



BEHAVIORAL TECH RESEARCH

What is Mastery of Anxiety and Panic?

(Clinician Version)

What is Mastery of Anxiety and Panic treatment?

Mastery of Anxiety and Panic (MAP, also known as Panic Control Treatment) is a manualized, cognitive-behavioral treatment for adults with panic disorder, with or without agoraphobia. The goal of the treatment is to help clients become panic free by learning how to anticipate and respond to situations that trigger their panic attacks, use new thinking skills to address their worry and fear about panic, and manage the physical symptoms of panic using techniques such as controlled breathing.

Why learn MAP?

- MAP is **highly effective**, with 85% of clients being panic free at the end of treatment and 81% remaining free of panic two years after therapy.
- MAP works **quickly**, with the average length of treatment lasting about 12 weeks.
- MAP also effectively **treats agoraphobia** and improves **comorbid conditions**, such as depression.
- MAP helps lower relapse rates when **discontinuing certain anxiety medications** (i.e., benzodiazepines).
- MAP is relatively **simple** and **easy** to implement.
- MAP's effectiveness is **transportable to routine clinical settings**, where clinicians achieve results comparable to those found in research trials.

Who is appropriate for MAP?

MAP is intended for adults who experience panic attacks, including those who may suffer occasional panic attacks but do not meet full criteria for panic disorder, or who only show mild signs of agoraphobia. MAP is also effective for individuals who awaken from

sleep with panic attacks (nocturnal panic attacks). This treatment *may* be helpful for people suffering from more discrete phobias like claustrophobia, acrophobia (fear of heights), or fear of driving; however, other treatments that directly target specific phobias also exist.

How does MAP explain anxiety?

MAP teaches clients that anxiety and fear are natural, necessary, and harmless human experiences that function to alert us to potential danger. Without anxiety and fear we would be much more vulnerable to physical harm. Individuals with panic disorder have panic attacks that are triggered when there is no real danger. These "false alarms" can lead to distress or avoidance of everyday experiences and situations. Because anxiety and fear are helpful emotions in the right circumstance, the overall goal of MAP is not to eliminate anxiety and fear from the individual's life, but to help them learn how to cope with these feelings and understand that many of the experiences and situations they fear are actually safe.

MAP teaches clients that there are three components of anxiety: physical (e.g., physical sensations), cognitive (e.g., beliefs about danger), and behavioral (e.g., safety behaviors). Clinicians work to help clients better understand their panic and how it develops, as well as identify ways to target these three components in order to break the cycle of panic.

What is the role of exposure in MAP?

Within the first few sessions of MAP, you will construct a hierarchy of agoraphobia situations with your client that will include numerous anxiety provoking and/or avoided activities. Clients will be asked to gradually approach these situations so that they can learn that the feared outcomes often don't come true, and that they can cope with distress.

In addition, you will assist your client in facing feared physical symptoms by conducting a variety of exercises that expose them to symptoms they associate with panic. By repeatedly confronting feared sensations, the client will learn that they can tolerate the sensations and associated anxiety, and that the sensations themselves are not harmful.

The overall goal of these exposure exercises is to teach the client that they can encounter these feared sensations and situations without having a panic attack, and/or that they are able to endure high levels of distress without their feared outcomes occurring.

There are three kinds of exposure in MAP:

- **Interoceptive:** This involves purposefully eliciting the client's feared physical sensations. Examples include running up stairs to increase heart rate, breathing through a straw to mimic breathlessness, and spinning in a chair to cause dizziness.
- **In Vivo:** This type of exposure involves having clients approach feared situations so that they can test their beliefs about negative outcomes occurring.
- **Interoceptive + In Vivo:** Intentionally bringing on the client's feared physical symptoms while in a feared situation.

What is expected from clients during MAP?

MAP is not a passive treatment where the therapist does all the work. Throughout the treatment, you will

ask your client to confront their fears and engage in activities that they have been avoiding, often times for many years. Even more, you will ask them to give up strategies that they have relied on to reduce their anxiety. Additionally, the MAP treatment doesn't only occur during your sessions together; the client often is asked to practice the coping skills and exposure exercises between sessions when you are not there to supervise and provide guidance. Therefore, it is critical that the client is on board with the treatment rationale, understanding the therapeutic approach and both why and how the treatment works.

What's typically involved?

MAP is typically conducted in 8-12 weekly 60-minute sessions. In the present study, treatment will consist of 12 weekly 60-minute sessions.

What do individual therapy sessions look like?

Each MAP session builds on skills learned in previous sessions including:

- **Psychoeducation:** Information about panic attacks and the cycle of panic.
- **Skills Training:** Breathing skills and cognitive restructuring skills.
- **Exposure:** *In vivo* exposure to agoraphobia situations and interoceptive exposure to feared physical symptoms.
- **Relapse Prevention:** Strategies for maintaining progress after treatment and identifying long term goals.

Where can I find additional resources?

National Registry of Evidence-Based Programs and Practices (NREPP):

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=300>

Boston University Center for Anxiety & Related Disorders: <http://www.bu.edu/card/>