# PANIC 120 Making behaviour changes



**Student Counselling Services** 

# Avoidance: An Effort To Cope

THE MAJORITY OF PEOPLE WHO EXPERIENCE PANIC, ONCE THEY'VE HAD AN ATTACK, AVOID SITUATIONS IN WHICH THEY FEAR THEY MIGHT HAVE ANOTHER ATTACK (E.G. TAKING THE BUS, STANDING IN LINE-UPS) " (BECKFIELD, 1994).

Subtle Avoiding

- Avoiding certain aspects of a situation (e.g. avoiding shopping at certain times, driving only particular routes)
- Always knowing where support person is or insisting on being accompanied places
- Carrying safety cues (such as a cell phone, bottle of water, medication, etc.)
- Distracting oneself (e.g., by reading on the plane)
- "White Knuckling" to hang-on through your anxiety
- Checking to ensure things are "ok", for a way to escape, for sources of help, pulse
- Drinking to "calm nerves"

These strategies ultimately strengthen feelings of anxiety.

### **Avoidance Perpetuates Panic**

When you avoid anxiety-provoking situations you experience an immediate (but temporary) decrease in anxiety - and this feels good. So you avoid again. And again.

### BUT...

You don't unlearn the connection that you have made between anxiety and a certain situation.

You don't have a chance to find out that:

- 1. Your body won't be able to stay at an extreme level of physical arousal
- 2. You can manage
- 3. A disaster is extremely unlikely.

Take the first step...You don't have to see the whole staircase, just take the first step.

~ Dr. Martin Luther King, Jr.

# **Understanding My Avoidance**

### RECOGNIZING THE SUBTLE AND NOT-SO-SUBTLE WAYS THAT YOU AVOID AS A RESULT OF PANIC IS KEY TO REDUCING YOUR ANXIETY.

Use the sheet below to help you identify your avoidance behavior.

The situations I avoid completely are (e.g. I never take the city bus): \_\_\_\_\_\_

I usually avoid these situations (e.g. Once in awhile I'll agree to go to a concert, but mostly I decline the invitation):

I avoid certain aspects of these situations (e.g. I drive, but never on the highway) \_\_\_\_\_

l distract myself when feeling panicky by (e.g. smoking, engaging in a conversation) \_\_\_\_\_\_

I tend to "white knuckle it" when (e.g. I'm writing an exam and really want to leave, but can't):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Panic has affected my relationships by \_\_\_\_\_

I look for an escape route when (e.g. I'm in a crowded room):\_\_\_\_\_

I determine potential sources of help in case of panic when (e.g. I go out in public alone): \_\_\_\_\_\_

I use drinking/drugs to manage anxiety, especially when (e.g. I just can't relax and I'm having more and more episodes of panic): \_\_\_\_\_\_

# **Challenging Avoidance Behavior**

# EFFECTIVE COPING STRATEGIES INVOLVE ALLOWING YOURSELF TO FULLY EXPERIENCE YOUR ANXIETY, INCLUDING THE UNCOMFORTABLE PHYSICAL SYMPTOMS OF PANIC.

### Let it Happen

You will decrease anxiety by LETTING IT HAPPEN. Exposure works automatically. This has been proven repeatedly in research and clinical settings. The process of exposure is extremely predictable. You'll see for yourself.

### **Staying to Overcome Panic**

During times of increasing anxiety you stay in the situation despite the fear of having a panic attack. During panic attacks, you do not leave the situation. When you repeatedly remain in situations and allow your anxiety to subside, your anxiety WILL extinguish.

Examples of situations where you stay to experience your anxiety:

- Shopping malls
- Gym
- Home alone
- Crowded classrooms
- Movie theatre

When you stay:

- Stop, focus on your task and breathe.
- Use supportive self-statements.
- Trust your body to take care of the symptoms.
- Don't escape, distract, seek reassurance or monitor your body.
- Stay. If you decide to leave, wait until your anxiety/urge to escape has decreased by at least half. Go back as soon as you can.
- Notice that your panic always diminishes.
- Over time, observe that you feel increasingly capable of managing your anxiety.

