

# Generalised Anxiety Disorder (GAD) Programme

This programme from SilverCloud® by Amwell® is designed for individuals living with symptoms of generalised anxiety disorder (GAD). The programme aims to relieve symptoms by:

- Increasing understanding of emotions and the role of worry in GAD
- Focusing on developing more flexible ways of thinking
- Focusing on problem-solving strategies to cope more effectively with worry

This programme aligns with NICE guideline CG113.<sup>1</sup>

## Therapeutic concepts

### Psychoeducation

The Cognitive Behavioural Therapy (CBT) cycle is introduced in relation to anxiety.<sup>2,3</sup> 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.<sup>4</sup>

### 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.<sup>5</sup>

### Relaxation & mindfulness

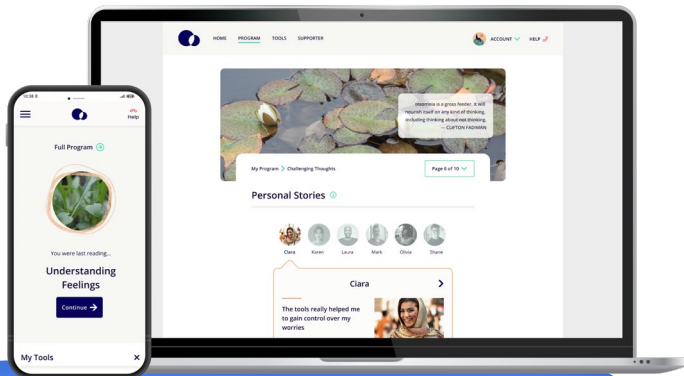
These exercises are simple and effective and can be helpful to ground or relax the user.<sup>6</sup>



## How it works

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

In keeping with the principles of CBT, which endorse a structured outline and a goal-oriented focus, each module contains GAD-specific information, interactive activities, homework suggestions and personal stories.<sup>7</sup>



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 GAD. Two key tools of the programme – the Mood Monitor and the CBT Cycle – are also introduced.
- **Understanding GAD** Helps the user to better understand their GAD and explore how to use CBT to manage their symptoms.
- **Noticing Feelings** Focusing on the emotions and physical sensations of GAD and the CBT cycle, the user can begin to build their own CBT cycles and track the impact of their lifestyle choices on their mood.
- **Managing Worry** Focusing on the difference between practical and hypothetical worry, the user can learn new ways to understand and manage their worries.
- **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 learn techniques to tackle thinking traps that are common in anxiety, and to 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:

- **Facing Your Fears** Uses the CBT technique 'graded exposure' to help the user break down fears into small steps in order to face them.

### References:

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3. 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. *Psychiatry Research*, 169(2), 180-182.
4. Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: exposure to corrective information. *Psychological bulletin*, 99(1), 20.
5. Beck, J. S., & Beck, A. T. (2011). *Cognitive behavior therapy*. New York: Basics and beyond. Guilford Publication.
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7. Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. *Current Psychiatry*, 5(8), 26.

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