

Hudson Valley Center for Cognitive Therapy



About the HVCCT

In 2002, Dr. Christine Ziegler founded the Hudson Valley Center for Cognitive Therapy in answer to a clear demand for Cognitive Therapy services. Since then, the HVCCT has become a leading psychotherapy practice in the Hudson Valley region, and one of the few that specializes in Cognitive Therapy. Our dedicated and caring therapists are committed to providing their clients with treatment that is effective and time-efficient, with results that last over time.

Services Offered

Individual Therapy - Individual therapy is offered for adults, children, and adolescents.

Couples Therapy - Cognitive therapy has been applied successfully to the treatment of couples. Couples are taught to identify and modify thoughts, assumptions, expectations, and beliefs in order to increase satisfaction in their relationship. Behavioral strategies, such as communication enhancement, are offered as well.

Family Therapy - Family therapy can help family members pinpoint problem areas and devise strategies to improve family relationships. HVCCT psychologists are well versed in working with divorce, stepparents/stepchildren, and adoption.

Formalized Testing - The HVCCT offers formalized testing and is available to perform psychological assessments for adults, children, and adolescents. Areas of assessment include intelligence, developmental disabilities, and personality and emotional issues.

Pre-Surgical Evaluations - Psychologists at the HVCCT are available to perform pre-surgical evaluations and postoperative counseling for gastric bypass/bariatric surgery candidates.

Education - We at the HVCCT believe it is important to educate professionals, as well as the community at large, about the benefits and applications of Cognitive Therapy. Our therapists stay abreast of the current trends in psychotherapy research and give lectures and workshops for other health professionals.

What is Cognitive Therapy?

In Cognitive Therapy, clients learn to modify thinking patterns that contribute to life problems. When we are depressed or anxious for example, we tend to see ourselves, other people, and the world through a negative lens. When we are anxious, we tend to view situations as dangerous or threatening. When depressed, we tend to view situations as hopeless. Over time, these perceptions tend to become ingrained and difficult to change.

What is Cognitive Therapy? (continued)

Clients are taught challenge their negative thinking and develop more realistic and healthier ways of thinking. Self-defeating behaviors (e.g., avoidance, poor communication, and procrastination) are also targeted for change. Therapists take an active role in the therapy and work collaboratively with the client to set treatment goals. Clients are also active in the change process. Clients are strongly encouraged to practice what they learn in treatment.

Examples of such exercises may be keeping logs of thoughts and moods, practicing new ways of communicating with others, and confronting situations that are typically avoided. Research overwhelmingly supports the notion that doing these "homework" assignments is one of the best predictors of making lasting and meaningful changes.

We at the HVCCT believe that our goal is to help our clients become their own therapists. We strive to empower our clients so that they can cope more effectively with life's challenges.

Effectiveness of Cognitive Therapy

Cognitive Therapy is one of the few forms of psychotherapy that has been scientifically tested and found to be highly effective in hundreds of clinical studies. Results overwhelmingly support the effectiveness of Cognitive Therapy for a wide range of problems — most notably Major Depression and Anxiety Disorders (including Phobias, Panic Disorder, Social Phobia, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, and Generalized Anxiety Disorder). In addition, recent studies indicate that Cognitive Therapy is also effective for bipolar disorder (with medication), substance abuse, eating disorders, relationship difficulties, personality disorders, and a wide range of other problems.

Problems Addressed

The psychologists at the HVCCT work with adults, children, adolescents, couples, and families. Below are the common problems and circumstances for which individuals seek treatment:

Depression - Common symptoms of depression include feelings of sadness, decreased interest or pleasure in usual activities, changes in weight, changes in appetite, sleep disturbances, feelings of restlessness, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and thoughts of death. Depression may be diagnosed when these symptoms occur for at least two weeks and begin interfering with functioning.

Problems Addressed (continued)

Panic Attacks and Agoraphobia - Panic attacks can best be characterized as a sudden burst of intense fear accompanied by uncomfortable physical sensations. Typical symptoms include difficulty breathing, sweating, chest pain, dizziness, shaking, tingling, nausea, heart palpitations, a feeling of unreality and a fear of dying, going crazy or losing control. Some individuals with panic disorder also develop Agoraphobia. Agoraphobia refers to the fear of going into certain situations because it may trigger a panic attack. Examples of these avoided situations include riding elevators, driving, using public transportation, traveling, going to shopping malls and restaurants, and being home alone.

