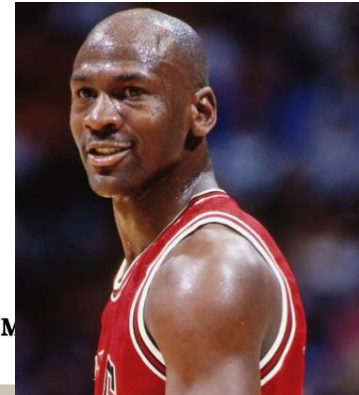
Mike Pond/Getty Images



6 Katy Perry, Singer and TV Personality



Michael Tran/Getty Images



M

Jason LaVeris/C



tney, Singer-Songwriter



Valerie Macon/Getty Images



Kevin Mazur/Getty Images


Help For Your Meditation Practice

Biofeedback to Help Sleep & Mood



[How It Works](#) [Benefits](#) [Science](#) [App](#) [Press + Reviews](#)


[Q](#) [A](#) [US Store](#)



A calmer, more relaxed version of you awaits

Discover how to let go of worries, tension & anxious thoughts in just a few minutes a day.

[Get Started](#)



Muse™ Biofeedback Headband

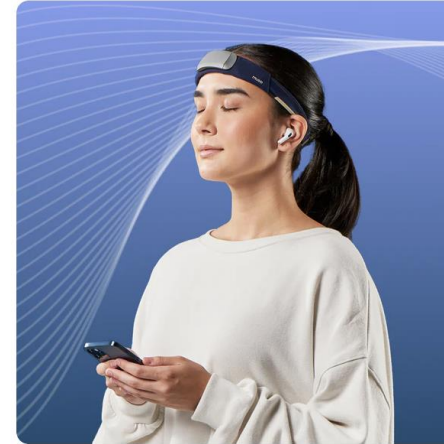


“More Calm.
Sharper Focus.
Better Sleep”



Step 1

Put on your Muse and select a meditation. Muse's sensors will passively measure your brain activity, heart rate, breath, and body movement.



Step 2

Muse gives you real-time audio feedback so you can hear what's happening in your mind. When you're calm & settled, you'll hear peaceful weather.



Step 3

As your mind wanders and your focus starts to drift, you'll hear stormy weather cueing you to bring your attention back to your breath.

Backed by Research

[View Research →](#)



Muse Headband



Life Without Muse

- ❌ Struggling to meditate
- ❌ Don't know if you're doing it right
- ❌ Can't measure results
- ❌ Inconsistent meditation routines



Life With Muse

- ✅ Meditate with ease
- ✅ Better able to handle stress*
- ✅ Better focus and clarity*
- ✅ Feeling calmer and more relaxed*
- ✅ Better emotional regulation*
- ✅ 20% better sleep quality**
- ✅ Track progress in real time
- ✅ Consistent meditation routine

(Consumer Feedback)

Measure and Improve Your Sleep



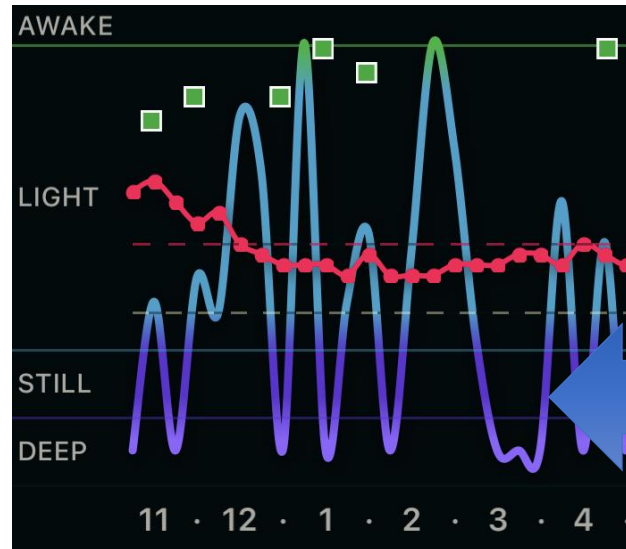
Track and Improve Meditation Practice



5. Monitor Sleep

Autosleep App

Burnout-insomnia correlation is strong



Alcohol: 1 standard drink...

