

Space from Anxiety Descriptor

Space from Anxiety is an online intervention aimed at alleviating psychological distress arising from anxiety related symptomology. Built in conjunction with leading content providers and clinical subject matter experts, Space from Anxiety is an easy to follow program that includes a range of tools, activities and education delivered in a safe and confidential space.

Anxiety, worry and panic are very common emotional issues (Morris, Davis & Hutchings, 1981). While they can play a healthy role in alerting us to problems or challenges, in our modern over saturated lives they can easily become overwhelming, ongoing and ultimately debilitating. The Space from Anxiety program has been developed to help service users to manage these feelings and the causes of them, ultimately offering welcome space from anxiety.

The Space from Anxiety program consists of 7 modules whose structure and content follow evidence-based principles of traditional, face-to-face, Cognitive Behavior Therapy (Beck, 2005; Ellis, 1962, 2001; Hyland & Boduszek, 2012) and incorporate values of mindfulness practice (Ma & Teasdale, 2004). The contents of each module are briefly described below.

Each module is structured in an identical way comprising an introductory quiz and video, informational content with examples and personal stories, interactive activities, homework suggestions and summaries. This is in keeping with the guiding principles of Cognitive Behavior Therapy (CBT) which endorse a structured outline and a goal orientated focus (Maerov, 2006). See the table below for an outline of goals and activities and how users are facilitated in each module.

Therapeutic concepts inherent in the program include the use of **a cognitive model to create meaning.** In line with Beck's cognitive theory, individuals that experience anxiety are predisposed to pay more attention to negative, threatening and catastrophic interpretations of ambiguous situations, and engage in more dysfunctional safety behaviors (Beck, 2005). Reference is made from the start of the program to the use of the thought, feeling and behavior cycle as a model through which the key points of the educational content can be applied and understood.

Problem solving strategies promote beneficial changes and aid new **skill acquisition** through reflection, practice and homework suggestions (Maerov, 2006). This part of the program has been informed by the second wave of cognitive therapies where change efforts are guided by social learning and cognitive principles (Hayes, Follette, & Linehan, 2004).

When participants are assigned a weekly supporter, aspects of **collaborative empiricism** are incorporated into the program delivery. Collaborative empiricism has been identified as an effective change mechanism in traditional CBT and refers to the process of client - therapist collaboration in the establishment of common outcome goals (Dattilio & Hanna, 2012). Through the provision of weekly personal reviews, users of the program have their experiences normalized and are supported in gathering evidence of distorted thinking with the goal of challenging such thoughts and identifying alternatives.

Empowerment occurs through experienced self-change and support. The program encourages reflective engagement of the user through the use of journal entries, module related activities and supporter review feedback. For example use of the "understanding my situation" activity (Greenberger & Padesky, 1995, p. 3-15) in the first module can help users identify personal target areas for change.



A number of **"locked" mini modules** are also available and allow for further **tailoring of the programs to more fully meet the needs of the user**. They can be "unlocked" to the user by the supporter as they see fit across programs. The mini modules include:

My Self-Esteem and I: helps users to understand the impact of self-esteem on their mood and ways to improve their self-esteem.

Sleep Difficulties: helps users to understand sleeping difficulties and develop a healthy sleeping routine.

Relaxation: help users to learn techniques and strategies for relaxation.

Employment Support: help users to learn to cope with the stresses associated with work and how to manage their disorder within a working environment.

Behavioral Experiments: help users to develop experiments to track changes in mood by making changes to their behavior.

Anger Management: help users to understand anger, and how it may be related to their mood and ways to manage anger effectively.

Communication and Relationships: helps users to understand their communication style and develop effective communications skills to improve personal relationships. Grief and Loss: helps users to understand the grieving process and learn how to cope with loss in a healthy way.

Specific interventions:

Psycho-educational Content

Learning about the bidirectional relationship that exists between thoughts and feelings, feelings and behaviors, behaviors and feelings and how the reciprocal relationship between anxious experiences and cognition forms the basis of a vicious cycle that perpetuates and intensifies experience of symptomology (Morris, Davis, & Hutchings, 1981). Such content informs psycho-educational approaches to behavioral management and coping strategies, which have been found to be effective in reducing anxiety symptomology and improving overall quality of life (Rummel-Kluge, Pitschel-Walz, & Kissling, 2009).

