

## What Is A Panic Attack?

A PANIC ATTACK IS A SUDDEN ONSET OF INTENSE FEAR (IN A SITUATION THAT DOES NOT INVOLVE REAL DANGER) THAT QUICKLY REACHES A PEAK IN INTENSITY.

Symptoms include:

- sweating
- trembling
- chest pain
- choking sensation
- hot/cold flashes
- shortness of breath
- urge to flee
- dizziness
- increased heart rate
- nausea/upset stomach
- numbness or tingling sensations
- fear of dying, going crazy, losing control
- feeling detached from oneself
- difficulty swallowing

## What Is Panic Disorder?

INDIVIDUALS WITH PANIC DISORDER FEAR THAT THE BODILY SENSATIONS ASSOCIATED WITH PANIC WILL CAUSE PHYSICAL OR MENTAL HARM. THIS IS SOMETIMES KNOWN AS THE "FEAR OF FEAR."

- Individuals with Panic Disorder may develop situationally predisposed or situationally bound panic attacks
- Panic Disorder involves recurrent, unexpected panic attacks followed by:
  - persistent fear of having additional panic attacks
  - worry about the consequences of having panic attacks (e.g., loss of a close relationship)
  - or significant changes in behavior as a result of the attacks (e.g., stop attending school)

## What Is Agoraphobia?

AGORAPHOBIA INVOLVES FEAR OF EXPERIENCING PANIC IN A PLACE WHERE ESCAPE MAY BE DIFFICULT OR EMBARRASSING OR WHERE HELP MAY BE DIFFICULT TO OBTAIN.

- Agoraphobic fears typically involve situations such as the following:
  - being away from home alone
  - being in a crowd
  - standing in a line
  - being on a bridge
  - using public transportation
- Feared situations are
  - avoided
  - endured with a great deal of distress
  - or require the presence of a "safe person"

Ultimately we know  
deeply that the  
other side of every  
fear is a freedom.

*Marilyn Ferguson*

# What Causes Problems With Panic?

LIKELY A COMBINATION OF FACTORS

## Family experiences

Early loss of a parent, overprotective parents, overly critical parents, growing up in a chaotic family or one where emotion is discouraged or abuse occurred can contribute to anxiety problems (Bourne, 2000).

## Stressful life events

Problems with anxiety can develop following periods of significant loss (e.g., significant illness or death of a family member) or life change such as starting university, having a baby (Bourne, 2000).

## Heredity

If you have a first degree relative with panic disorder, your risk of developing the disorder increases. Having relatives who suffer from depression, alcoholism or other anxiety problems may also leave you more susceptible to panic disorder (Beckfield, 1994).

## Temperament

Were you born shy, cautious or introverted? Being born with a temperament characterized by discomfort with unfamiliar situations may increase your vulnerability to panic later in life (Beckfield, 1994).

## Personality

Certain personality features are typical of panic sufferers (Beckfield, 1994):

- Attach deeply to others; extra-sensitive about separation
- Frequent worries about death and disaster
- Excessive concerns about illness
- Strong need for control
- Feelings of inadequacy
- Lack of assertiveness
- Avoidance of emotion

## Biology

Symptoms of anxiety can arise from certain medical conditions (inner ear problems, hypoglycemia, hyperthyroidism). +Also, research shows that people with panic have highly sensitive and reactive nervous systems. They tend to have “anxiety sensitivity” (perceive anxiety as harmful) and have heightened awareness of, or ability to detect, bodily sensations of arousal (Craske and Barlow, 2001).