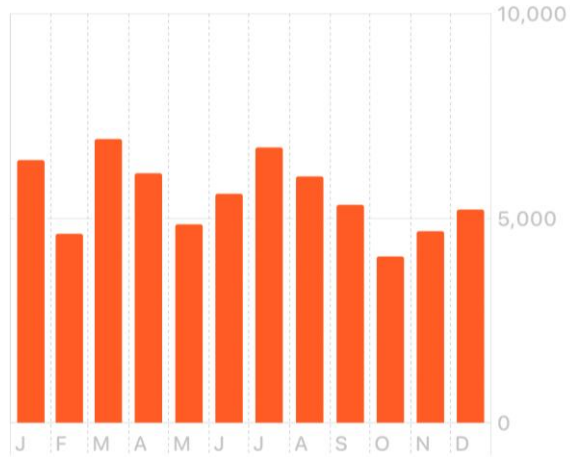
- reduces sleep duration
- reduces deep sleep
- reduces restorative sleep



6. Track Activity & Be Active!

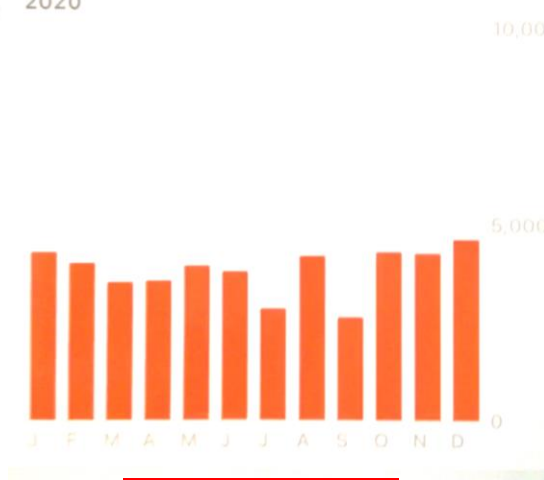


DAILY AVERAGE
5,562 steps
2019



2019

DAILY AVERAGE
3,832 steps
2020



2020



Finding Stillness

Use the relaxation response

- Breathing
- Mindfulness
- Meditation
- Yoga Nidra



Bonus: Yoga Nidra

- yogic “sleep”
- Deep sleep state (delta wave) with consciousness retained

Health Benefits

- Blood pressure
- Heart rate variability
- Hormone irregularities in women
- Blood glucose levels (fewer fluctuations)
- PTSD

