



InfoSheet

Panic Disorder Support Group • Fort Lauderdale

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Psychological Treatment for Panic Disorder

The efficacy of psychological treatments for panic disorder has been demonstrated in several centers around the world. Outcome studies show that over 80% of patients become symptom-free after treatment is concluded.

Anxiety is beneficial and necessary in our day-to-day lives. It serves to alert and protect us from danger by placing us in our best condition for fight or flight when we feel threatened. In panic attacks, fear, discomfort and impairment only occur when the mechanisms we have that help us detect and respond to danger are not well tuned. In this case, we overreact with intense peaks of anxiety to situations that realistically present no significant danger. The feeling of anxiety can be understood as the simultaneous occurrence of a physiological, a cognitive and a behavioral component. Physiological reactions include palpitation, fast breathing, chest pains, sweating, cold or hot flashes, muscular tension, numbness, dizziness, and other physical sensations. Cognitive components include thoughts or beliefs about the threatening situation, as it is perceived. Behavioral responses include avoidance or confrontation of the feared situation.

After an individual suffers an initial panic attack, she may become preoccupied with the possibility of the reoccurrence of new attacks. She then starts to scan her body repetitively to try to detect sensations that can help her predict an impending attack. Fearful thoughts will end up by intensifying physiological sensations that will increase the conviction of the frightening thoughts leading to a vicious cycle. Avoidance behavior will tend to make the fear grow as the individual is reinforced by the repeated rewarding sensation of relief experienced every time the fearful situation is avoided. Escalation of the mentioned component symptoms will heighten the level of anxiety culminating with the predictable occurrence of panic attacks.

In the first phase of treatment, it is important to explain and demystify the acute bothersome sensa-

tions that the patient does not understand, and her belief of shortly suffering disastrous consequences. The second phase of treatment covers providing the patient techniques and skills that help her develop confidence in her ability to control the escalation of the threatening sensations, thoughts and behaviors.

The patient is taught how to challenge dysfunctional thoughts and beliefs. Breathing retraining and progressive muscular relaxation is practiced in session and assigned as homework to improve the patient's proficiency. These techniques serve to reduce hyperventilation (a critical factor in producing a panic sensation), and to reduce the effects of physical stress. These tools are helpful coping mechanisms to be used by the patient when she detects initial signs of the occurrence of a panic attack. The third phase of treatment uses the patients newly acquired skills to practice exposure to physiological symptoms similar to those that are felt during a panic attack. During the exercises, the therapist provides assistance and encouragement to the patient to help her overcome her fears. The fourth phase of treatment starts when the patient is confident of her ability to control the escalation of her anxiety. At this point, a detailed hierarchy of tasks of increasing difficulty is prepared with the patient for in vivo exposure. The patient is encouraged to progress through the list of tasks (first accompanied by someone, then by herself) to overcome pending agoraphobic reluctance that she may have. Finally during the fifth phase of treatment, some sessions are used to consolidate treatment gains and avoid relapse by increasing the patient's understanding of possible underlying benefits the panic disorder provides.

Motivation for recovery, responsibility for progress, and willingness to engage in extensive self-monitoring activities are fundamental for a positive treatment outcome. Treatment duration varies depending on the specific situation of the patient. A general guideline for the number of sessions required for the psychological treatment of panic disorder would be from 12 to 20 sessions of individual therapy.