## THE PANIC PROCESS

Initiating circumstance  
(internal or external)



Slight increase in  
uncomfortable physical  
sensations



No immediate or apparent  
external danger



Increased focus on the  
physical sensations



Misinterpretation of  
intense bodily sensations  
as dangerous



— → **PANIC**



Escaping, avoiding



Anxious thoughts and  
feelings about certain  
situations



Fear of panic recurring



Monitoring for  
uncomfortable physical  
sensations



# Panic Facts

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- A panic attack causes the fastest and most complex reaction known within the human body. It immediately alters the functioning of the eyes, several major glands, the brain, heart, lungs, stomach, intestines, pancreas, kidneys and bladder, and the major muscle groups.” (Wilson, 1996, p. 5).
- Panic may seem to occur “out-of-the-blue.” However, on closer examination, it is connected to certain events, thoughts or feelings. A variety of events may prompt panic, including stress, separation or loss, conflict, and hormonal events such as pregnancy (Beckfield, 1994).
- Usually begins between late adolescence and mid-thirties (American Psychiatric Association, 1994) with the peak onset in the mid-twenties (Beckfield, 1994).
- In the general population, the lifetime risk of developing panic disorder (with or without agoraphobia) is between 2 and 6% (Craske and Barlow, 2001).
- There is a genetic contribution to the development of panic. First-degree relatives of individuals with panic disorder have a 4 –7 times greater chance of developing panic disorder (American Psychiatric Association, 1994).
- The frequency and severity of panic attacks vary widely. Some individuals have frequent attacks (e.g. 4 times/month for many months). Others report short bursts of frequent attacks separated by periods without any attacks. This typical fluctuation of symptoms over time is frustrating and contributes to the feeling that panic is uncontrollable (Beckfield, 1994).
- People with panic disorder can become excessively anxious about routine activities, particularly those associated with well-being or separation from loved ones (American Psychiatric Association, 1994).
- Most people who have a panic attack in a particular situation come to dread that situation and so make the decision to avoid it (Beckfield, 1994).
- Panic sufferers may avoid in subtle ways. For example, they may adjust the time they shop, adjust the route they drive, hold on to objects for fear of fainting, and develop superstitious behaviors to gain a sense of safety (Beckfield, 1994; Craske and Barlow, 2001).
- Women are twice as likely as men to experience panic disorder without agoraphobia and three times as likely to experience panic disorder with agoraphobia (American Psychiatric Association, 1994). In fact, the strongest predictor of agoraphobia is gender. Biological differences and sex role expectations and demands likely contribute to the female predominance of the disorder (Wilson, 1996).
- Agoraphobia usually develops within the first year of the onset of recurring panic attacks (American Psychiatric Association, 1994).
- Panic frequently coexists with: depression, other anxiety disorders and substance abuse (American Psychiatric Association, 1994).
- Panic often coexists with relationship problems (American Psychiatric Association, 1994). Individuals with panic may be afraid of losing their “safe” person if they assert themselves. Partners of individuals with panic may experience frustration in being the “safe” person.
- The longer an individual experiences panic, the more likely depression is to develop (Davies, 2001).
- Individuals with panic often misinterpret mild physical symptoms as catastrophic and seek medical reassurance. Frequent visits to health-care facilities may result in numerous absences from work or school (American Psychiatric Association, 1994).
- Chronic difficulties with panic can contribute to feelings of shame and discouragement. Often, struggles to carry out normal routines are attributed to personal “weakness” and further increase feelings of demoralization (American Psychiatric Association, 1994).
- Individuals with panic disorder may self-medicate in an attempt to manage their symptoms. Problematic use of alcohol, marijuana and cocaine is not uncommon (NIMH, 1999).
- There is an increase in panic and agoraphobia during the summer, primarily because heat increases heart rate, dizziness and dehydration. In addition, there are more opportunities to be outside, where people with panic tend to feel more vulnerable (Leahy and Holland, 2000).
- During the course of a year, 30-40% of the general population will have a panic attack. However, most of these people will not interpret their panic as a signal of danger, and thus will not develop panic disorder (Leahy and Holland, 2000).
- Cognitive-behavioral strategies are widely accepted and an effective treatment for panic (Beckfield, 1994).

# Why Me??

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PROBLEMS WITH ANXIETY ARE LIKELY THE RESULT OF A NUMBER OF DIFFERENT FACTORS. ANSWERING THE QUESTIONS BELOW CAN HELP YOU TO UNDERSTAND SOME OF THE FACTORS THAT MAY LEAVE YOU MORE VULNERABLE TO EXPERIENCING PANIC."