How ‘Yoga Nidra’ Works

04/14/2017 11:58 am ET | Updated Apr 14, 2017

Why “yogic sleep” class is bringing veterans and CEOs to the mat

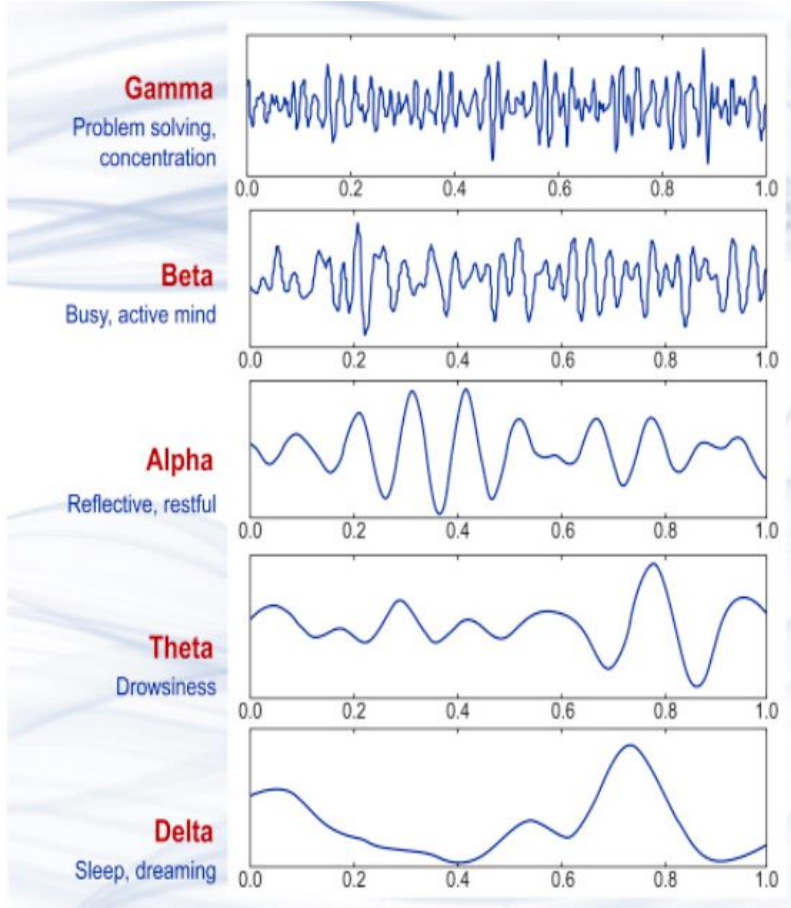


How Yoga Nidra Works, “why “yogic sleep” class is bringing veterans and CEOs to the mat; HuffPost, Emily Hill, 04/14/2017 updated Apr14,2017.

Retrieved from: https://www.huffpost.com/entry/how-yoga-nidra-works_b_58efcea5e4b048372700d692

