

Other problems commonly treated by C.B.T.

SPECIFIC PHOBIAS

SOCIAL PHOBIA

OBSESSIVE COMPULSIVE DISORDER

IMPULSE CONTROL DISORDERS

GENERALISED ANXIETY DISORDER

PANIC DISORDER

BI-POLAR DISORDER

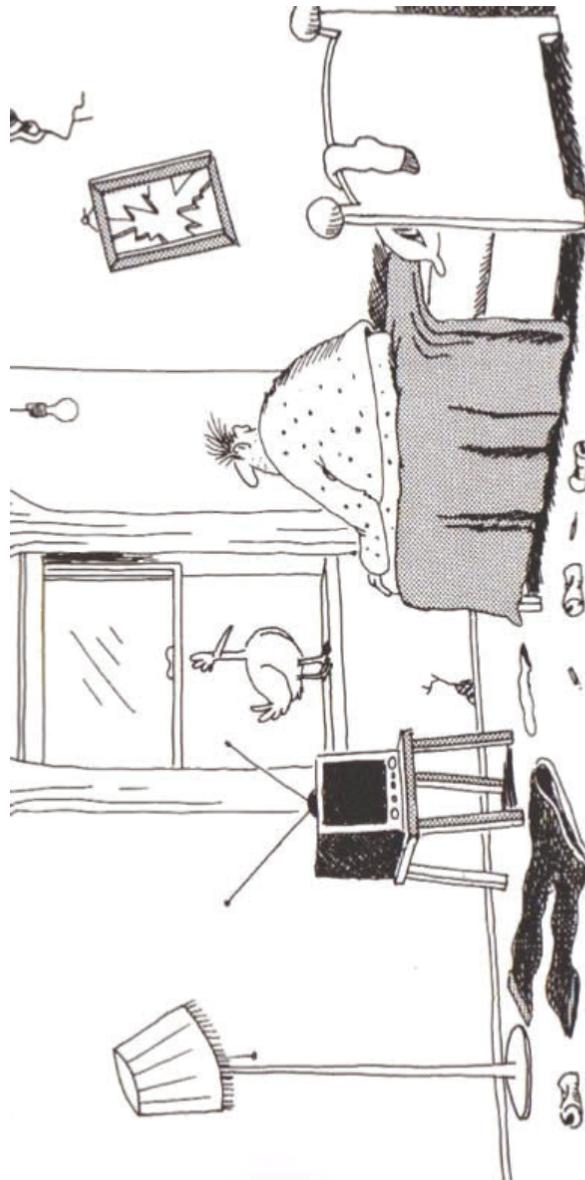
HEALTH ANXIETY

POST TRAUMATIC STRESS DISORDER

SEXUAL DYSFUNCTION

MARITAL & RELATIONSHIP THERAPY

PANIC ATTACKS



The bluebird of happiness long since departed from his life; Ned is visited by the chicken of Depression



Depression

“Cognitive Behavioural Therapy can empower an individual to manage and transform their feelings -and thus their life”

Professor Lord Richard Layard
“Mental Health—Britain’s Biggest Social Problem?”

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COGNITIVE BEHAVIOURAL PSYCHOTHERAPY

Depression

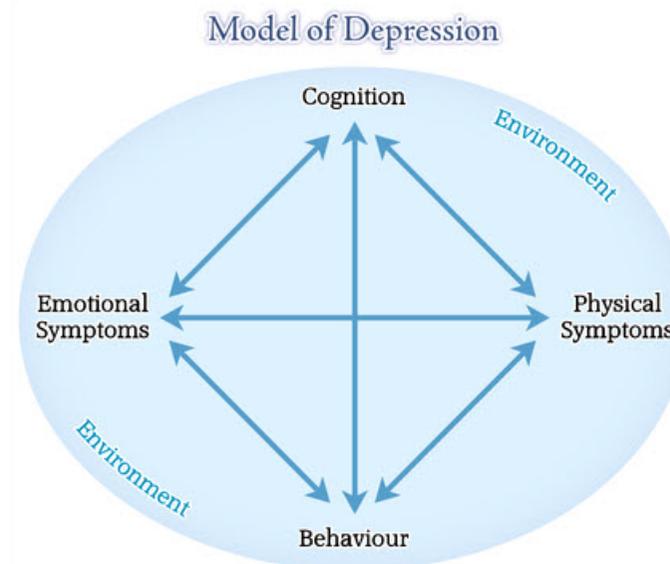
Depression is very common, it is not something that happens to people whom are unusual or 'crazy'. During any given year a large number of people will suffer with major depression; 25% of all women and 12% of all men will suffer from major depression during their lifetime.

Five or more of the following symptoms have been present during the last two week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of pleasure:

- Depressed mood for most of the day, nearly every day
- Markedly diminished interest or pleasure in all, or nearly all, activities
- Significant weight loss when not dieting or weight gain
- Insomnia or hypersomnia every day (or nearly every day)
- Psychomotor agitation or retardation every day (or nearly every day)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt nearly every day
- Diminished ability to think/concentrate or indecisiveness nearly every day
- Recurrent thoughts of death, suicidal ideation, suicide attempt or specific plan for suicide

Formulation

The Cognitive Behavioural Psychotherapist will work with the patient to discover the maintaining factors of the presenting problem and collaboratively construct a formulation of the problem which includes cognitive, emotional, physical, motivational and behavioural symptoms unique to the individual.



Treatment

After a satisfactory formulation has been constructed the initial focus of CBT will be on the behavioural interventions; such as activity recording, planning and graded task assignment, which both identify helpful and unhelpful behaviours (including identification of the level of mood associated with these behaviours) with the intention of increasing those which are helpful and decreasing those which are unhelpful.

Once the behavioural component has been implemented to good effect the therapist will introduce cognitive interventions aimed at identifying possible errors in thinking and unhelpful thoughts and beliefs. These may then be challenged through a combination of verbal reattribution, behavioural experiments and Socratic questioning.

Final stages of the therapeutic interventions are aimed at relapse-prevention strategies.

Therapy may be conducted in either individual or group formats, depending upon the severity of the problems and the needs of the individual.

A Professional and Confidential service, provided by a fully Qualified and Experienced Psychotherapist.

Adrian Soden.
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