- |  |  |
|--|--|
| _____ Are you female?  | _____ Do you have a first-degree relative who has difficulties with anxiety?                   |
| _____ Are you in your twenties or early thirties?                | _____ Do you have relatives who suffer from depression or alcoholism?                          |
| _____ Did you experience the early loss of a parent?             | _____ Have you always been shy, cautious or introverted?                                       |
| _____ Did you grow up in a chaotic family situation?             | _____ Do you attach deeply to others and feel extra-sensitive about separation?                |
| _____ Would you describe your parents as "overly protective?"    | _____ Do you routinely experience a strong need for control?                                   |
| _____ Did you grow up in a family where emotion was discouraged? | _____ Do you experience chronic feelings of inadequacy and/or difficulties with assertiveness? |
| _____ Did you feel overly criticized as a child?                 | _____ Do you tend to avoid the expression of emotion?  |
| _____ Did you experience childhood abuse?                        | _____ Do you have a medical condition that produces symptoms of anxiety?                       |
| _____ Have you been bullied or rejected by peers?                |  |
| _____ Have you experienced a significantly stressful life event? |  |

## Panic Triggers

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KNOWING WHAT TENDS TO TRIGGER YOUR PANIC WILL HELP YOU TO "CATCH" IT BEFORE IT BECOMES A FULL-BLOWN ATTACK.

Some examples of panic triggers include the following:

- Emotions under the surface (particularly anger and grief)
- Chronic stress (particularly related to loss and separation)
- Conflict
- Too little sleep
- Too much caffeine (for some people this may mean one or two cups of coffee!)
- Too much alcohol
- Hormonal changes
- Sensation that holds meaning because of a past trauma
- Situation that has been associated with panic in the past

To identify triggers, ask yourself:

1. "What was I thinking/doing/feeling just before the panic began?"

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2. "What was happening around me/in my life?"

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# Understanding My Panic

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USE YOUR RESPONSES TO THE STATEMENTS BELOW TO HELP YOU GAIN AN INCREASED UNDERSTANDING OF YOUR PANIC.

## How it began

1. The first panic attack was \_\_\_\_\_  
\_\_\_\_\_
2. My symptoms included \_\_\_\_\_  
\_\_\_\_\_
3. At that time in my life, I was experiencing \_\_\_\_\_  
\_\_\_\_\_
4. I think the reason I have panic is \_\_\_\_\_  
\_\_\_\_\_

## My Panic Now

1. I'm afraid this will happen during a panic attack: \_\_\_\_\_  
\_\_\_\_\_
2. I'm afraid this will happen if I can't leave a situation when feeling panicky: \_\_\_\_\_  
\_\_\_\_\_
3. Panic worsens when \_\_\_\_\_  
\_\_\_\_\_
4. My triggers are: \_\_\_\_\_  
\_\_\_\_\_
5. Because of the panic I don't \_\_\_\_\_  
\_\_\_\_\_
6. Panic has affected my relationships by \_\_\_\_\_  
\_\_\_\_\_
7. The worst time in my life in terms of panic was \_\_\_\_\_  
\_\_\_\_\_

## Coping

1. Some of the strategies I use to cope are: \_\_\_\_\_  
\_\_\_\_\_
2. When panic is no longer an issue, I will \_\_\_\_\_  
\_\_\_\_\_

# Self-monitoring

Recalling episodes of panic after they have occurred tends to inflate estimates of their intensity. This, in turn, contributes to anxiety about future episodes. Hence, learning to accurately monitor the frequency, intensity and symptoms of panic is important to reducing anxiety.

Use this sheet to record information about each episode of panic you experience. Record this information immediately after experiencing panic, with a focus on obtaining a more objective picture of what is happening for you. A more objective perspective will provide you with useful information and, ultimately, help lower your anxiety.

