

Depression & Anxiety Programme for Chronic Heart Conditions

Please note: NHS Lanarkshire Psychological Services is proud to be able to offer an updated version of this program: the description below is based on an older version and will be updated soon. In general, though, it offers a workable explanation of the course.

This programme from SilverCloud® by Amwell® is designed for individuals living with Coronary Heart Disease (CHD) who are experiencing comorbid symptoms of depression and anxiety. The programme aims to relieve these symptoms by:

- Focusing on developing more flexible ways of thinking
- Increasing awareness and understanding of emotions
- Increasing activity and motivation in daily life, while considering the limitations that can occur when living with Coronary Heart Disease (CHD)

Therapeutic concepts

Thoughts, Feelings and Behaviour (TFB) cycle

The programme provides interactive education on the principles of Cognitive Behavioural Therapy (CBT). Users increase self-awareness by monitoring the interaction between their emotions, thoughts, behaviour and physical symptoms.¹

Behavioural activation

Behavioural activation has been shown to be an effective treatment for depression.² Users are guided to use activity scheduling to make small, sustainable changes to their behaviour.

Cognitive restructuring

Users are guided to notice their thoughts and challenge any distorted or negative thinking styles that are impacting their mood, physical symptoms and behaviour. Cognitive restructuring has been shown to be effective in a variety of mental health disorders.³

Graded exposure

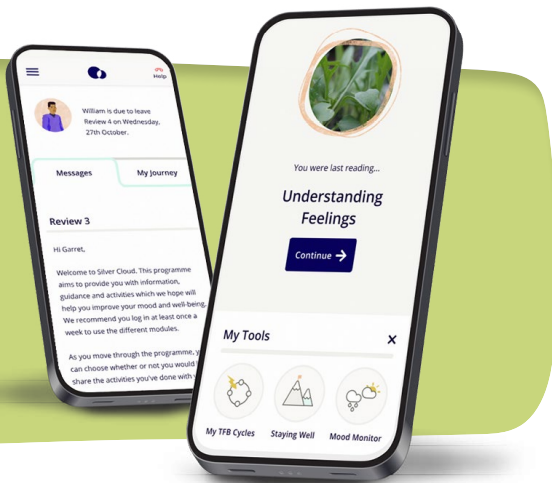
Adjunctive behaviour strategies are used to tackle avoidance and encourage gradual exposure to feared situations, thoughts or feelings. In line with emotional processing theory, old anxiety-provoking associations are 'overruled' and replaced with new, more neutral experiences.⁴



How it works

The structure and content of the *Depression & Anxiety Programme for CHD* follows the evidence-based principles of CBT, guiding users to reframe thinking patterns and build coping skills.⁵

In keeping with the principles of CBT, which endorse a structured outline and a goal-oriented focus, each module contains CHD-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 how the Thoughts, Feelings, Behaviour (TFB) cycle can help them understand depression and anxiety in CHD.
- **Understanding Feelings** Focusing on the feelings component of the TFB cycle, the user can begin to build their own TFB cycles and track the impact of their lifestyle choices on their mood.
- **Boosting Behaviour** Introduces the cycle of inactivity and its role in maintaining depression and anxiety. Helps the user identify ways to motivate engagement in activities that provide a sense of achievement.
- **Spotting Thoughts** The user is introduced to thinking traps and is encouraged to examine the outcomes of TFB cycles.
- **Challenging Thoughts** Helps the user to learn techniques to tackle thinking traps and identify alternative ways of thinking.
- **Facing Your Fears** Uses the CBT technique 'graded exposure' to help the user break down fears into small steps in order to face them.
- **Managing Worry** Differentiating between hypothetical and practical worry, the user learns new ways to understand and manage their worries.
- **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:

- **Core Beliefs** Targets deeply held core beliefs that underpin unhelpful thoughts and can keep the cycle of depression and low mood going.

References:

1. Ellis, A. (1995). Changing rational-emotive therapy (RET) to rational emotive behavior therapy (REBT). *Journal of Rational-Emotive & Cognitive-Behavior Therapy*.
2. Cuijpers, P., Van Straten, A., & Warmerdam, L. (2007). Behavioral activation treatments of depression: A meta-analysis. *Clinical psychology review*, 27(3), 318-326.
3. Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A meta-analytic review of stand-alone interventions to improve body image. *PLoS One*, 10(9), e0139177.
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. (2011). *Cognitive behavior therapy*. New York: Basics and beyond. Guilford Publication.
6. Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. *Current Psychiatry*, 5(8), 26.

GPs in Lanarkshire can refer to SilverCloud directly via SCI Gateway. Please specify which program you are referring to.

There is further information about how to refer at the For Professionals page of the Lanarkshire Mind Matters website.