Thought-Feelings-Behavior Cycles (TFB)

Monitoring anxiety and learning about its function in order to understand the positive role it can play and when to identify it as a problem. This is assessed in terms of the relationship between anxiety, behavior, thoughts, physical reactions and outcomes. This thought, feelings and behavior (TFB) cycle is a modified version of Ellis' antecedent, behavior and consequence (ABC) model used in Rational Emotive Behavioral Therapy (REBT, Ellis, 1962, 2001).

Cognitive Behavior Therapy (CBT)

Encouraging objective evaluation of idiosyncratic internal experiences by way of 1) keeping a record of thought processes 2) labeling distorted thinking 3) identifying automatic "hot" thoughts in line with cognitive therapy framework (Beck, 2011).

Challenging and restructuring negative beliefs by gathering evidence to evaluate and support these thoughts. This is where a distinction between rational and irrational beliefs can be identified and evaluated for their grounding in empirical reality. Unrealistic beliefs are then disputed and recommendations for alternative more efficient thoughts are made in line with the REBT framework (David & Szentagotai, 2006).

Behavior Experiments



Using adjunctive behavior strategies to tackle avoidance and encourage graded exposure to feared situations, thoughts or feelings (Foa & Kozak, 1986). In line with emotional processing theory, carefully planned graded exposure to anxiety provoking contexts can 'overrule' old associations and reactions and help replace them with new, more neutral experiences (Foa & Kozak, 1986).

Mindfulness

Mindfulness exercises promote the intentional and voluntary direction of attention toward present inner experience with acceptance (Hayes, Follette & Linehan 2004; Ma & Teasdale, 2004). Practicing mindfulness strategies can facilitate the recognition of anxious feelings and maladaptive thoughts, as well enhance self-monitoring and coping strategies and minimize avoidant behaviors (Roemer & Orsillo, 2002). Mindfulness practices have been evidenced as significant components in the long term effectiveness of treatments for anxiety disorders (Miller, Fletcher, & Kabat-Zinn, 1995).

Modules	Topics	Goals	Activities
Getting Started	 Psychoeducation about anxiety Applying CBT to anxiety The TFB Cycle Personal stories 	 Improve understanding of anxiety Introduce the TFB Cycle Learn about the role of thoughts, feelings and behaviours in anxiety Learn about CBT Connect with the present moment 	 Anxiety Myths and Facts Quiz Understanding My Situation Mood Monitor Staying in the Present (Breathe)
Understanding Feelings	 Understanding emotions and their function Emotions that are difficult to cope with Physical body reactions and mood Lifestyle choices Personal stories 	 Learn about emotions and their role in the TFB Cycle Recognise emotions that are difficult to cope with Recognise physical body reactions Explore the impact of lifestyle choices on anxiety and general wellbeing 	 Emotions & Your Body Quiz The TFB Cycle Mapping Lifestyle Choices Staying in the Present (Body Scan)



Modules	Topics	Goals	Activities
Facing Your Fears	 Avoidance and why it should be avoided Safety behaviours Graded exposure Personal Stories 	 Learn about the role of avoidance in maintaining fears and anxiety Recognise safety behaviours Face fears using graded exposure 	 Facing Your Fears Quiz My Safety Behaviours Facing Your Fears
Spotting Thoughts	 Automatic thoughts and mood Thinking traps Catching unhelpful thoughts Personal stories 	 Learn about the role of thoughts in anxiety within the TFB Cycle Recognise negative automatic thoughts Understand and recognise thinking traps 	 Me & My Thoughts Quiz The TFB Cycle Staying in the Present (Watching Thoughts)
Challenging Thoughts	 Hot thoughts Challenging negative thoughts Tackling thinking traps Coping with difficult situations Personal stories 	 Learn about hot thoughts and how to recognise them Learn to challenge negative thoughts Learn how to overcome specific thinking traps Recognise situations where it is necessary to use thoughts to cope 	 Your Thinking Style Quiz My Helpful Thoughts The TFB Cycle (identifying hot thoughts and generating more balanced alternative thoughts) Staying in the Present (Watching Thoughts)
Managing Worry (unlockable)	 The role of worry in maintaining anxiety Practical vs. hypothetical worries The Worry Tree Managing worries 	 Improve knowledge of worry and its role in anxiety Recognise practical or hypothetical worries Use the Worry Tree to manage worries 	 Anxious Thoughts & Worries My Worries Worry Tree Staying in the Present (Breathe)



