Effectiveness of Cognitive Behavior Therapy for Panic Disorder

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ABSTRACT

The purpose of study was to find out the effectiveness of CBT on Panic disorder patients. This study was based on 3 separate groups of patients, those whose were only with medication, whose were with medication and CBT and the third one group in which patients was only taking CBT. The sample of patients was 15 and then divided into 3 groups (CBT+MED, only CBT, only MED). To check the symptoms severity level following different scales were administered Ryff Scale of Psychological Well-being (RSPWB) (Ryff, 1989), Anxiety scale DASS (Lovibond & Lovibond, 1993) and Severity Measures for Panic Disorder-Adults (Craske et al; 2013). Pearson's correlation, t-test and regression analysis was done to find the statistical significance of the findings. The result showed that there was non-significant difference between the patients taking medications only pre-test post-test score on all three variables. The result on the other hand showed that there is a significant difference in patients who were taking only CBT and also significant difference of those patients who were taking CBT+MED on psychological well-being. Moreover significant correlation also found among all variables anxiety, psychological well-being and panic attack symptoms. Similarly result of regression analysis also indicated that psychological well-

being is a significant predictor of Anxiety and Panic disorders among panic disorder patients. These finding are of great worth in the field of clinical psychology.

Key Words: Effectiveness, Cognitive Behavioral Therapy (CBT), Panic disorder patients

INTRODUCTION

The CBT model core is that contemplations, practices, and feelings all are interrelated; a wellspring of pain can emerge out of any of above. furthermore, most troublesome source to be changed straightforwardly is passionate wellspring of pain. Within the CBT model, maladaptive considerations and practices are tested to at last produce a change in enthusiastic source based misery Utilizing a proof based methodology, CBT is a period restricted, present-arranged psychotherapy to help individuals adjust useless and maladaptive reasoning and conduct, this is an approach to help in taking care of current issues (Beck, 1967). Contemporary CBT alludes to a group of intercessions and occasions that mix a variety of conduct, feeling centered, and subjective procedures (Hofmann 2011, Asmundson, & Beck, 2013).

The primary idea and thought for building up this type of psychotherapy flourished when Aaron Beck started to see that his patients with wretchedness regularly verbalized considerations that were inadequate in legitimacy and noted trademark "psychological bends" in their reasoning. His surprising perceptions drove him to begin taking wretchedness not even a state of mind issue yet as a psychological issue. In view of his clinical perceptions and exact discoveries Beck illustrated and characterized another subjective hypothesis of sadness. He distributed Cognitive Therapy for Depression (Beck, Rush, Shaw & Emery, 1979) in the wake of having distributed an investigation that assessed and showed the viability of intellectual treatment. Research result was an advancement in psychotherapy practice that had the mix of an itemized treatment convention manual with just recently been endeavored by conduct advisors in treating isolated and exceptional social issues. By dexterous actuality are progressively mind boggling subjective, enthusiastic, and conduct parts, set of clinical mediations that included Beck introduced a structure for which not many years back later analysts characterized as an "experimentally approved mental treatment". Different clinicians and analysts ended up intrigued and started creating CBT treatment conventions and gazed thoroughly assessing their adequacy. Uncommon treatment conventions were produced for some mental issue. As social techniques were fused in the treatment creating software engineers the term psychological treatment was consequently changed to subjective conduct treatment. Today CBT is the most broadly looked into of all psychotherapies with a few proof based treatment conventions and manual.

Panic is a confusion which is interminable and regularly handicapping nervousness issue. It is portrayed by startling fits of anxiety. PD is one of the tension issue, grouped in the Diagnostic and Statistical Manual of Mental Disorders, fifth ed. (DSM-5), and is portrayed by sudden eruptions of serious fits of anxiety identified with calamitous discernments which incorporate and for instance "I will kick the bucket" or "I am enduring a heart assault." It prompts significant

broken hindrance in patients, word related, familial, and public activity. Fits of anxiety comprise of an assortment of physiological side effects, for example, palpitation, perspiring, shaking, or blood vessel strain changes past psychological mistakes referenced above (Gurok et al., 2018).

