

What is Irritable Bowel Syndrome?

Over the past decade, mental health practitioners have been faced with a wave of patients presenting with **Irritable Bowel Syndrome (IBS)**, as traditional medicine has had limited success in helping patients.

Recent statistics indicated that up to 22% of the U.S. population reports symptoms consistent with **IBS**. The incidence rate is about 1% per year.

In general, **IBS** can be loosely defined as a functional bowel disorder consisting of the following symptoms:

- Abdominal pain associated with defecation
- Change in bowel habits, such as disordered defecation (e.g., diarrhea, constipation, or both)
- Urgency to use the bathroom
- Abdominal fullness and bloating.

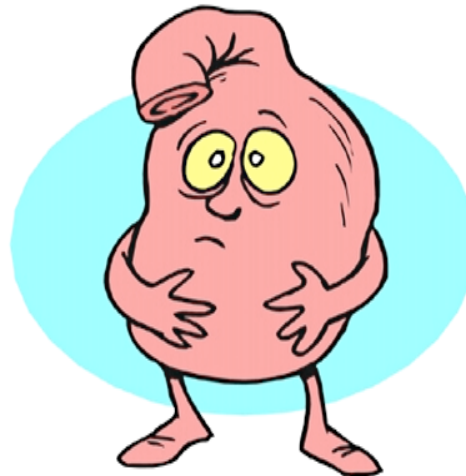
After ruling-out an organic basis for the above symptoms (e.g., Inflammatory Bowel Disease (IBD): Ulcerative Colitis, Crohn's Disease, & Celiac Disease), a conclusive diagnosis can be made. While the diagnosis of **IBS** is stable and chronic, symptoms do wax and wane, such that a patient may have periods of severe symptoms and others where the patient is symptom free.

"Going Well:" A Cognitive-Behavioral Therapy Program

Since the inception of our new, exciting program "Going Well," numerous individuals have benefitted from the application of **Cognitive Behavior Therapy (CBT)** techniques to the treatment of **IBS**.

Specifically, clients have learned how the following three factors contribute to and worsen their **IBS** symptoms:

- Hypervigilance/over-attention to a variety of gut sensations
- Distortions in thinking about physical sensations in the gut
- Avoidance behavior of a variety of situations and contexts that make ones gut feel uncomfortable.



Within **10-16 weekly sessions**, clients typically notice they are less focused on their gut sensations (e.g., abdominal pain, urgency, fullness, bloating, etc.) and that variations in bowel movement form or habits are not necessarily a cause for alarm.

Eventually, our clients have been able to consume previously "forbidden" foods (e.g., spicy, hot, greasy foods, or items containing dairy or caffeine), travel distances far from "safe" bathrooms, confront destinations that are "unpredictable," and engage in activities once feared to exacerbate **IBS** symptoms (e.g., exercise, physical intimacy).

All of these clinical observations and outcomes support the on-going research that **Cognitive Behavior Therapy** can help patients with **IBS**. We are pleased to offer this mind-body treatment for **IBS** and look forward to continuing to provide our patients with cutting-edge interventions that are supported by scientific evidence.

Dr. Mystkowski has also adapted the "Going Well" program for clients with Irritable Bowel Disease (IBD: Ulcerative Colitis, Crohn's Disease, & Celiac Disease), in careful consultation with medical providers trained in helping individuals with those specific conditions.

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