Generalized Anxiety Disorder (GAD) - GAD is characterized by excessive, unrealistic worry and chronic feelings of restlessness, nervousness, and tension. In adults, the anxiety may focus on issues such as health, safety, money, or career. Worry becomes difficult to control and may lead to problems concentrating, sleeping, and enjoying life. GAD symptoms also may include trembling, muscular aches, headaches, stomachaches, dizziness, and irritability.

Social Phobia - Social Phobia is characterized by extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or humiliation. When entering social situations, these individuals may experience uncomfortable physical symptoms, including shaking and trembling, heart palpitations, faintness, blushing, and profuse sweating. These symptoms can add to the anxiety because the person fears that others are noticing these symptoms and judging him/her negatively because of them. As a result, social situations may be endured with intense discomfort or avoided all together.

Obsessive-Compulsive Disorder (OCD) - In OCD, individuals are plagued by persistent, repetitive thoughts (obsessions) that are intrusive and cause the person intense anxiety. Common obsessions include worry about being contaminated, persistent doubts (e.g., whether they locked the door or turned the stove off), aggressive or inappropriate sexual thoughts, or fears of behaving improperly or acting violently. In order to neutralize or counteract these disturbing thoughts, repetitive rituals (compulsions) may be performed. Common compulsions include cleaning, checking, washing, repeating, and hoarding. The compulsions are aimed to relieve the anxiety brought on by the obsessions, however relief is only temporary. Often OCD sufferers will begin to avoid situations that are likely to bring on obsessions (e.g., avoiding children for fear they will act aggressively, avoiding public bathrooms for fear of contracting a disease, etc.).

Problems Addressed (continued)

Post-Traumatic Stress Disorder (PTSD) - PTSD can follow an exposure to a traumatic event, such as a sexual or physical assault, repetitive abuse, being involved or witnessing an accident, witnessing an act of violence, or a natural disaster. The main symptoms associated with PTSD are (1) reexperiencing the traumatic event (e.g., flashbacks, nightmares); (2) heightened physical arousal (e.g., an exaggerated startle response, difficulty sleeping, irritability, poor concentration), (3) emotional numbing (feeling disconnected and detached from self and others), and (4) avoidance behaviors (such as avoiding places or situations that are reminders of the trauma).

Phobias - People with phobias suffer from an intense fear reaction to a specific object or situation (such as spiders, dogs, or heights). The degree of fear is usually disproportionate to the situation, and is recognized by the sufferer as being irrational. The fear can become so intense that common, everyday situations where they may come into contact with their feared situation, animal, etc. become avoided.

Other Problems Addressed

Health Anxiety/Hypochondriasis

Travel Anxiety

Body Dysmorphic Disorder

Trichotillomania

Personality Disorders

Anger Management

Low Self-esteem

Substance Abuse

Eating Disorders

Weight Management

Separation Anxiety

Childhood Behavioral Problems

Parenting Issues

Foster Care/Adoption Issues

Headaches/IBS

Relationship and Marital Issues

Sexual Dysfunction

Career/Academic Issues

Reproductive/Fertility Related Issues

Bereavement/Grief Counseling

About the Director

Dr. Christine Ziegler is the Founder and Director of the HVCCT. She earned her Ph.D. from Hahnemann University and completed her two-year post-doctoral fellowship in Cognitive Therapy at the Center for Cognitive Therapy at the University of Pennsylvania.

Dr. Ziegler holds a faculty appointment of Assistant Professor at the Albert Einstein School of Medicine. The author of several published articles and book chapters, Dr. Ziegler regularly offers talks and seminars to both professionals and the general public. She is a Founding Fellow of the Academy of Cognitive Therapy, an organization that certifies those who have demonstrated an advanced level of expertise in Cognitive Therapy.

The Hudson Valley Center for Cognitive Therapy

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The HVCCT will be relocated to its new six suite location in September 2004.

The address of our new location is:

421 N. Highland Avenue
Upper Nyack, NY 10960