

Training Canadian Military Medical Technicians to Provide Minimal Contact Support for Low Intensity CBT

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Introduction

Collaborating with the Canadian Armed Forces (CAF), a 15-day training programme was developed to equip military Medical Technicians with competencies to provide Minimal Contact Support (MCS) for Low-Intensity Cognitive Behavioural Therapy (LiCBT).

Training prioritised Minimal Contact over Guided support to meet operational demands of military settings and provide scalable, flexible psychological support in high-pressure and resource-limited environments.

Training military Medical Technicians seeks to enhance access to mental healthcare, prevent escalation of psychological difficulties, and promotes resilience across the CAF.

Development supports CAF strategic goal of enhancing mental healthcare through early, evidence-based interventions.

Training Programme Structure



Key features

- Blended learning combining online modules, live competency development, problem-based learning, reflective tasks, group discussion and practical workshops.
- Competency based focus on clinical skills in assessment, here and now formulation, and MCS tailored for military environments.
- Emphasis on flexibility and scalability to address operational constraints in resource-limited, high-pressure settings.
- Integration within the CAF stepped-care mental health model to ensure alignment with existing care pathways.
- Training contextualized with Canadian clinical guidance, roleplay scenarios relevant to CAF life, and informed by the Armed Forces Positive Practice Guide (Bacon, Farrand & Collins, 2022).
- Continuous supervision and evaluation to maintain fidelity to LiCBT principles and support trainee development.

Evaluation

Ten trainee Medical Technicians from four CAF bases across different time zones completed Likert based questionnaire (5=strongly agree, 1=strongly disagree) to evaluate training.

Appropriate level of challenge	★★★★★	4.7
Usefulness and accessibility of materials	★★★★★	4.6
Appropriateness of experiential learning quantity	★★★★★	4
Effectiveness of online approach	★★★★★	4.4
Training met expectations	★★★★★	4.6
Teaching was relevant, interesting and engaging	★★★★★	4.7
Improved competency in delivering LiCBT interventions	★★★★★	4.8
Improved competency in LiCBT assessment	★★★★★	4.8
Overall satisfaction	★★★★★	4.3

I feel prepared to initiate this type of treatment.

All great content. Just unsure of its suitability for the CAF since we do not have this scope of practice yet.

The teaching was extremely high-quality and very engaging. I had never heard of the concept of LiCBT and was amazed by everything I learned.

It was amazing to see everything we learned put together in a real appointment with a patient.

Discussion

- Training represents a key step towards developing a sustainable cadre of CAF personnel skilled in supporting LiCBT.
- LiCBT MCS training viewed by CAF as integral to strengthening its stepped-care service delivery model to ensure timely, effective support for serving personnel.
- CAF implementation challenges regarding best workforce to support LiCBT, with current consideration given to serving mental health nurses.
- Embedding LiCBT into military practice presents logistical and cultural challenges, including clearly defining role clinical competencies within scope of practice.
- Interest to develop supervisory roles to support continuity and capacity building.

Recommendations for Future Delivery

- Consider Microsoft Teams limitations and firewall issues hindering access to recorded materials in military settings.
- Implement regional group training support to overcome time zone barriers and strengthen group cohesion.
- Extend Week 2 Low-intensity interventions training to provide more time for trainees to understand interventions to inform competency development in MCS.



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