

Phobia Programme

This programme from SilverCloud® by Amwell® is designed for individuals living with symptoms of phobia. The programme aims to relieve psychological distress arising from phobias by:

- Focusing on developing more flexible ways of thinking
- Increasing awareness and understanding of emotions
- Increasing understanding of the role of avoidance in phobia

Therapeutic concepts

Psychoeducation

The Cognitive Behaviour Therapy (CBT) cycle is introduced in relation to anxiety.^{1, 2} Goal setting, recognising a setback and developing a relapse plan are illustrated throughout the programme.

Behavioural techniques

Adjunctive behaviour strategies are used to tackle avoidance and encourage gradual exposure to feared situations, thoughts or feelings. In line with emotional processing theory, old anxiety-provoking associations are 'overruled' and replaced with new, more neutral experiences.³



Cognitive techniques

Users are encouraged to challenge and restructure negative beliefs by gathering evidence to evaluate and support these thoughts. Unrealistic beliefs are then disputed and recommendations for alternative more efficient thoughts are made.⁴

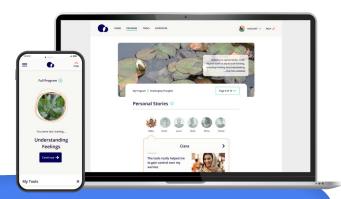
Relaxation & mindfulness

These simple and effective exercises can be helpful to ground or relax the user and increase the effectiveness of their treatment.⁵

How it works

The structure and content of the *Phobia* programme follow the evidence-based principles of CBT, guiding users to reframe thinking patterns and build coping skills.4

In keeping with the principles of CBT, which endorse a structured outline and a goal-oriented focus, each module contains phobia-specific information, interactive activities, homework suggestions and personal stories.6



The programme is available 24/7, allowing users to access the content at a time and place that suits them. It can be accessed using a phone, tablet or computer and can be tailored to suit the needs of the individual.

Summary of programme modules:

- **Getting Started** The user is introduced to CBT and explores how it can help understand phobia. Two key tools of the programme - the Mood Monitor and the CBT Cycle – are also introduced.
- **Understanding Phobia** Helps the user to better understand their phobia, exploring how to use CBT to manage their symptoms.
- Noticing Feelings Focusing on the emotions and physical sensations of phobia and the CBT cycle, the user can begin to build their own CBT cycles and track the impact of their lifestyle choices on their low mood.
- Facing Your Fears Uses the CBT technique 'graded exposure' to help the user break down fears into small steps in order to face them.
- **Spotting Thoughts** The user is introduced to thinking traps and is encouraged to identify their unhelpful thoughts, allowing the user to further build their CBT cycle.
- Challenging Thoughts Helps the user to learn techniques to tackle thinking traps and identify alternative ways of thinking.
- Bringing It All Together Prepares the user for coming to the end of the programme and focuses on helping them stay well in the future.

Additional module:

Managing Worry Focusing on the difference between practical and hypothetical worry, the user can learn new ways to understand and manage their own worries.

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- 2. Rummel-Kluge, C., Pitschel-Walz, G., & Kissling, W. (2009). Psychoeducation in anxiety disorders: results of a survey of all psychiatric institutions in Germany, Austria and Switzerland.
- 3. Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: exposure to corrective information. Psychological bulletin, 99(1), 20.
- 4. Beck, J. S., & Beck, A. T. (2011). Cognitive behavior therapy. New York: Basics and beyond. Guilford Publication.
- 5. Miller, I. I., Fletcher, K., & Kabat-Zinn, I. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. General hospital psychiatry, 17(3), 192-200.
- 6. Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. Current Psychiatry, 5(8), 26.

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