### **Going Back To Overcome Panic**

There are certain places where you may experience heightened anxiety and panic, but it is impossible to stay because of the nature of the situation. If this is the case, you need to keep going back until your anxiety has decreased.

Examples of situations where you keep going back to experience your anxiety:

- Standing in a line-up
- Using an elevator
- Driving across a bridge
- Taking the bus to school

When you go back:

- Work in small steps.
- Start with the least difficult step (the least feared situation).
- Use abdominal breathing before you enter the situation.
- Don't escape, distract, seek reassurance or monitor your body.
- Stay as long as you can in the situation (e.g., let some people go ahead of you while waiting in line), preferably until your anxiety/ urge to escape has decreased by at least half.
- Use supportive self-statements.
- Trust your body to take care of the symptoms.
- Keep going back until you are ready to move to the next step. Keep repeating the process.
- Notice that your panic always diminishes.
- Over time, observe that you feel increasingly capable of managing your anxiety.

# Making Exposure Effective

- Use hierarchies to practice instead of "test" yourself. When you test yourself (to see if you experience anxiety, stay in a situation without avoiding, etc.), sooner or later you fail. When you practice, the goal is to learn and gradually improve (vs perform perfectly). When you practice despite your fear, you are succeeding. (DuPont, Spencer and DuPont, 1998).
- Start small and work your way up.
- Use a scale (e.g., 0-10) to rate the intensity of your anxiety and to monitor changes in your anxiety level over time.
- Have a back-up plan in case of difficulties with the scheduled exposure task. For example, if it your task was to drive over a bridge alone and you discover the bridge is closed for repair, alter your driving route and find another bridge. Don't avoid!
- Stay until your anxiety decreases by at least half. Longer exposures are most effective.
- If staying in an anxious situation is not an option (e.g., standing in a line up), keep going back until your anxiety decreases by at least half.
- Stay in the moment and give yourself permission to feel all of your anxiety.

- Avoid distracting yourself and/or using safety behaviors (e.g., taking a cell phone to call for help if you start feeling panicky).
- You vary the context of your exposure. For example, if you fear panicking in a crowd, seek crowds in shopping malls, sporting events, concerts, public celebrations, etc.
- Trust your body will take care of the symptoms.
- Use supportive self-statements.
- Expect to feel tired or tense after completing exposure tasks. Challenging anxiety is hard work – give yourself credit.
- Commit to a schedule as you work through your hierarchy. Do some work on anxiety management every day.
- Once you have eliminated a particular avoidance behavior, you may need to continue to approach/stay in the situation on a regular basis to prevent the anxiety from recurring.

# Identifying Obstacles to Eliminating Avoidance

Take some time to consider what obstacles may present themselves as you work to overcome avoidance behavior.

- \_\_\_\_ I don't really understand what I'm supposed to do to change my behavior.
- \_\_\_\_I think it's too difficult to eliminate avoidance behavior.
- \_\_\_\_l'm too frightened to try to stop avoiding.
- \_\_\_\_I lack adequate support.
- \_\_\_\_My other commitments (e.g., school) make it hard to focus on anxiety management.
- \_\_\_\_Someone in my life doesn't want me to change.
- \_\_\_\_l'm scared of succeeding.

Now take some time to problem solve. What can you do to eliminate or minimize obstacles?

# **Exposure Using A Hierarchy**

Address your anxiety in a step-by-step manner. This allows you to expose yourself to anxiety in least feared situations first and gradually approach more feared situations. Mastery and confidence develop over time.

Below are some examples of using a hierarchy to challenge avoidance behavior. Notice that there are a number of steps or tasks in each hierarchy. In general, the more steps the better. Each step involves slightly more anxiety. In addition, each step or task should be repeated, until anxiety has decreased by at least half on a scale of 0-10, before moving to the next step.

### **EXAMPLE 1**

Fear: driving alone on the highway for fear of experiencing a panic attack and causing an accident.

