1. Record Nr. UNINA9910877074003321

Autore O'Connor Kieron Philip

Titolo Cognitive-behavioral management of tic disorders / / Kieron O'Connor

Hoboken, NJ,: John Wiley & Sons, c2005 Pubbl/distr/stampa

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.)

616.8/3 Disciplina

Soggetti Tic disorders

Tic disorders - Treatment

Cognitive therapy

Lingua di pubblicazione Inglese

Formato Materiale a stampa

Livello bibliografico Monografia

Note generali Description based upon print version of record.

Nota di bibliografia Includes bibliographical references (p. [287]-302) and index.

COGNITIVE-BEHAVIORAL MANAGEMENT OF TIC DISORDERS: CONTENTS: Nota di contenuto

> 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

Chapter 2 Understanding Tic Disorders: Etiological ModelsOverview 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

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Separating impulse from compulse: the case of cognitive ticsAdaptation 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

Sommario/riassunto

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 quidelines for patient and therapist on the use of CB