Modules	Topics	Goals	Activities
	Personal stories	 Identify and use other strategies to manage worry 	
Bringing it All Together	 Finishing up Warning signs and planning for wellness Social support Preparing for the future Preparing for relapse Personal stories 	 Preparation for coming to the end of the programme Recognise the importance of social support in staying well Identify warning signs Planning for staying well Set goals for the future 	 Your Backup and Support Network Staying Well Plan Goals Taking Stock Staying in the Present (Sounds)



References

Beck, A. T. (2005). The current state of cognitive therapy: A 40-year retrospective. Archives of General Psychiatry, 62(9), 953–959. doi:10.1001/archpsyc.62.9.953

Beck, J. S. (2011). Cognitive Behavior Therapy, Second Edition: Basics and Beyond. Guilford Press.

Dattilio, F. M., & Hanna, M. A. (2012). Collaboration in Cognitive-Behavioral Therapy. Journal of Clinical Psychology, 68(2), 146–158. doi:10.1002/jclp.21831

David, D., & Szentagotai, A. (2006). Cognitions in cognitive-behavioral psychotherapies; toward an integrative model. *Clinical psychology review*, *26*(3), 284–298. doi:10.1016/j.cpr.2005.09.003

Ellis, A. (1962). *Reason and emotion in psychotherapy*. L. Stuart.

Ellis, A. (2001). Overcoming Destructive Beliefs, Feelings, and Behaviors: New Directions for Rational Emotive Behavior Therapy. Prometheus Books, Publishers.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: exposure to corrective information. *Psychological bulletin*, 99(1), 20–35.

Greenberger, D., & Padesky, C. A. (1995). Mind Over Mood: Change How You Feel By Changing the Way You Think. *Guilford Press*. Retrieved November 19, 2013, from http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/greenbe4.htm&dir=trade/self

Hayes, S. C., Follette, V. M., & Linehan, M. (2004). *Mindfulness and Acceptance: Expanding the Cognitive-behavioral Tradition*. Guilford Press.

Hyland, P., & Boduszek, D. (2012). Resolving a difference between cognitive therapy and rational emotive behaviour therapy: towards the development of an integrated CBT model of psychopathology. *Mental Health Review Journal*, *17*(2), 104–116. doi:10.1108/13619321211270425

Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects. *Journal of Consulting and Clinical Psychology*, 72(1), 31–40. doi:10.1037/0022-006X.72.1.31

Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. *Current Psychiatry*, *5*(8). Retrieved from http://www.currentpsychiatry.com/the-publication/past-issue-single-view/demystifying-cbt-effective-easy-to-use-treatment-for-depression-and-

anxiety/c70cd2182688a505fdb9189339c8cc07.html

Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (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. doi:10.1016/0163-8343(95)00025-M

Morris, L. W., Davis, M. A., & Hutchings, C. H. (1981). Cognitive and emotional components of anxiety: Literature review and a revised worry–emotionality scale. *Journal of Educational Psychology*, *73*(4), 541–555. doi:10.1037/0022-0663.73.4.541



Roemer, L., & Orsillo, S. M. (2002). Expanding Our Conceptualization of and Treatment for Generalized Anxiety Disorder: Integrating Mindfulness/Acceptance-Based Approaches With Existing Cognitive-Behavioral Models. *Clinical Psychology: Science and Practice*, *9*(1), 54–68. doi:10.1093/clipsy.9.1.54

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. doi:10.1016/j.psychres.2008.10.016