Anxiety Rating Scale	012345678	910
NO	ANXIETY	WORST ANXIETY

#### **Hierarchy:**

Task	Level of Anxiety
Drive to city limits (as if leaving city) and return home	2
Drive 2 minutes outside of city and return home, sister as passenger	3
Drive 2 minutes outside of city and return home, no passenger	4.5
Drive 10 minutes outside of city and return home, sister as passenger	5
Drive 15 minutes outside of city and return home	6
Drive 35 minutes outside of city and return home, sister as passenger	6.5
Drive 30 minutes outside of city and return home	8
Drive on double lane highway for one hour	9.5
Drive on single lane highway for two hours	10

#### EXAMPLE 2

Fear: shopping alone for fear of having a panic attack, passing out and being without help.

Anxiety Rating Scale 0-----1----2-----3-----4-----5-----6-----7-----8-----9-----10

NO ANXIETY	WORST ANXIETY
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#### Hierarchy:

Task	Level of Anxiety
Shopping a corner store for one item	3
Shopping at corner store for several items	4
Shopping at Safeway for one item when the store is not busy	5.5
Shopping at Safeway for several items when the store is busy	7
Shopping at Superstore for one item when the store is not busy	7.5
Shopping at Superstore for several items when the store is busy	8.5
Shopping at Superstore for many items when the store is busy	9

# Managing Setbacks

- Setbacks are normal and to be expected.
- Setbacks can only occur if first there has been some progress. Setbacks are signs that you
  have already made change.
- Setbacks do not mean you have to start all over. You have learned some strategies to manage panic. Get back to/keep using them.
- Setbacks are temporary.
- Setbacks are opportunities to learn new skills.
- Setbacks are signals to:
  - Examine your thinking
  - Sort out what you are feeling
  - Figure out if you are avoiding
  - Do some problem solving
  - Review what worked in the past
- Keep doing what works
- Take care of your physical health
- Get support

Based on Markway et al. (1992)

# Enlisting the Help of Family & Friends

Enlisting the help of a trusted friend or family member can be useful as you work to better manage anxiety. Having the support and encouragement of someone who cares about you can help you to stay motivated to continue to make change. Here are some tips:

- Confide in those you trust and know will be supportive of you. This is not the time for unsolicited advice or criticism.
- If it's difficult to initiate a discussion, consider writing a letter.
- Be honest about your struggles and your successes.
- Offer to provide your support person with information about anxiety and the specific strategies you are using to better cope. Show her/him the information from these sessions.
- Work to ask for and accept the support you need and deserve (e.g., will s/he exercise with you?).
- Ask for honest (and gentle!) feedback.
   Your support person may be able to offer ideas about distorted thinking, avoidance behavior and emotional issues that may be perpetuating your anxiety.
- Explain to your support person that having her/him accompany you to feared situations/when you feel anxious is often a form of avoidance and will

prevent you from fully experiencing your anxiety (your goal!) and discovering your ability to cope on your own.

- Remind your support person that anxiety difficulties take time and effort to manage. You won't simply "get over it." Patience is called for.
- Avoid expecting your support person to become your therapist. Make sure the relationship is a balance of you both listening and sharing. Also, if you can, confide in more than one support person.
- Have fun together.
- Recognize and accept that some people, however well-intentioned, will be unable to provide what you need. Seek another source of support.
- If you discover that your relationship with your support person is contributing to your anxiety, consider how you can address this (e.g., talking with the person, getting help to leave an abusive relationship).

#### **TROUBLE SHOOTING**

### My fear doesn't decrease, even with exposure.

- ➡Ensure that you are staying in each situation as long as possible (or until your anxiety has decreased by at least half).
- →Eliminate safety behaviors.
- →Address anxious thinking.

### My fear returns before the next exposure session.

- →This is natural. Over time your fear will gradually lessen.
- →Be persistent and continue to eliminate avoidance behavior.

### I'm too afraid to engage in an exposure practice.

- ➡Try something less anxiety-provoking.
- ➡ The first item on your exposure hierarchy should be anxiety-provoking, but not so scary that you avoid it. Rework your hierarchy.

