

Other problems commonly treated by C.B.T.

SPECIFIC PHOBIAS

SOCIAL PHOBIA

HEALTH ANXIETY

IMPULSE CONTROL DISORDERS

DEPRESSION

PANIC DISORDER

BI-POLAR DISORDER

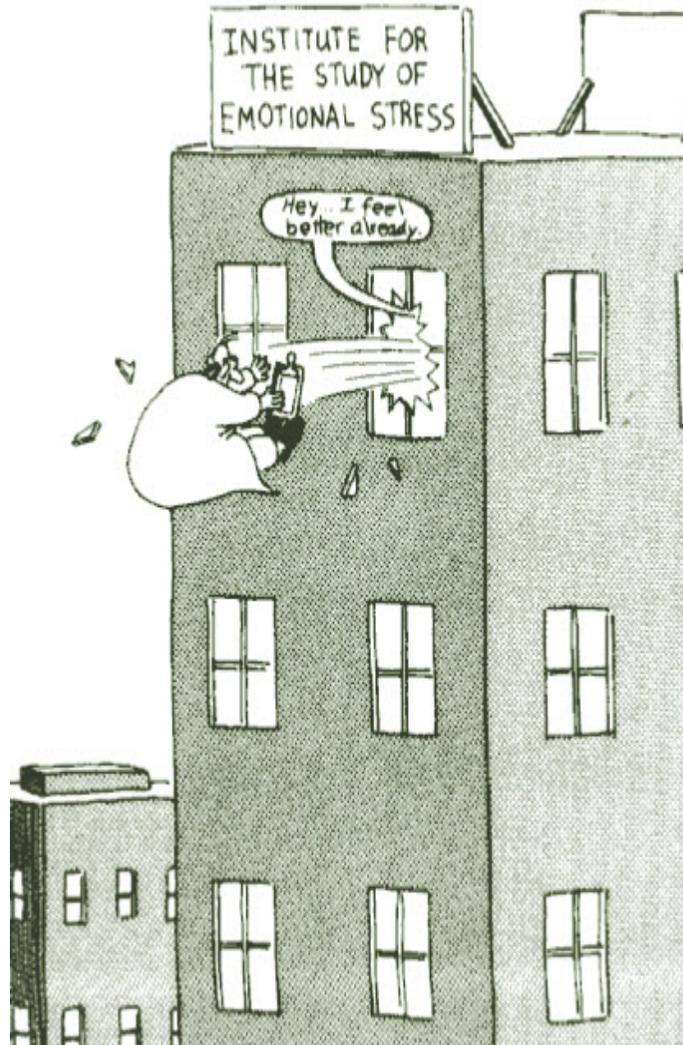
GENERALISED ANXIETY DISORDER

OBSESSIVE COMPULSIVE DISORDER

SEXUAL DYSFUNCTION

MARITAL & RELATIONSHIP THERAPY

PANIC ATTACKS



Post-Traumatic Stress Disorder

"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

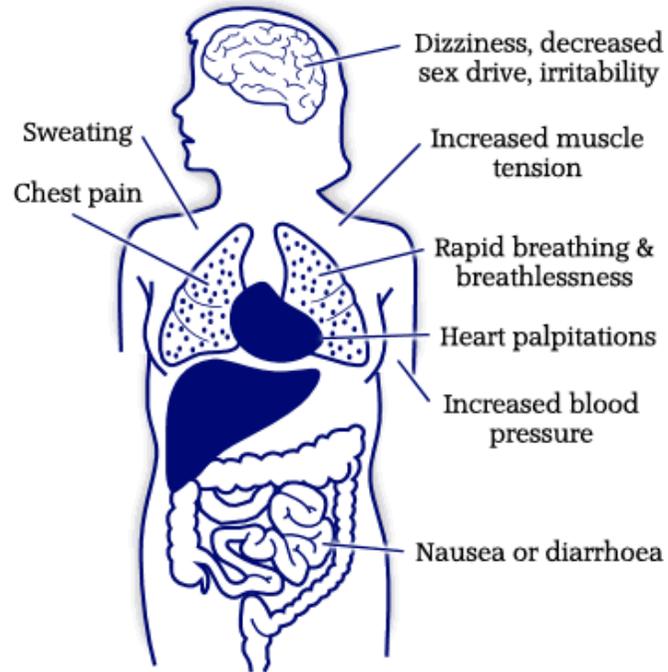
Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a common reaction to traumatic events such as assault, disaster or severe accidents. The symptoms include repeated and unwanted experiences of the event (flashbacks), hyperarousal, emotional numbing, detachment or absence of emotional response and avoidance of stimuli (including thoughts) which could serve as reminders for the event, reduced awareness of surroundings (being dazed), a sensation that surroundings are distorted or unreal, the feeling that you are different, strange or unreal and/or an inability to remember parts of the trauma.

Many people recover in the following months, but for a considerable minority the symptoms continue, often for years. Affected individuals process the trauma in a way that leads to a sense of an imminent, serious threat. The sense of threat arises as a consequence of excessively negative appraisals of the trauma and/or its consequences and a disturbance of autobiographical memory characterised by poor elaboration and perspective, strong associative memory and strong perceptual priming. Change in the negative appraisals and the trauma memory are prevented by a series of problematic behavioural and cognitive strategies.

As reminders of the event can cause extreme distress many people go out of their way to avoid places or events that may resemble the traumatic event. Many experience increased anxiety, restlessness, sleeplessness,

Physical Effects of Anxiety Disorders



poor concentration, irritability, hyper-vigilance or an exaggerated startle response. Some are plagued by a sense of guilt because they survived when others did not or because of what they may have had to do to survive.

This disorder is very disruptive and stressful to the victim as well as their family and loved ones. It often impairs occupational and social functioning.

Formulation

The Cognitive Behavioural Psychotherapist will collaborate with the patient and assess all maintaining factors; including thoughts, behaviours, emotions and

physical symptoms associated with the problem and develop a working formulation which will be utilised to guide the course of therapy.

Treatment

A number of techniques will be employed to test predictions and beliefs which may include behavioural strategies such as exposure and cognitive interventions aimed at identifying and challenging unhelpful thoughts and beliefs, possible thinking errors and misinterpretations. These may then be challenged through a combination of verbal reattribution, Socratic questioning and behavioural experiments.

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

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

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