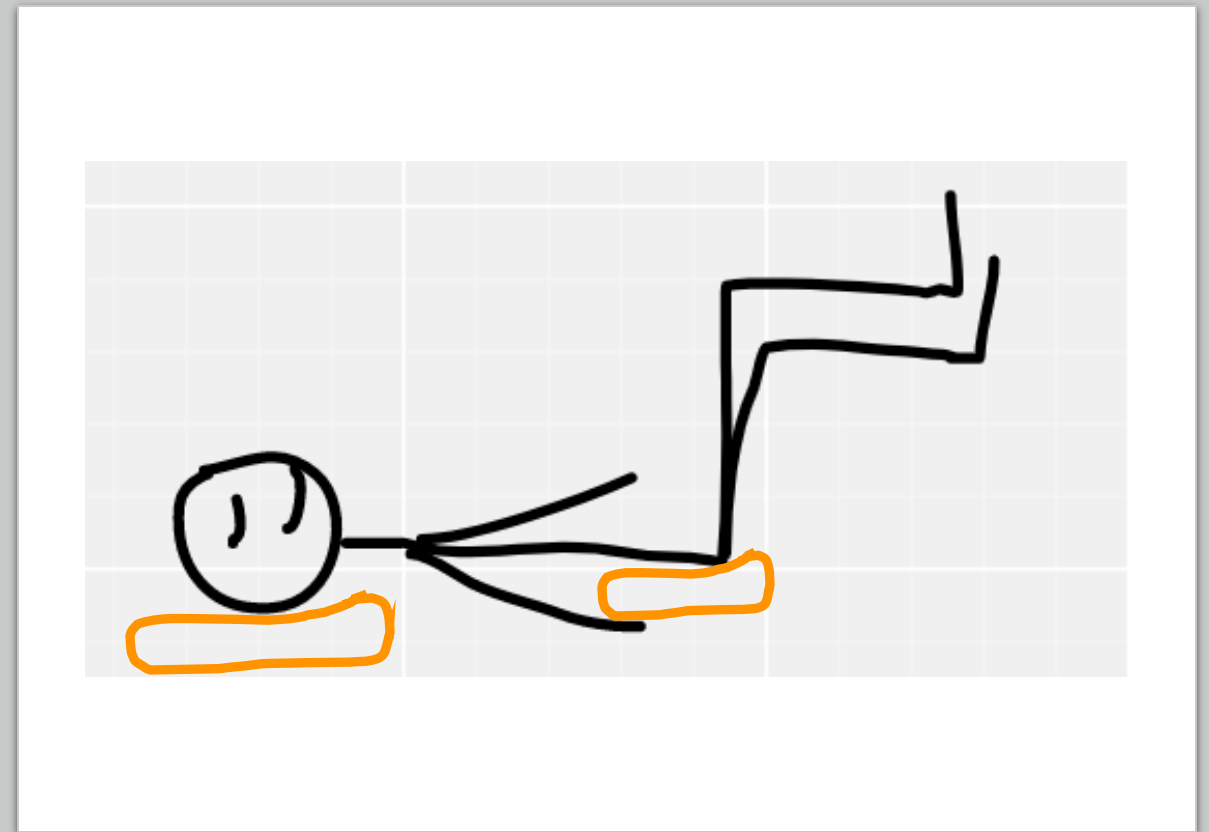
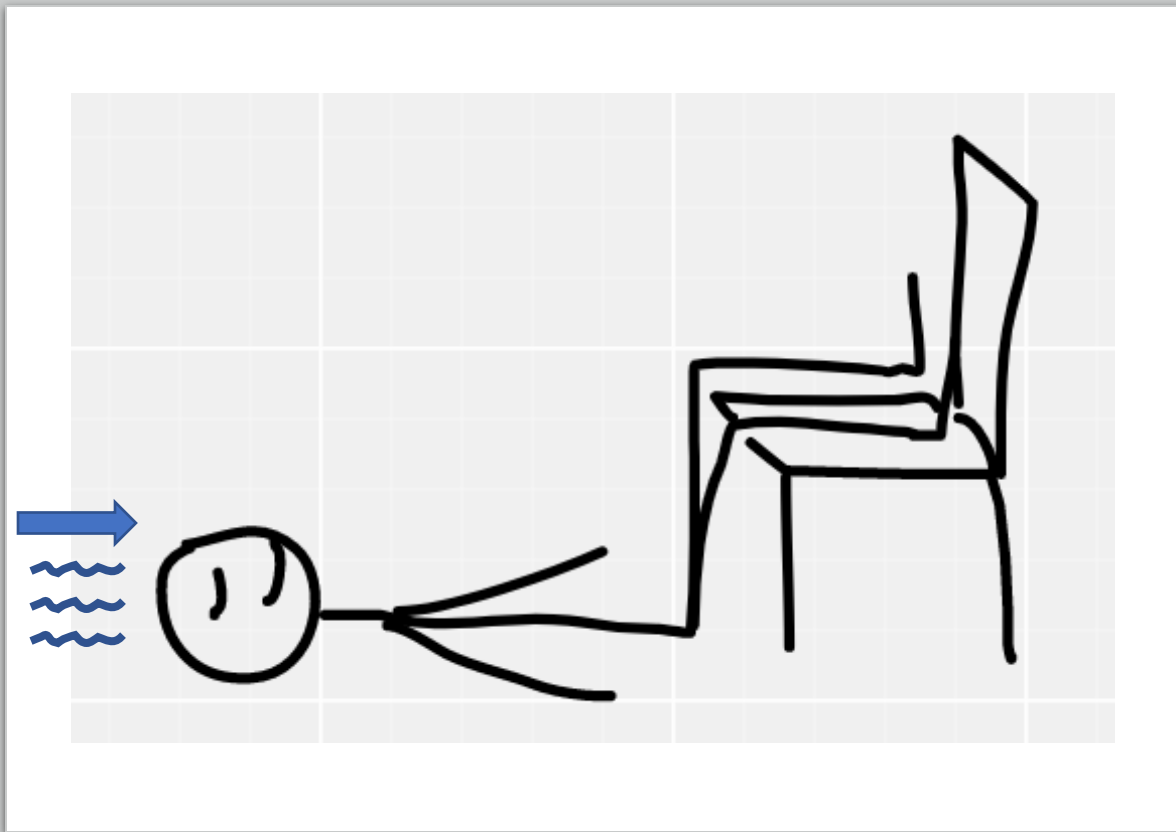
PHOTO / YOGA MUDRA

Delta Non-REM Sleep



Frequency band	Frequency	Brain states
Gamma (γ)	>35 Hz	Concentration
Beta (β)	12–35 Hz	Anxiety dominant, active, external attention, relaxed
Alpha (α)	8–12 Hz	Very relaxed, passive attention
Theta (θ)	4–8 Hz	Deeply relaxed, inward focused
Delta (δ)	0.5–4 Hz	Sleep

