

# COGNITIVE BEHAVIOUR PSYCHOTHERAPY

ITS ROLE IN VESTIBULAR  
REHABILITATION

# COGNITIVE BEHAVIOUR THERAPY

- RESEARCH – BASED
- SHORT – TERM
- STRUCTURED
- ACTIVE
- PROBLEM – ORIENTATED
- COLLABORATIVE
- DIRECTIVE

# INDICATIONS FOR COGNITIVE BEHAVIOUR THERAPY

- 1. ANXIETY DISORDERS
- 2. OBSESSIVE – COMPULSIVE DISORDER
- 3.EATING DISORDERS EG ANOREXIA NERVOSA/ BULIMIA/ OBSEITY
- 4.SEXUAL DYSFUNCTIONS
- 5.POST – TRAUMATIC STRESS DISORDER
- 6.PSYCHOSOMATIC DISORDERS
- 7.GENERAL MEDICAL CONDITIONS
- 8.PSYCHOTIC CONDITIONS
- THIS LIST IS NOT EXHAUSTIVE AND CBT IS BEING MORE INVOLVED IN MEDICAL AND SURGICAL AREAS.

# ANXIETY REDUCTION

- PRINCIPLE OF REAL-EXPOSURE ENSURES RELIEF FROM ANXIETY BY THE PERSONS' CONTINUED AND PROLONGED CONTACT WITH THOSE SITUATIONS' OR ENVIROMENTS' THAT TRIGGER ANXIETY.
- EXPOSURE SHOULD BE PROLONGED RATHER THAN BRIEF SESSIONS'.
- IN-VIVO ( REAL – LIFE ) EXPOSURE IS MORE EFFECTIVE THAN IMAGINAL EXPOSURE.
- WHEN THE ANXIETY REDUCES THIS IS KNOWN AS **HABITUATION, ADAPTATION OR EXTINCTION.**
- THIS IS THE PSYCHOLOGICAL PROCESS THAT IS THE FOUNDATION OF CBT AND IS EQUALLY RELEVANT TO PATIENTS SUFFERING FROM BALANCE DISORDERS.

# CRITERIA FOR COGNITIVE BEHAVIOUR THERAPY

- 1. THE PROBLEMS ARE CURRENT AND PREDICTABLE.
- 2. THE PROBLEMS CAN BE DEFINED IN OBSERVABLE BEHAVIOUR.
- 3. THERAPIST AND PATIENT AGREE ON CLEARLY DEFINED BEHAVIOURAL GOALS.
- 4. NO CONTRA-INDICATIONS EG. SEVERE CLINICAL DEPRESSION / ORGANIC CAUSATION/SUBSTANCE ABUSE
- 5. PATIENT FULLY UNDERSTANDS THE TREATMENT RATIONALE AND GIVES INFORMED CONSENT.

# THE COGNITIVE BEHAVIOURAL MODEL

- LINK BETWEEN BEHAVIOUR / THOUGHTS/ EMOTIONS AND AUTONOMIC RESPONSES.
- THIS IS KNOWN AS THE 3 SYSTEMS MODEL.
- AUTONOMIC – PHYSIOLOGICAL RESPONSE.
- BEHAVIOUR RESPONSE – WHAT IS DONE AND OBSERVED.
- COGNITIONS – THOUGHTS / FEELING / EMOTIONS.

# BEHAVIOURAL REPOSSES AVOIDANCE AND ESCAPE.

- PHYSIOLOGICAL RESPONSES:
  - PALPATATIONS / SWEATING / **DIZZINESS** /  
OVERBREATHING/CHOKING/VISUAL  
DISTURBANCE/NAUSEA/MUSCULAR TENSION/DRY  
MOUTH/MALAISE.
- COGNITIVE RESPONSES:
  - FEARFULNESS/EMBARRASSMENT/ILLNESS/SENSE  
OF FAILURE / **FEAR OF FALLING/**
  - **FEAR OF LOSING CONTROL.**

# CBT TREATMENT RATIONALE FOR GRADED EXPOSURE

- EXPLAIN TO THE PATIENT THAT THEY HAVE **LEARNED** TO BECOME ANXIOUS AND THAT IT IS NOT **DANGEROUS**
- THAT BY AVOIDING SITUATIONS THEY HAVE BECOME **CONDITIONED** TO BELIEVE THAT AVOIDANCE BEHAVIOUR MAKES THEM FEEL BETTER.
- EXPLAIN THAT THE ANXIETY WILL **ALWAYS** REDUCE OVER TIME, ON AVERAGE 45MINUTES – 1HOUR.
- THAT AVOIDANCE BEHAVIOUR MAINTAINS AND COMPOUNDS THE ANXIETY THEREBY NOT ALLOWING THE BALANCE SYMPTOMS TO DECREASE.

# CBT TREATMENT RATIONALE FOR GRADED EXPOSURE

- IT SHOULD BE SUGGESTED THAT THEY TACKLE EACH FEARED SITUATION GRADUALLY AT A LEVEL THEY CAN TOLERATE, THEN GRADUALLY INCREASE THE CONTACT LEVEL.
- EXPLAIN THE THOUGHTS THEY WILL EXPERIENCE DURING THE PROGRAMME AND FACILITATE CHALLENGING OF THESE THOUGHTS.
- IT SHOULD BE OUTLINED TO THE PATIENT THAT EACH EXPOSURE EXERCISE SHOULD BE SPECIFIC : TO GO ALONE TO TESCOS' FOR A MINIMUM OF ONE HOUR BY BUS.
- THIS REDUCES CONFUSION AND ALLOWS' EACH EXERCISE TO BE OBJECTIVELY MEASURED BY THE THERAPIST AND PATIENT.
- ALL TARGETS OR GOALS MUST BE MEASURABLE.THIS GIVES GOOD EVALUATION AND EVIDENCE FOR BOTH PATIENT AND THERAPIST.

# RECOMMENDED READING.

- COGNITIVE BEHAVIOUR THERAPY : A GUIDE FOR THE PRACTISING CLINICIAN. ( 2002 ) Ed SIMOS. GREGORIS. BRUNNER ROUTLEDGE ( PUBLISHERS )

# RECOMMENDED READING

- SELF-HELP BOOKS
- OVERCOMING ANXIETY. KENNERLEY, HELEN. ( 2006 ) ROBINSON PUBLICATIONS.
- OVERCOMING DEPRESSION. GILBERT, PAUL. ( 2005 ) ROBINSON PUBLICATIONS.
- ALAN DAVIDSON. CBT THERAPIST. SEPTEMBER 2008.