

**Problems that I can treat (including their benchmark definitions) – page 1 of 2**

**Depression:** Low mood or loss of enjoyment most of the day nearly every day for at least 2 weeks. Also, commonly reported are one or more of the following. Weight change (up or down), sleep problems (too much or too little), restlessness, feeling slowed down, feeling fatigued, feelings of worthlessness, difficulty concentrating. Thoughts about death and/or thoughts of suicide are also not uncommon.

**Generalised Anxiety:** Worry most of the time about two or more areas of life, for at least 6 months. Typically, the worry seems uncontrollable and is accompanied by at least 3 physical symptoms (e.g. restlessness, easily fatigued, poor concentration, irritability, muscle tension, sleep disturbance). The worry persists even if the mood seems normal.

**Post-Traumatic Stress Disorder (PTSD):** Experience of a traumatic event (threat of injury/death involving intense fear, helplessness, or horror). The event is re-experienced (images, thoughts, dreams, flashbacks, other reminders) and there is avoidance of aspects associated with the trauma. In addition, feeling 'on guard' is common, as are 'fight or flight' symptoms. These features need to have been present for at least a month.

**OCD (Obsessive Compulsive Disorder):** Upsetting, recurring thoughts that are intrusive and uninvited. Attempts (such as compulsive and repetitive acts) are made to ignore or suppress these thoughts. The thoughts and behaviours are excessive as well as debilitating and frequently exhausting.

**Panic Attack/Disorder:** At least four of these symptoms are present – fast heartbeat, sweating, trembling, shortness of breath, a sense of choking, chest pain, nausea, dizziness, numbness/tingling, chills and/or hot flushes, a sense of unreality, a fear of loss of control, fear of dying. Symptoms are unexpected and usually peak within 10 minutes or so. For this to be regarded as Panic Disorder there must have been at least one full panic attack within the past month and a fear of the same occurring again.

**Agoraphobia:** Fears of situations where escape is not possible (or does not seem possible) or where help may not be possible if experiencing panic-like symptoms. The person affected avoids all such situations.

**Social Anxiety:** A fear of social situations (in which one might be watched/listened to), believing these may humiliate or lead to embarrassment or a fear of negative judgement. The anticipation of the situation leads to high anxiety and the resulting overwhelming worry leads to avoidance of the feared social situations.

**Health/illness Anxiety:** There is a preoccupation about being ill or a fear of having a disease. The fear persists despite medical evidence that says otherwise. The fear must have been present for at least 6 months.

**Email: [nickstewart@behaviourinmindtherapy.org](mailto:nickstewart@behaviourinmindtherapy.org)**

**Mob: 07516 750264**

**Problems that I can treat (including their benchmark definitions) – page 2 of 2**

**Somatisation:** Experiencing many physical symptoms, the person will have sought much medical advice but with no satisfactory medical explanation received. This condition is similar to Health/Illness Anxiety (see page 1).

**Body Dysmorphia:** A preoccupation with an imagined and exaggerated defect in appearance. The preoccupation causes significant distress, limiting the life and opportunities of the person.

**Chronic Pain / long term health conditions & injuries:** Often depression and/or anxiety can result through the restriction or dropping of activities due to the underlying condition. Commonly (and understandably) there is a fixation on the physical aspects, with this causing additional distress. There can also be a lack of motivation, having a negative impact on relationships, and a reduction in being able to function as the person would want, leading to further low mood.

**Specific Phobia:** The person is frightened by an object or situation. The object and/or situation provokes immediate anxiety. The person recognises that their response is excessive and avoids the object/situation, causing a negative impact on their life.

**Habit Disorder:** A condition in which the person may cope with their distress by either pulling their hair out and/or picking at their skin.

*The descriptions above are based on those in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV).*

**Person-Centred Treatment**

By keeping it simple there is a better chance of helping you towards the improvements you are looking to make. Therefore we will only focus on one of the above-listed problems in any given course of treatment. Questionnaires will help us track how you are progressing.

**There may also be other issues you are seeking help for, such as ( this is not an exhaustive list: stress, insomnia, perfectionism, work and/or family problems, or difficulties with emotions/feelings , readjustment issues) if so, please get in touch.**

In recent years, the 'demand' for therapy from people with more than one health condition has increased: as a person-centred therapist I try to take all considerations into account by adapting the therapy accordingly. I am skilled and experienced in working with people with overlapping health conditions, including people with neurodiversity. Throughout my experience of treating people with the above difficulties, there has also been a positive impact for those who are neurodiverse (eg people with ADHD and/or Autism conditions).

**Email: [nickstewart@behaviourinmindtherapy.org](mailto:nickstewart@behaviourinmindtherapy.org)**

**Mob: 07516 750264**