Helpful Position for Yoga Nidra

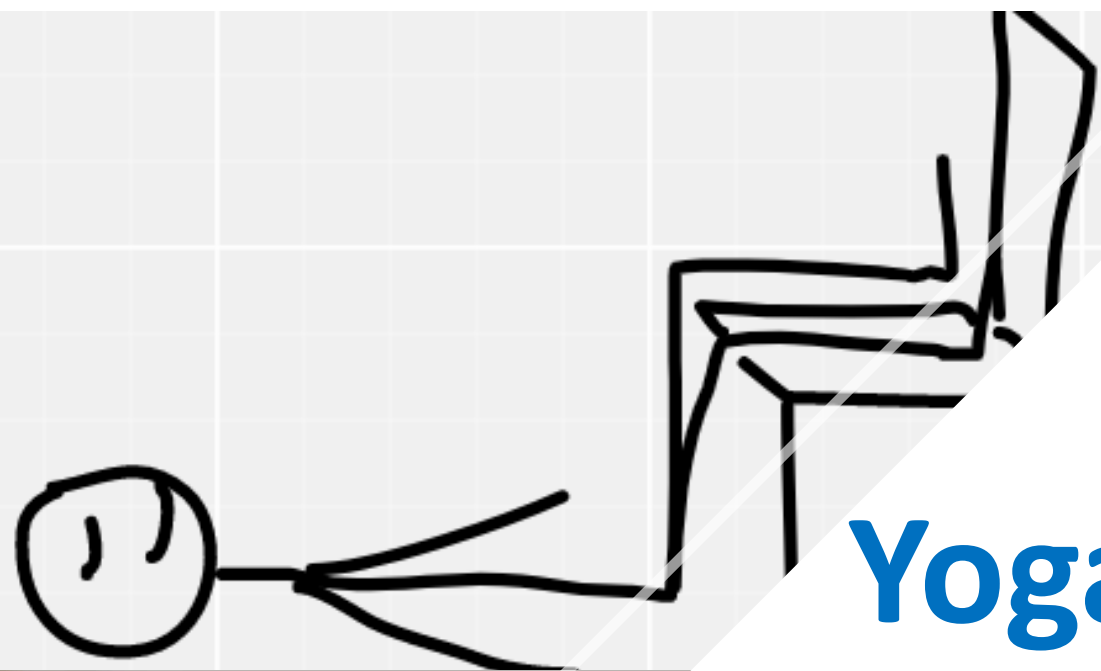


Yoga Nidra for Insomnia

- Improvement in sleep quality
- Improvement in insomnia
- Reduced depression, anxiety, stress

Short practice can feel like several hours of restorative sleep!





Yoga Nidra

With

Dr. Marcia Kostenuik

MD FCFP BSc RYT



Free Yoga Nidra Recording



drkostenuik.com

Free Practices & Resources

drkostenuik.com

MDStressReduction.com

(Visit the Menu/More tab for resources)

- Medical Psychotherapist
- Teacher
- Speaker
- Personal Coach



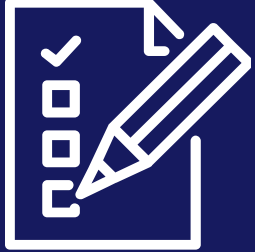
@drkostenuik



Content material from courses, training, research articles, experts, clinical experience, personal experience

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
Management of Chronic Insomnia	https://tools.cep.health/wp-content/uploads/2021/07/CEP_Management_of_Chronic_Insomnia_2017.pdf
Sink Into Sleep by Judith Davidson	
Say Goodnight to Insomnia by Gregg Jacobs	
The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need by Stephanie Silberman, Charles Morin	
Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach Workbook by Jack D. Edinger, Colleen E. Carney	
Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain by Colleen E. Carney, Rachel Manber	
Approach to Insomnia in the Eldery: Practice Considerations in Primary Care for Complex Patients	https://static1.squarespace.com/static/63599251a953f80dd1922762/t/636e7473a73f5a7a03585610/1668183156522/Chun+Insomnia+in+the+Elderly+Formatted.pdf
Deprescribing Algorithms	https://www.deprescribingnetwork.ca/algorithms

Access more **mental health** tools and resources through the OCFP's [Clinical Tools & Resources repository](#).



Mental Health

[Access Tools & Resources](#)

Resources

Education



Links to resources shared today will be sent to participants following the session.