Date\_\_\_\_\_

Time panic began\_\_\_\_\_ maximum\_\_\_\_\_ ended \_\_\_\_\_

What prompted the panic? \_\_\_\_\_  
\_\_\_\_\_

Rate the intensity 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

NO ANXIETY

WORST ANXIETY

Symptoms Experienced:

\_\_\_ sweating

\_\_\_ dizziness

\_\_\_ urge to flee

\_\_\_ trembling

\_\_\_ increased heart rate

\_\_\_ difficulty swallowing

\_\_\_ chest pain

\_\_\_ nausea/upset stomach

\_\_\_ hot flashes

\_\_\_ choking sensation

\_\_\_ numbness or tingling sensations

\_\_\_ cold flashes

\_\_\_ fear of dying

\_\_\_ shortness of breath

\_\_\_ fear of losing control

\_\_\_ fear of going crazy

\_\_\_ feeling detached from oneself

To identify triggers, ask yourself:

1. Avoidance behavior \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Misinterpretations/catastrophic thoughts \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on 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.

# Eliminating Catastrophic Thinking

We all have a running monologue that goes on in our mind everyday.

Self-talk (the things we say to ourselves about immediate, past or future situations) is a critical factor in how we feel.

Panic sufferers share a belief that physical symptoms signal some kind of danger. Studies show that panic sufferers associate bodily symptoms with perceived danger more strongly than those without panic (Craske and Barlow, 2001).

Panicky thinking can be characterized by “what if” worrying. Examples of “what if” worrying include the following:

- “What if I pass out?”
- “What if I have a heart attack?”
- “What if I can’t get help?”
- “What if I look like a fool?”

Panic attacks accompanied by many catastrophic thoughts are likely to be more severe (Beckfield, 1994).

## My Misinterpretations

BECAUSE ANXIOUS THINKING BREEDS ANXIETY, ADDRESSING THE SPECIFIC MISINTERPRETATIONS YOU MAKE WHEN YOU EXPERIENCE ANXIETY SYMPTOMS IS CRUCIAL TO BETTER MANAGING PANIC. IDENTIFY THE MISINTERPRETATIONS YOU TEND TO MAKE.

- |   |  |
|---|--|
| _____ “I’m going to have a heart attack.” | _____ “I’m having a stroke.”                   |
| _____ “I’m going to die.”                 | _____ “I’m going to lose control of myself.”   |
| _____ “I’m going to suffocate.”           | _____ “I’m losing my mind.”                    |
| _____ “I’ll stop breathing.”              | _____ “I won’t be able to get out of here.”    |
| _____ “I’m going to pass out.”            | _____ “I’m going to scream.”                   |
| _____ “I’m going to throw up.”            | _____ “Something is really wrong with me.”     |
| _____ “I’m going blind.”                  | _____ “Something terrible is going to happen.” |
| _____ “I’m going crazy.”                  | _____ “I’m going to make a scene.”             |
| _____ “I’m going to fall.”                |  |
| _____ “I can’t walk.”                     |  |

### Eliminating catastrophic thinking is crucial to overcoming panic.

*The wind was against them now, and Piglet’s ears streamed behind him like banners as he fought his way along, and it seemed hours before he got them into the shelter of the Hundred Acre Wood and they stood up straight again, to listen, a little nervously to the roaring of the gale among the tree tops.*

*“Supposing a tree fell down, Pooh, when we were underneath it?”*

*“Supposing it didn’t.” said Pooh after careful thought.*

A.A Milne Winnie the Pooh

### PHYSICAL SYMPTOMS MISINTERPRETED

- Racing heart ➔ “I’m going to have a heart attack.”
- Choking sensations ➔ “I’m going to suffocate.”
- Dizziness ➔ “I’m going to pass out.”
- Queasy stomach ➔ “I’m going to throw up.”
- Blurry vision ➔ “I’m going blind.”
- Disorientation ➔ “I’m going crazy.”
- Weak legs ➔ “I’m going to fall.” or “I can’t walk.”
- Tingling sensations ➔ “I’m having a stroke.”
- Intense symptoms ➔
  - “I’m going to lose control of myself.”
  - “This will never end.”
  - “I’m really scared.”
  - “I won’t be able to get out of here.”
  - “I’m going to scream.”
  - “Something is really wrong with me.”
  - “Something terrible is going to happen.”
  - “I’m going to make a scene.”
  - “I’m going to die.”

