

Other problems commonly treated by C.B.T.

SPECIFIC PHOBIAS

SOCIAL PHOBIA

HEALTH ANXIETY

IMPULSE CONTROL DISORDERS

DEPRESSION

PANIC DISORDER

BI-POLAR DISORDER

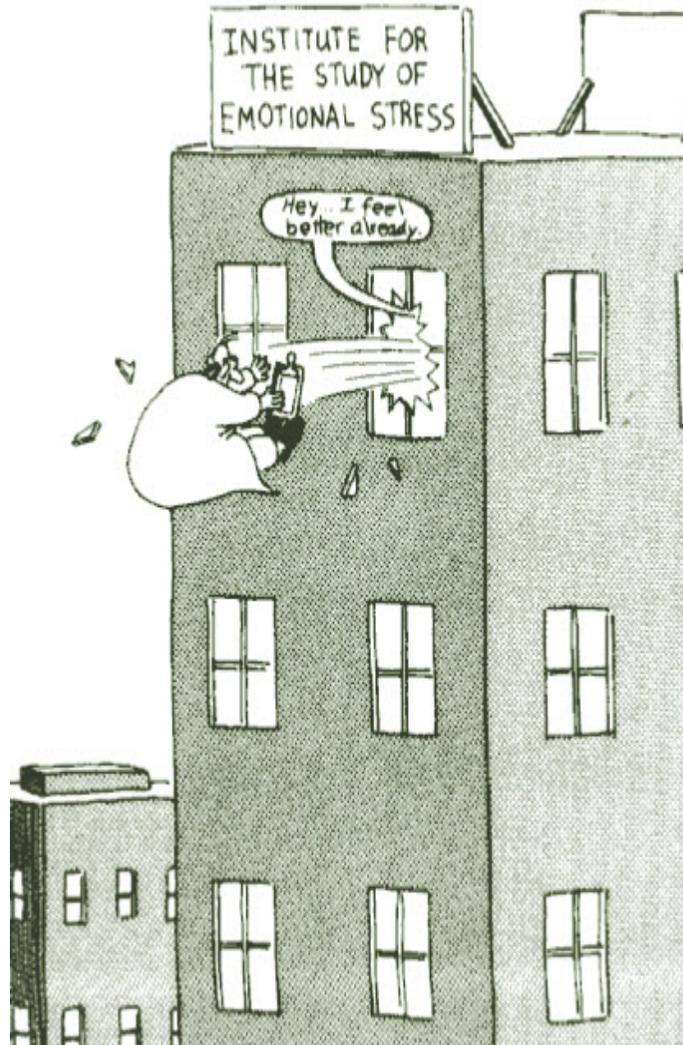
GENERALISED ANXIETY DISORDER

POST TRAUMATIC STRESS DISORDER

SEXUAL DYSFUNCTION

MARITAL & RELATIONSHIP THERAPY

PANIC ATTACKS



OBSESSIVE COMPULSIVE 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?"

Phone: 01934 550087

Mob: 07859 316445

www.cbtsouthwest.co.uk
E-Mail: adrian@cbtsouthwest.co.uk

COGNITIVE BEHAVIOURAL PSYCHOTHERAPY

Obsessive Compulsive Disorder

OCD is regarded as a common anxiety disorder estimated to affect between 0.05 and 3% of the general population.

In its more severe forms it is an extremely debilitating disorder affecting the sufferer in all aspects of their life.

The age of onset varies but is generally between 6–15 years for males and 20–29 years for females.

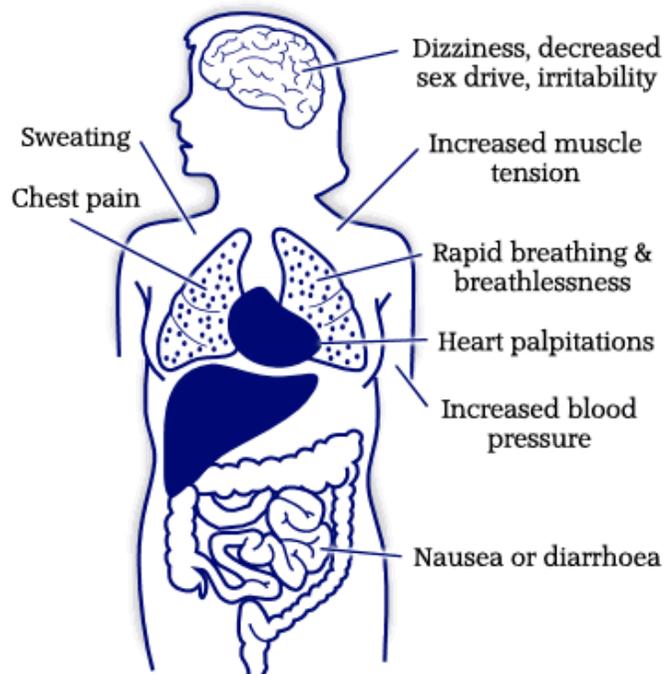
Obsessions are persistent intrusive thoughts, impulses, ideas or images which are perceived as inappropriate and cause marked anxiety, distress or discomfort.

They are 'ego-dystonic' which refers to the nature of the intrusions as being not within the person's own control and alien to their usual pattern of thought.

The most common obsessions are related to repetitive intrusive thoughts regarding contamination of self or others, doubts, aggressive and/or horrific impulses and sexual thoughts and/or imagery.

These intrusions are not simply excessive worries about real-life problems nor are they likely to be related to a real-life problem (see Generalised Anxiety Disorder). Also the sufferer usually attempts to block or control these intrusions or to replace (neutralise) them with some other thought or behaviour.

Physical Effects of Anxiety Disorders



The sufferer tends to perceive the trigger (whether this be intrusive thought, image or impulse) as shameful, distressing and/or repugnant and behaves in such a way as to prevent (or at least minimise) the risk to themselves and/or to others.

Formulation

The Cognitive Behavioural Therapist will work with the sufferer to discover the maintaining factors of the presenting problem and collaboratively construct an idiosyncratic formulation of the problem.

Following this an individual treatment regimen will be constructed and guided by the formulation.

Treatment

Depending on the presentation and formulation a number of techniques will be employed such as the well established & evaluated Exposure and Response Prevention (E+RP), which has been shown to produce positive results in up to 70% or more of patients, to a combination of cognitive techniques including: Verbal Reattribution, Challenging of fundamental beliefs and appraisals regarding responsibility (however one must take care that this does not become assimilated into the repertoire of safety behaviours), Thought Action Diffusion and Behavioural Experimentation.

Those who improve with treatment are typically able to maintain their gains at ups of 1 to 5 years.

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

Adrian Soden.
BA (Hon's); RMN Dip. H.E.
Adult Behavioural Psychotherapist

Tel: 01934 550087

E-Mail: adrian@cbtsouthwest.co.uk