

# IPT Engagement Series: Phobias & Fear

## SESSION SUMMARY REPORT

DATE	FORMAT	RESPONDENTS	AUDIENCE
March 11, 2026	Zoom	51 Evaluations	FPs & Nurse Practitioners

Did you miss the event? Click [here](#) to view the PowerPoint.

100%

Would attend another  
IPT Engagement Session

98%

Would recommend  
this session to a colleague

100%

Rated session  
4–5 out of 5 for value

## Session Overview

The IPT Engagement Series provides Vancouver PCN allied health practitioners with a platform to showcase their work; supporting knowledge sharing, cross-disciplinary learning, and stronger connections across primary care.

This session focused on **phobias and anxiety**, including DSM-5 diagnostic criteria, types of specific phobias, and clinical presentation. It highlighted the PCN counselling approach, including referral criteria, a structured 6–8 session model, and the use of mindfulness-based CBT and exposure therapy. Attendees also gained insight into the role of PCN clinical counsellors and how these services support patients in building tolerance to anxiety and reducing avoidance behaviours.

### WHAT WAS COVERED

## Key Content Areas

### Understanding Phobias (DSM-5 Criteria)

Overview of diagnostic criteria, including disproportionate fear response, avoidance behaviours, & functional impairment lasting 6+ months.

### Types of Specific Phobias

Animal, environmental, blood-injection-injury, situational, and other categories, with examples relevant to primary care..

### PCN Referral Criteria & Program Fit

Eligibility for short-term counselling (6–8 sessions), including functional engagement requirements and exclusion criteria (e.g., active psychosis, duplication of services).

### Mindfulness-Based CBT (MB-CBT) Approach

BMI alone does not determine risk. Malnutrition can occur at any body size. Weight bias in healthcare can reduce care quality; BMI <16 is used as a safety cutoff in Vancouver PCN.

### Exposure Therapy in Practice

An 8-session therapeutic model using ACT-based interventions — from engagement and stabilization through values-based behaviour change to skill consolidation.

### Structured 6–8 Session Treatment Model

Progression from assessment and psychoeducation to mindfulness training, exposure, and maintenance planning.

# Key Highlights

## Case-Based Learning Was a Major Strength

Two detailed case studies (social/gym anxiety and driving/flying phobias) helped illustrate real-world application of counselling approaches and exposure therapy.

## Clear View of Counsellor Role & Treatment Process

Participants valued understanding what happens across sessions, including assessment, goal setting, and progression through treatment.

## Practical Tools & Techniques

Attendees appreciated learning strategies such as exposure hierarchies, mindfulness techniques, & patient education approaches.

## Increased Awareness of PCN Services

Session improved understanding of how and when to refer patients and what support clients receive through PCN counselling.

### PARTICIPANT EVALUATION

## Session Ratings

Based on 59 survey responses (scale of 1–5). Percentages reflect participants who scored 4 or 5.

**Overall session value**  **88%**

53% rated "Extremely Valuable" (5/5) · 43% rated 4/5

**Ability to apply knowledge going forward**  **96%**

51% rated 5/5 · 45% rated 4/5

**IPT Series objectives met**  **94%**

59% rated 5/5 · 35% rated 4/5

80%

Family Physicians

20%

Nurse Practitioners

100%

Would attend a future IPT Engagement session

### WHAT PARTICIPANTS SAID

## Selected Feedback

"Gave me a good understanding of how I can counsel patients and what to expect from PCN services."

"I loved this format and learning about all these useful services! "

"The case studies were valuable in displaying how the counsellors work along with patients. Los of allotted time for Q&A."

"The didactic care based learning format works for me."

"Breakdown of how sessions are used and goal setting/progression"

NEXT SESSION: April 8th, 2026

A PCN Approach Diabetes - click [here](#) to register!

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