

1.	Record Nr.	UNISALENTO991003776189707536
	Autore	Scarron, Paul
	Titolo	Le Virgile travesti en vers burlesques / par Paul Scarron ; avec la suite de Moreau de Brasei
	Pubbl/distr/stampa	Paris : A. Delahays, 1858
	Edizione	[Nouvelle éd. /]
	Descrizione fisica	LI, 436 p. ; 19 cm
	Altri autori (Persone)	Fournel, Victor
	Disciplina	847.3
	Lingua di pubblicazione	Francese
	Formato	Materiale a stampa
	Livello bibliografico	Monografia
2.	Record Nr.	UNINA9910830370103321
	Autore	O'Connor Kieron Philip
	Titolo	Cognitive-behavioral management of tic disorders [[electronic resource] /] / Kieron O'Connor
	Pubbl/distr/stampa	Hoboken, NJ, : John Wiley & Sons, c2005
	ISBN	0-470-66767-2 0-470-71351-8 1-280-27639-8 9786610276394 0-470-09381-1
	Descrizione fisica	1 online resource (326 p.)
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	Soggetti	Tic disorders Tic disorders - Treatment Cognitive therapy
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Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references (p. [287]-302) and index.
Nota di contenuto	<p>COGNITIVE-BEHAVIORAL MANAGEMENT OF TIC DISORDERS; CONTENTS;</p> <p>About the Author; Preface; Acknowledgments; Chapter 1 The Nature of Tic Disorders; Definition; Diagnosis; What counts as a tic?; Comorbidity and covariation; Secondary distress; Prevalence; Relationship of tics with other disruptive behaviors; Distinguishing impulsions and compulsions: sensory tics, cognitive tics and obsessions; Emotional associations; Self-management strategies; Coping strategies maintaining the tic cycle; Functional analysis and situational variability; Conclusions</p> <p>Chapter 2 Understanding Tic Disorders: Etiological Models Overview of neurobiological models; Neurophysiological studies; Neurobiological treatments; Genetic factors; Psychosocial factors; Neuropsychological aspects; Emotional regulation; Learning model; Psychological treatments; Behavioral approaches; Abbreviated versions of habit reversal; Other tension prevention and exposure techniques; Conclusions; Chapter 3 Motor Processing in Tic Disorders; Motor processing; Psychology of action; Tics as behavioral acts; Human ecology of action; Motor psychophysiology; Chronic muscle tension The role of frustration in tic onset Tic onset and muscle use: the frustration-action/tense-release cycle; Perfectionist styles of action; Heightened sensorimotor awareness; Dysregulation of motor activation cycle and sensory feedback mechanisms; A cognitive-behavioral/motor-psychophysiological model of tic disorder; Clinical implications; Conclusions; Chapter 4 Empirical Studies Testing the Cognitive-psychophysiological Model; Overview; Behavioral activity associated with tic onset in chronic tic and habit disorders Validation of a style of planning action (STOP) as a discriminator between tic disorder, obsessive-compulsive disorder and generalized anxiety Brain-behavior relations during motor processing in chronic tic and habit disorders; A cognitive-behavioral program for the management of chronic tic disorders; Does behavior therapy modify visuo-motor performance in chronic tic disorder?; Conclusions; Chapter 5 Future Directions; The cognitive-behavioral/psychophysiological conceptualization of tic disorders; Implications for future research; The TS-OCD spectrum</p> <p>Separating impulse from compulse: the case of cognitive tics Adaptation of the program to children and to other groups with special needs; Application of the program to other tension problems; Chapter 6 Therapist Manual; Overview of the program; Assessment procedures; Ten-stage program; Session by session protocol; Trouble-shooting guide; Case illustrations; Chapter 7 Client Manual; Introduction: who is the manual for?; About tics; A cognitive-behavioral management approach to changing habits; Overview of tic management model; Motivation; Mind over muscle; Awareness training Identifying high- and low-risk activities, and associated thoughts and feelings</p>
Sommario/riassunto	<p>Tics affect more than 10% of the population, and can be an unpleasant and disruptive problem. They include chronic tic disorder, Tourette?s syndrome and habit disorders such as hair pulling, nail biting and scratching. Treatment is either by medication (without convincing evidence) or psychological means. Before the introduction of habit reversal psychologists had no real alternatives to offer, and even this method lacks evidence for its efficacy and is not widely used. Illustrated throughout with case study examples and containing detailed guidelines for patient and therapist on the use of CB</p>