#### Exposure is easy.

- →Ask yourself if you are avoiding.
- Rework your hierarchy. If exposure tasks don't feel difficult (i.e., involve anxiety), then you are not treating your anxiety.

### My exposure task is difficult to create (because it doesn't happen often, for example).

- →Be creative. Recreate as many aspects of it as you can.
- ➡Try imaginal, interoceptive or virtual reality exposure.
- ➡Eliminate avoidance behavior in other areas to increase your confidence and lower your overall level of anxiety.

### Something negative happened during my last exposure task.

- →Recognize that you survived your anxiety and the situation. This is good information.
- →Get back on track (i.e., go back) as soon as possible.

# Summary of Strategies

- Decide to take charge of better managing your anxiety.
- Arrange for a medical screen to rule out any physical health problems.
- Know the facts. Remember that panic is not dangerous.
- Trust your body to look after you.
- Pay less attention to physical sensations (e.g. don't monitor your heart rate).
- Think about what may be contributing to your anxiety. Is there anything you can do about the contributing factors (e.g. work to reduce stress, resolve conflict with family members)?
- Make a shift in how you look at panic. Remember, the most effective way to overcome anxiety is to face it. Work toward the belief that you will be doing well when anxiety symptoms no longer matter to you.
- Practice deep breathing.
- Challenge avoidance behavior. Work in a step-by-step way. Stay, don't escape. Keep going back.
- Think about your thinking. Recognize the negative predictions, harsh self-criticism and thinking that is characterized by a sense of helplessness or perfectionism that fuels panic.
- Challenge negative self-talk using questions like: "What are the odds of the worst really happening?" "Would I talk to a friend this way?"

- Develop positive self-statements that are supportive and believable (e.g. "I can be anxious and still carry on with my day. This feeling will pass").
- Eat well, exercise and get adequate rest.
- Seek help if you are using alcohol or drugs to cope.
- Learn to recognize, accept and express your feelings.
- Discover which strategies work best for you.
- Practice, practice, practice.
- Seek and accept support from trusted family members or friends.
- Read about panic and anxiety management.
- Open yourself to taking risks.
- Imagine your success.
- Be patient. Lasting change usually takes time.
- Remember that some amount of anxiety is normal.
- Expect setbacks.
- Give yourself credit. Celebrate your successes.

### Where I'm Going From Here

As you think about all the different ways that people can better manage anxiety, use this sheet to plan your next moves! Check the items that you are interested in trying or that apply to you.

\_\_\_\_I have made a clear decision to better manage my panic. \_\_\_I'm going to work to better understand, accept and express my feelings. \_\_\_\_I will give myself credit for my efforts. \_\_I'm going to remember that anxiety management strate-\_\_\_\_I will review the material given. gies work. \_\_\_\_I will work through the handouts given. \_I'm going to avoid expecting perfection. \_\_\_\_l'm going to use respiratory training. \_\_\_I'm going to get my questions answered. \_I'm going to assess how my lifestyle may be contributing \_I'm going to expect setbacks. to panic. \_\_\_I'm going to seek and accept support. \_\_\_\_ I'm going to practice what I learn. I'm going to be more patient with myself. I'm going to make changes in these areas: \_eating \_\_\_\_substance use \_\_\_\_exercise I can do this! \_\_\_\_leisure time \_\_\_\_sleep \_\_\_\_support

### WHAT TO DO BEFORE A PANIC ATTACK

- Make healthy lifestyle choices
- e.g., eat well, exercise, get enough rest
- Practice abdominal breathing
- Challenge avoidance behavior
- Pay less attention to physical sensations
- Challenge negative thinking about panic/beliefs about self
- Pay attention to what might be contributing to anxiety and address if possible

### WHAT TO DO DURING A PANIC ATTACK

- Acknowledge the panic
- Stay still
- Avoid pacing, fidgeting, foottapping, etc.
- Don't escape or avoid
- Breathe
- Use short, supportive statements
- This is not a time to try to challenge negative thoughts