Join the Practising Well Community of Practice Scientific Planning Committee

As an active member of the Community of Practice, we would like to invite you to become a member of the Scientific Planning Committee.

We are looking for:

- Comprehensive and focused practice FPs from outside of GTA
- Individuals familiar with EDI practices preferred



For more information or to express your interest, please contact us at practisingwell@ocfp.on.ca or the following link (QR Code available on the left as well) to fill out a short survey:

<https://www.surveymonkey.com/r/3ZRN82M>

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 38 Mainpro+ credits.



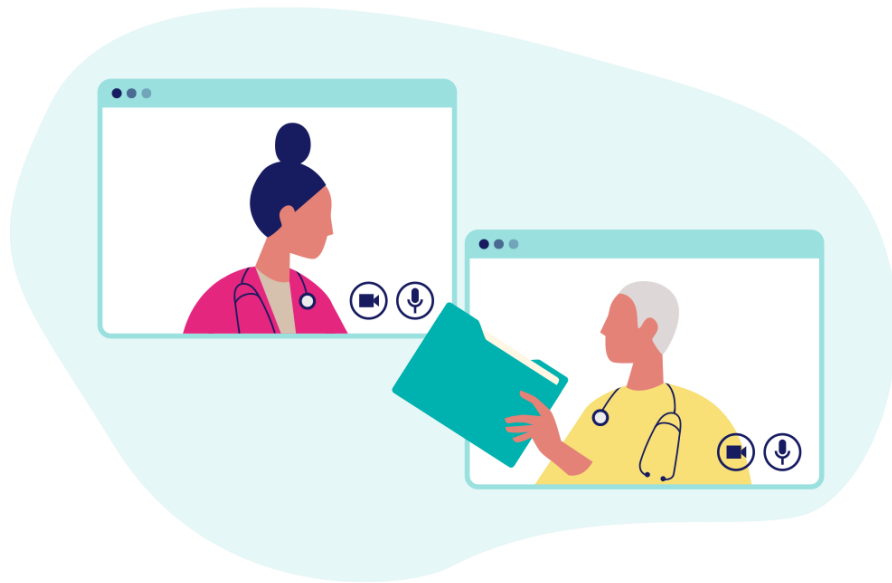
For more information and to participate:

<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/practising-well-community-of-practice/practising-well-cop-self-learning-program>

After today's CoP session, continue your learning with:

Peer Connect

Interested in continuing your learning journey on insomnia? **Join your colleagues and a Peer Guide in small group discussions!** Space is limited.



Complete this short survey to participate:
<https://www.surveymonkey.com/r/2FPXQF6>



Ontario College of
Family Physicians



Leadership Academy

INFORMATIONAL WEBINAR

AUGUST 24

12:30 - 1:00 pm

LEAD

Developed in partnership with

Rotman



Ontario College of
Family Physicians

FMS 2024

FAMILY MEDICINE SUMMIT

Driving Real Change for Family Doctors Today

Call For Abstracts Now Open!

We welcome abstracts on a broad spectrum of health topics relevant to family medicine.



Learn more & submit a proposal:
<https://www.ontariofamilyphysicians.ca/FMS2024>



Questions? Contact us at fms@ocfp.on.ca



Submission deadline: September 22, 2023



Want to
speak at
FMS
2024?

Have an idea
for a session?



Counselling and Psychotherapy in Family Medicine: A Five Weekend Learning Program

Counselling and Psychotherapy in Family Medicine is accepting applications for September 2023. Learn how to integrate counselling and psychotherapy into your own practice through interactive, small group learning.

Designed for family physicians, this intensive program introduces approaches and techniques to provide effective office counselling and psychotherapy for individuals, couples, and families.

Program Dates:

- September 29-October 1, 2023
- November 17-19, 2023
- January 19-21, 2024
- March 1-3, 2024
- May 3-5, 2024

[Register Now](#)



Family & Community Medicine
UNIVERSITY OF TORONTO

Resources

Supports



Links to resources shared today will be sent to participants following the session.

Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

Helping patients manage cannabis dependencies
with Drs. Claudette Chase, Meldon Kahan, Suzanne Turner

September 27, 2023
7:00pm – 8:00pm

[Register Now](#)

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.