Side effects of confiscations of anxiety incorporate palpitations, sentiments of stifling, chest torment, sweating, shaking, faintness, flushing, stomach shaking, deficiency and breathing inconvenience. It is normal in the general open with a lifetime of 1% to 4%. The treatment of furor issue joins mental and pharmacological intercessions (Asami & Tkeshi, 2018).In which an extraordinary dread joined by a progression of real and psychological side effects grows unexpectedly, without a noticeable outer reason uneasiness and frenzy issue that are clarified by the abrupt and intermittent fits of anxiety, (American Psychiatric Association, 2013). In the overall public, around one-forward of individuals confronting PD additionally has agoraphobia (Kessler et al., 2006). PD is regular in the all-inclusive community, with an actual existence time event of 3.7% without agoraphobia and 1.1% with agoraphobia. In essential consideration settings, alarm disorders are said to have a commonness of around 10% (King et al., 2008).

Basic valuable prevention can be an after effect of Panic issue. CBT for PD have displayed response rates running some place in the scope of 38% and 65%. d-Cycloserine (DCS), an inadequate NMDA agonist, may extend the effects of introduction based treatment for PD in adults; Even along these lines, no examinations have clarified its effect in young people with PD. This assessment examined the reasonableness and sufficiency of the use of DCS to increment genuine CBT for PD in youngsters. Twenty four youngsters (ages 12–17) participated in this randomized, twofold blinded, counterfeit treatment controlled primer, to balance (CBT + DCS)with (CBT + counterfeit treatment). The outcomes displayed the sensibility and pleasantness of the treatment to individuals. No prominent differences were found between the two social occasions, yet the two get-togethers demonstrated critical improvement. This is the primary assessment of DCS in the treatment of PD in youngsters and it gives beginning assistance to a dynamically wide examination of DCS increment of CBT among adolescents with PD (Leyfer, Carpenter, and Pincus, 2018).

PD is a rehashing and devastating sickness. It is accept that the Cognitive Behavioral Therapy has a whole deal cautious effect for this issue. This would lean toward that the CBT great favored position over medication the officials of free for all issue, as patients as often as possible lose the faith when they are diminished their solutions. This is an overview of the expounding on the whole deal ampleness of CBT By using psychotherapy, We searched for follow-up examinations of free for all issue. The 78 references conveyed in the fundamental chase, most had major methodological imperfections, including ignoring mishaps to advancement, not speaking to between time treatment, and ill-defined itemizing. Three papers met serious methodological criteria, and two of these demonstrated an unassuming guarded effect of CBT in free for all issue patients. We made proposition for well-arranged examinations including relationships of medications and mental lead treatment (Nadiga, Hensley, and Uhlenhuth, 2008).

Treatment results propose that the CBT and pharmacotherapy offer comparable sort of momentary treatment gains for PD and that psychotherapy may manage the cost of increasingly ideal upkeep of treatment gains without the requirement for continuous treatment. Despite the fact that, viability isn't the main thought for patients, and on account of restricted medicinal services assets, assessment of the money saving advantage proportion of these medications is significant. In this article, the writers survey evaluations of the relative viability, worthiness, fairness, and expenses of these medications; observationally look at the expenses and result of intellectual conduct and pharmacologic intercessions as they are dispatched in an outpatient facility gaining practical experience in these and remark on how these information illuminate a ventured consideration model of treatment. Examination of the "administrations" information assign that the CBT was in any event equivalent to pharmacotherapy as far as pretreatment seriousness and intense treatmentresult and that CBT is a particularly savvy treatment choice (Otto et al., 2000).

In an outpatient center setting, this investigation inspected the pace of manifestation improvement in patients accepting subjective conduct bunch treatment for PD. Treatment was a standard program of 12 sessions that attention on data, interception and situational introduction, and subjective rebuilding, yet additionally fused diaphragmatic breathing and unwinding preparing as components of treatment. Subjects were 37 patients chose from consecutive entrance into an outpatient treatment program; all information was gotten from continuous quality affirmation estimates that are a standard piece of clinical checking. Thusly, this investigation gives information not on the overall each of psychotherapy, yet on the pace of progress and adequacy of psychotherapy for frenzy issue in genuine clinical practice. Patients accomplished significant treatment gains on all frenzy issue measurements surveyed, and the biggest decrease in side effects was during the Rest third of the treatment program, in this way testing the thought that CBT conveys its increases gradually after some time. Data on paces of side effect improvement is important for giving patients exact assumptions regarding potential treatment benefits and for keeping up inspiration during starting treatment sessions (Penava et al., 1998).