#### WHAT TO DO AFTER A PANIC ATTACK

- Breathe
- Don't rush to leave
- Give yourself credit for coping
- Complete a self-monitoring form as soon as possible
- Take time to challenge negative thoughts

# Information About Panic For Family and Friends

### WHAT ARE PANIC ATTACKS?

A panic attack is a relatively brief period of intense fear that has a sudden onset and usually reaches a peak in intensity within ten minutes or less. Common symptoms of a panic attack include:

- Sweating
- Feeling dizzy or faint
- Trembling
- Accelerated heart rate
- Chest pain
- Nausea or upset stomach
- Choking sensation

- Numbness or tingling sensations
- Hot or cold flashes
- Fear of dying, going crazy or losing control
- Shortness of breath
- Feelings of unreality or of being detached from oneself

A particularly frustrating aspect of panic attacks is the fact that they occur in familiar settings, and in situations that do not involve real danger. Nonetheless, the episodes are often accompanied by a sense of impending doom and/or an intense urge to escape from wherever the attack is occurring.

After experiencing a panic attack, many panic sufferers worry about having additional attacks. They may also begin to avoid certain situations in which they fear they may experience panic (e.g. being in a crowd, standing in line, traveling in an automobile).

Panic Disorder occurs when individuals experience recurrent, unexpected panic attacks accompanied by persistent concern about having additional attacks, worry about the consequences of having panic (e.g., "going crazy") or making a significant behavioral change because of panic.

American Psychiatric Association (1994)

### WHEN DOES PANIC HAPPEN?

Problems with panic usually begin between the ages of 18 and 35, with the peak time of onset in the mid-twenties (Beckfield, 1994).

The frequency and severity of panic attacks vary widely. Some people have frequent attacks (e.g., 8 times/month for many months). Others report short bursts of frequent attacks followed by periods without any panic (American Psychiatric Association, 1994). This typical fluctuation of panic symptoms over time often contributes to the feeling that panic is uncontrollable and occurs for no reason. However, if the timing of panic is closely examined, most people discover that attacks are related to certain thoughts, feelings or events. For some individuals, the following may prompt a panic attack:

- Stress
- Suppression of anger
- Separation or loss (e.g. death of a family member)
- Interpersonal conflict
- Hormonal events (e.g. birth of a child) (Beckfield, 1994)

### WHY PANIC?

It is likely that a combination of factors make some individuals more vulnerable to panic. These include the following: genetics, temperament, family experiences and stressful life events.

### HOW DO PEOPLE DEAL WITH PANIC ATTACKS?

- It is important to see a doctor to rule out a physical cause for the anxiety symptoms. While medication may be suggested, medication alone rarely assists people in overcoming problems with recurring panic. The use of medication should be combined with counselling.
- Find a counsellor who can help people make changes in their thinking (cognitions) and behavior to reduce panic.
- Know that panic attacks are NOT dangerous. They are not hazardous to one's heart and will not cause people to suffocate, faint, fall, "lose control" or "go crazy" (Bourne, 2000).
- Remember that panic attacks ALWAYS end is helpful.
- Understand that the most effective way to overcome anxiety is to face and accept it. Rejecting and resisting anxiety consumes time and energy. The less people wait for, and worry about, panic the more freed up they are to enjoy life.
- Pay less attention to physical sensations (e.g., stop monitoring heart rate); this is because people with panic tend to be more alarmed by
  physical reactions and are more likely to interpret these as indications of physical danger (e.g. to believe that difficulty swallowing could
  result in choking or suffocation).
- When people first notice themselves beginning to feel anxious, they should focus on slowing down their breathing. When people are anxious, they automatically breathe in a more rapid and shallow way. This results in a variety of uncomfortable physical symptoms (e.g. dizziness, cold and clammy hands). These physical sensations tend to alarm panic sufferers, thereby prompting, increasing and maintaining panic.
- When panicky, people should slow down their entire bodies (e.g. stop pacing and sit quietly).
- Panic suffers engage in catastrophic thinking (e.g., "What if I pass out!""I'm going to have a heart attack!") that involves misinterpreting uncomfortable physical symptoms as signs of true danger (e.g., believing that tingling sensations are a sign of a stroke). Replacing anxiety-provoking thoughts with brief, supportive and believable self-statements (e.g. "This will pass." "I can cope") is essential.
- Working to better identify, accept and express feelings is often useful. Unresolved emotions, such as anger and grief, can result in anxiety that feeds episodes of panic.
- It is essential that people who experience panic stop avoiding situations and places where they fear they will experience panic. When avoidance behavior is eliminated, people learn that disasters are unlikely and that panic symptoms do diminish.
- Maintain healthy habits (e.g. choosing nutritious meals, exercising, getting enough rest, etc.) is an important way of reducing overall levels of stress and making panic less likely to occur.
- The support and understanding of friends and family members is valuable.