# Panic Facts

- **Panic attacks are NOT dangerous.** Panic is an entirely natural bodily response that simply occurs out of context. Panic is “the right response at the wrong time”.
- **Panic attacks are NOT hazardous to your heart and do NOT cause heart failure.** During a panic attack an electrocardiogram shows that there are no abnormalities in heart rhythm – only rapid heart rate. Rapid heart rate during panic does not damage the heart.
- **Panic attacks ALWAYS end.** ALWAYS. Panic is caused by a sudden surge of adrenalin. Much of the adrenalin will metabolize and be reabsorbed in your body in about 3 – 5 minutes. As soon as that happens, you will begin to feel better. While successive panic attacks are possible, panic attacks are always time-limited.
- **You will NOT fall during a panic attack.** The adrenalin released during panic can dilate blood vessels in your legs, causing blood to accumulate in your leg muscles. This produces the sensation of weakness. In reality, your legs are as strong and able to carry your weight as ever.
- **There is NO association between panic and psychosis.** No one has ever “gone crazy” from a panic attack. Mental disorders such as schizophrenia or manic-depressive psychosis develop gradually over a period of years and do not arise from panic.
- **Panic will NOT cause you to lose control of yourself.** During panic, your senses and awareness are focused on a single goal: escape. Leaving the situation (or looking for a way to) is the only way in which you might “act out.”
- **Panic attacks will NOT cause you to suffocate.** Your brain has a built-in reflex mechanism that will force you to breathe if you’re not getting enough oxygen.
- **You will NOT faint during a panic attack.** When you panic, your heart pumps harder and increases your circulation. Your blood pressure rises. When people pass out their blood pressure has fallen. The one rare exception to this is fainting associated with a blood phobia.
- **Outcome studies for cognitive-behavioral treatment of panic and agoraphobia are extremely favorable.** This treatment requires active involvement on the part of the individual with panic.

## My Beliefs That Fuel Panic

LISTED BELOW ARE SOME EXAMPLES OF SELF-TALK THAT TEND TO INCREASE STRESS AND TENSION, THEREBY CONTRIBUTING TO PANIC. DO ANY OF THESE STATEMENTS SOUND FAMILIAR?

- |  |   |   |
|--|---|---|
| ____ Anxiety is bad.   | ____ The consequences of others’ disapproval will be severe.  | ____ I believe I can never do as good a job as others.        |
| ____ Anxiety symptoms should be avoided.                         | ____ Anxiety is a reflection of inadequacy and worthlessness. | ____ No matter how stressed I am, I must be there for others. |
| ____ I can’t trust my body.                                      | ____ I must avoid risk.                                       | ____ I have to take care of others before myself.             |
| ____ I’m helpless (e.g. “I can’t do anything to control this.”). | ____ I must be perfect.                                       | ____ I am unable to manage on my own.                         |
| ____ I must always be on guard.                                  | ____ I must avoid displeasing others.                         | ____ I’m undesirable.   |
| ____ Others should not see my anxiety.                           | ____ I have to be perfectly in control at all times.          |   |
| ____ Everyone will disapprove of me.                             |   |   |

Wilson (1996)

**What you say to yourself has a powerful impact on the amount of anxiety you will experience.**



# Challenging Anxious Thinking

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## Step #1: Identify negative self-talk

- "What if" worrying ("What if I pass out?")
- Harsh self-criticism ("I'm a loser.")
- Helplessness ("I need someone to go with me.")
- Perfectionism ("I have to get it right.")

## Step #2: Examine the evidence "for" and "against"

### "For"

- What makes me think this?

### Against"

- What are the odds?
- Is there another explanation?
- Is there another perspective?
- Is this way of thinking helpful?
- Would I talk to a friend this way?

## Step #3: Generate self-talk that discourages anxiety

- Supportive
- Believable
- Acknowledges feelings

Adapted from the work of Bourne (1995) and Greenberger & Padesky (1995).

# Examples Of Challenging Anxious Thinking

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## EXAMPLE 1

Misinterpretation of a physical symptom

### Step #1: Identify negative self-talk

- "I'm going to pass out!"