This assessment revealed that clinicians' points of view on the occupations of two parts of emotional social treatment (CBT) in explaining treatment results CBT frameworks and accommodating alliance. Ninety-eight clinicians who declared passing on CBT for dietary issues completed estimates watching out for their feelings about what is convincing in CBT, their usage of express strategies, and their own one of a kind anxiety levels. Clinicians essentially overestimated the activity of both supportive frameworks and the association in explaining treatment results in CBT. Feeble anyway colossal connections were found between pro anxiety levels and their feelings about the estimation of remedial procedures or the organization. Regardless, these affiliations were in different ways, with increasingly raised measures of clinician uneasiness associated with more trust in the effects of the alliance anyway with less confidence in the activity of CBT frameworks. Confidence in the activity of the accommodating intrigue was related with a lower likelihood of rising of the patient to change their eating plan, while trust in the activity of frameworks was associated with progressively critical use of case definition,

scholarly modifying, lead preliminaries and self-recognition work. Clinicians overestimate the estimation of both the association and treatment techniques in explaining treatment results in CBT for dietary issues. Their feelings about the nature of these components are related to their own one of a kind pressure, and to their determination of techniques. Clinicians and boss should deal with the evidence concerning the impact of an extent of segments of treatment, and work with those components to grow results (Walsh, Pulck well, Huffinley, and Waller, 2019).

Hypothesis

> ➢ There would be a significant difference of application of cognitive behavior therapy (CBT) on patients with panic disorder (PD) among three groups taking CBT, CBT with medication and medication only as pre and post-test applications.

MATERIALS AND METHODS

Participants

Participants of this study were being 15 patients and 5 in each group both male and female with panic disorder from fountain house Lahore.

Inclusion and Exclusion Criteria of Study

Only those patients be included who diagnosed according to DSM-V criteria. Diagnosed patients with panic disorder (male and female) would be included. Patients with depression, anxiety, other mental disorder and panic disorder due to substance use would not be including in this study.

Research Design

Experimental research design was used in this study.

Operational Definition of Variables

Cognitive Behavior Therapy

Cognitive behavior therapy (CBT) builds a set of skills that enables an individual to be aware of thoughts and emotions; identify how situations, thoughts, and behaviors influence emotions; and improve feelings by changing dysfunctional thoughts and behaviors (Beck 1976).

Panic Disorder

Panic disorder is described as unexpected, repeated attacks of worries and nervousness that reaches the peak level within minutes. PD symptoms are problem in breathing, increasing heartbeat, shakiness, nausea, and sweating or sudden fear (Roy-Byrne et al., 2006).

Anxiety Disorder

Anxiety disorder is a form of mental health diagnostic category that lead to high level of tension, fear about future, hesitation, and disquiet. The American Psychological Association (APA) explains anxiety as "an emotional feelings of worries, anxious thoughts, biological fluctuations like increased blood pressure, heart rate increase, palpitation and sweeting" (Felman&Browne, 2018).

Psychological Well-Bing

Psychological Well-being states to the simple belief of a person's health, pleasure, rewards,wellbeing, helpfulness, and worth of life (Burris, Brechting, Salsman, & Carlson, 2009).

Instruments

Demographics Form

The demographic form would be used to get the information such as personal information (i.e.Age, education, gender, marital status, name etc).

Severity Measures for Panic Disorder-Adults

Severity Measure scale for Panic Disorder Adult. It is a 10-thing measure that surveys the truth of signs of rage issue in people age 18 and continuously arranged. Everything asks the individual getting care to rate the genuineness of their free for all issue during the previous 7 days. Everything on the measure is evaluated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The rigid score can go from 0 to 40, with higher scores demonstrating dynamically huge truth of free for all issue. The foul scores on the 10 things ought to be summed to get a level out unpleasant score. In like manner, the clinician is moved nearer to learn and utilize the ordinary full scale score. The average full scale score diminishes the general score to a 5-point scale, which engages the clinician to consider the truth of the person's chaos issue regarding none (0), smooth (1), moderate (2), uncommon (3), or mind blowing (4). The utilization of the ordinary complete score supposedly was solid, simple to utilize, and clinically steady to the clinicians in the DSM-5 Field Trials. The run of the mill rigid score is constrained by confining the harsh full scale score by number of things in the measure (i.e., 10)

Depression Anxiety Stress Scale

Anxiety and Stress scales are managed by summing the scores for the critical 14 things. Inside surfaces (coefficient alpha) for each scale for the DASS institutionalizing test were: Depression 0.91; Anxiety 0.84; Stress 0.90. We are simply used 14 things of strain. The DASS (Lovibond and Lovibond, 1993) contains 42 negative energetic signs (see Table 3). Ss rate how much they have experienced

each sign over the earlier week, on a 4-point earnestness/repeat scale. Score for the Depression.