I am not discouraged, because every wrong attempt discarded is another step forward.

~ Thomas Edison

# Providing Your Support To A Student With Panic

If you are a friend or family member of a student who has sought assistance for difficulties with panic, the following suggestions may be helpful as you work to provide your support.

- Learn more about panic. Read information provided to you and gather own.
- Remember that you don't have to be an expert or a therapist to listen and show you care.
- Remember that it's not your job to cure the anxiety. Ultimately, it is up to the person experiencing the anxiety to decide to work to overcome it or not. If you believe that effort isn't being put forth/progress isn't being made, ask the person with anxiety what s/he thinks needs to happen next. However, it is unrealistic for you to become the person's motivator and monitor. Decide together on a realistic and agreeable plan.
- Be honest about what you can and cannot provide. Say no if you will feel burdened and unable to provide the assistance that is being requested.
- Be patient. Difficulties with panic take time and work to overcome. This is not the time for unsolicited advice or criticism. Also, pressure is a poor motivator.
- Show sincere interest and optimism. Being supportive and encouraging goes a long way.
- Acknowledge the anxiety without being harsh or judgmental.
   "I can see that this is really difficult for you. It seems that panic attacks can be so frustrating and overwhelming."
- You may have some strong ideas about what you think might be helpful. Be cautious in offering these. Respect the anxious person's effort and ability to consult with experts if need be.
- Acknowledge any progress you see, no matter how small or slow. Progress is progress.
- Offer to role-play anxious situations (e.g., be the professor and listen to a dry run of the class presentation).
- Recognize that lasting change is typically the result of slow and careful steps. Encourage practice in this way.
- When asked, provide honest (and gentle!) feedback. Your may be able to offer ideas about distorted thinking, avoidance behavior and emotional issues that may be perpetuating the anxiety.
- Be cautious about accompanying your friend or family member to feared situations – doing so is often a poor anxiety management strategy that will delay a person's ability to discover s/he can cope on her/his own.

- Be aware that, in some situations, providing reassurance (e.g.,"Don't worry, you won't have a heart attack.") may actually work against improved anxiety management. For an anxious person, reassurance can become a form of avoidance. Depending on the reassurance of other people makes it difficult for an anxious person to fully experience her/his anxiety (the goal!) and develop ways to be self-reassuring. So, how do you know when it is helpful to provide reassurance? Generally, if the situation is one that the anxious person is working to no longer avoid, escape from or endures with intense distress, refrain from providing reassuring statements. Acknowledge the anxiety being experienced and the effort being put forth to address it. If the situation is such that, as a non-anxious person, you believe you would benefit from reassurance, provide it.
- Have fun together.
- If you continually feel overwhelmed by the anxious person's level of distress and unsure of how to help, seek professional help.
- If your friend or family member is using drugs or alcohol to cope with anxiety, encourage him/her to seek professional assistance from physician or counsellor.
- If your friend or family has become depressed as a result of difficulties with anxiety, encourage him/her to seek professional assistance from a physician or counsellor as soon as possible. Timely treatment can reduce suffering and facilitate improved mood and ability to manage anxiety.
- Take your friend or family member seriously if s/he talks about suicide. S/he needs to see a counselor or doctor if s/ he has thoughts of suicide. Get help IMMEDIATELY if s/he is so distressed that s/he cannot think of any other solution except suicide, fears s/he will harm her/himself, secures a means to self-harm (e.g., finds pills or a gun) or tells you about a plan to attempt suicide. NEVER agree to keep plans for suicide a secret, even if your friend becomes angry and claims you will be betraying trust if you tell others. It is an act of true caring to take action when your friend most needs assistance. Call an ambulance or 911, take your friend to the emergency room at the hospital or to his/her doctor, or call the Suicide Crisis Line number in the front of the phone book

Adapted from DuPont, Spencer and DuPont (1998).