### Step #2: Examine the evidence "for" and "against"

#### "For"

- "I'm sweating."
- "I feel really dizzy and lightheaded."
- "It's really hot in here."

#### "Against"

- "I've never passed out during a panic attack before."
- "During panic my blood pressure goes up, not down."
- "Fainting is not a symptom of panic."

### Step #3: Generate self-talk that discourages anxiety

- "I'm feeling some strong anxiety symptoms, but I know they are not dangerous."
- "Even though I feel like I will pass out, I know I won't."
- "My body knows how to handle this."
- "This will pass."

## EXAMPLE 2

Negative belief about oneself

### Step #1: Identify negative self-talk

- "I'm so scared that I'll panic while driving. I'm such a loser."

### Step #2: Examine the evidence "for" and "against"

#### "For"

- "I experience so much panic that I can't drive."
- "I miss a lot of social events because I refuse to drive to them."
- "I haven't figured out how to overcome my anxiety."

#### "Against"

- "I can't yet drive, but I do take public transportation. I get myself to school everyday."
- "I'm reading about anxiety management. And I saw a counselor."
- "I would never call a friend a loser."

### Step #3: Generate self-talk that discourages anxiety

- "Working to better manage my anxiety takes courage and a lot of work."
- "Despite the challenges of anxiety, I am accomplishing things in my life."
- "My anxiety is difficult to deal with and sometimes makes me feel like I'm a loser. Doesn't mean I am, though. I can stop telling myself I am."

Adapted from the work of Bourne (1995) and Greenberger & Padesky (1995).

# Challenging My Anxious Thinking

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**Identify the negative self-talk**

- Pick one thought to challenge at a time. Choose the thought that is most “emotionally loaded” or evokes the most feeling for you.

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**Examine the evidence “for”**

- What makes you think this? Why do you believe this to be true?

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**Examine the evidence “against”**

- What are the odds?
- What are the exceptions?
- Is there another explanation?
- Is there another perspective?
- Is this way of thinking helpful?
- Would you talk to a friend this way?

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**Generate talk that discourages anxiety**

- Based on the evidence (for and against), what could you be saying to yourself that would work better (i.e., reduce anxiety)?

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# Some Questions To Ask

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What does my doctor say? \_\_\_\_\_

What is the evidence that a serious medical problem is the cause of my symptoms? \_\_\_\_\_

If the worst were true and I had a medical illness, is it treatable? \_\_\_\_\_

Has my worst fear ever happened? \_\_\_\_\_

What's the probability of the worst happening? \_\_\_\_\_

What's the actual probability of passing out/having a heart attack/having a stroke/going crazy/throwing up...? \_\_\_\_\_

In the past, when I've had panic, what was the ultimate outcome? \_\_\_\_\_

Would I talk to a friend this way? \_\_\_\_\_

Are my self-statements helpful? \_\_\_\_\_

Am I helpless? \_\_\_\_\_

Is panic treatable? \_\_\_\_\_

Am I capable of learning panic-management strategies? \_\_\_\_\_

Have I ever demonstrated an ability to help myself? \_\_\_\_\_

# Some Things to Say

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- |   |   |   |
|---|---|---|
| ■ O.k., panic is here again.                          | ■ I can flow with the rise and fall of the panic.       | ■ My body knows what to do.                               |
| ■ This is just anxiety.                               | ■ This will end.  | ■ If I wait, I will feel better.                          |
| ■ I can let my body go through this.                  | ■ This is time-limited.                                 | ■ I'll stay in the present and not escape.                |
| ■ I can feel anxious and still cope.                  | ■ This is not dangerous.                                | ■ Distracting myself isn't a useful strategy.             |
| ■ I can handle this.                                  | ■ This is not an emergency.                             | ■ Breathe.  |
| ■ I can ride this out.                                | ■ I'm not going to faint, have a heart attack, vomit... | ■ I am capable of managing.                               |
| ■ I'll watch my body react instead of reacting to it. | ■ Nothing serious is going to happen.                   | ■ I've learned some things that I can use to help myself. |

## 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.