# Suggested Reading for Managing Panic

- Barlow, D. & Craske, M. (1994). Mastery of Your Anxiety & Panic II. Albany, NY: Graywind.
- Barlow, D & Craske, M. (2000). Mastery of your anxiety and panic: Client workbook for anxiety and panic (MAP 3). San Antonio: Graywind/Psychological Corporation.
- Beckfield, D. (1994). Master Your Panic and Take Back Your Life: Twelve Treatment Sessions to
- Overcome High Anxiety. San Luis Obispo: Impact Publishers.
- Craske, M. & Barlow, D. (2000). Mastery of your anxiety and panic. Boulder, CO: Graywind Publications.
- Handly, R. (1993). Anxiety And Panic Attacks: Their Cause And Cure. Random House.
- MacFarlane, M. (2001). The Panic Attack, Anxiety And Phobia Solutions Handbook. United
- Research Publishers.
- Peurifoy, R. (1995). Anxiety, Phobias And Panic: A Step-By-Step Program For Regaining Control Of Your Life. New York: Warner.
- Weinstock, L. & Gilman, E. (1998). Overcoming Panic Disorder: A Woman's Guide. Chicago:
- Contemporary Publishing Group.
- Wilson, R. (1996). Don't Panic: Taking Control of Anxiety Attacks. New York: Harper Perennial.
- Wilson, R. (1996). The Don't Panic Self-Help Kit. Chapel Hill: Pathway Systems.
- Zuercher-White, E. (1997). An End to Panic: Breakthrough Techniques for Overcoming Panic Disorder. Oakland: New Harbinger Publications.
- www.algy.com/anxiety/files/barlow.html
- www.adaa.org
- www.paniccenter.net
- www.anxieties.com
- www.anxietypanic.com
- www.cpa.ca/factsheets/panic\_disorder.htm

#### References

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders. (4th ed.). Washington, DC: Author.

Barlow, D. & Craske, M. (1994). Mastery of Your Anxiety & Panic II. Albany, NY: Graywind.

Beckfield, D. (1994). Master Your Panic and Take Back Your Life: Twelve Treatment Sessions to Overcome High Anxiety. San Luis Obispo: Impact Publishers.

Bourne, E. (2000). The Anxiety and Phobia Workbook. Oakland: New Harbinger.

Craske, M. and Barlow, D. (2001). Panic Disorder and Agoraphobia. In D. Barlow (Ed.), Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual. New York: Guilford Press.

DuPont, R., Spencer, E. & DuPont, C. (1998). The Anxiety Cure: An Eight-Step Program for Getting Well. New York: John Wiley & Sons.

Greenberger, D. & Padesky, C. (1995). Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients. New York: Guilford Press.

Leahy, R. and Holland, S. (2000). Treatment Plans and Interventions for Depression and Anxiety Disorders. New York: Guilford Press.

Markway, B., Carmin, C., Pollard, A., & Flynn, T. (1992). Dying of Embarrassment: Help for Social Anxiety and Phobia. Oakland: New Harbinger Publications.

National Institute of Mental Health, The Anxiety Disorders Education Program, pamphlet, 1999.

Wilson, R. (1996). Don't Panic: Taking Control of Anxiety Attacks. New York: Harper Perennial.

Antony, Martin. (29 & 30 Apr. 2004). "Assessment and Treatment of Anxiety Disorders in Adults and Children." Psychological Society of Saskatchewan 2004 Spring Institute, Saskatoon, SK.