Ryff Scale of Psychological Well-being (RSPWB)

The Ryff Scale of Psychological Well-Being (RSPWB) 54-thing, is a hypothetically grounded instrument that spotlights on estimating six components of mental prosperity: self-acknowledgment, self-improvement, reason throughout everyday life, positive relations with others, ecological dominance, and independence (Ryff, 1989). Each dimensional scale contains 9 things similarly split among positive and negative things. Things are scored on a 6-point scale extending from firmly consent to unequivocally oppose this idea. Dr. Carol Ryff, assented the creator to make an interpretation of the scale into Urdu. Interpretation from English to Urdu and social adjustment of scale was performed in two stages.

Procedure

Present study was being focus on effectiveness of cognitive behavior therapy (CBT) for panic disorder. I was taken 3 groups of patients, one was consists of 5 patients with medication, 2nd group with patients take only CBT and third group was consists of patients with CBT and medication. In the present study data was be collected from fountain house Lahore. Local key information was be selected and data was be collected in their physical presence due to language related problems and cultural specific issues. Researcher was ensure the confidentiality of participants information that theirs information was not be share with third party and was only be used for research purposes. Informed consent was being taken from the participants in written form. After the brief introduction of the study, a uniform guideline was being given to the participants. Researcher was answering all the related questions of the participants at any stage of the form completion. After the completion of the scales, researcher was initially check the scale in order to make sure that no question is left blank. In the end, participants were being thanked for their valuable contribution in the present study. I would be used short term CBT treatment plans according to sessions.

I was used 3 scales for data collection like panic attack severity measure for adults (PA), Anxiety scale (Anx) and psychological well-being scale for the measurement of symptoms and check the effectiveness of CBT on pre and post level. PA scale in English language due to culture variations it was compulsory to translate into Urdu because some people are uneducated and didn't understand. PA scale are present in free to use for researchers and clinicians. Other two scales were available in Urdu.

Tool translation process

Panic attack severity measure scale was being translated into forward-backward translation process (Mapi, 2008) guide line. Panic Attack scale (Craske et al., 2013) this material used without any permission researchers and clinicians use in their research with their participants without any permission but pilot study compulsory to meet the criteria of research methodology

procedure

Forward translation

In forward translation process original scale that was in English translated into urdu. Two separate forward translations were completed by experienced translation. Who had expertise in both language (Urdu and English). M.phil and P.HD scholars were selected as translations for the actual scale translation. The translations were guaranteed the aim for correct and subtext translation rather than word-to-word translation. They were told to escape waffles and to use normally acceptable language as pre age applicability.

After getting two self-governing translations both were compared and a consensus version was generated. Supervisor looks over the translation for further perfection. The approved forward translation was then subjected to back translation into English.

Backward translation

Backward translation was too related and contrasts the innovative version of scale with the version of backward translation and gibe out if there are any discrepancies. The final version of agreed forward translation was given to two qualified translators who had command on both languages (English and Urdu). M.Phil and P.HD scholars were chosen as translators. After getting two self- governing backward translation a consensus version was granted. Supervisor looks over the translated items to ensure the back translation. In the backward translation no major discrepancy was selected and then matched with original scale. Scale was applied on the population after the completion of pilot study.

Pre-testing

After the confirmation that, there are no discrepancies between original and translated (Urdu) scale. Translated version of scale was understandable by targeted population. Sample size 15 (N=15) who were able to understand both language English and Urdu

Procedure of pre-testing

Translated scale PA was applied on the targeted population to administer the original version of scale circulated among the population. After one week interval original version of English same population as in the case of original version of urdu scale. After collecting the data from both versions the correlation between original translated versions were measured through Pearson product moment correlation in SPSS. The results showed that there were no discrepancies betweenoriginal and translated version of scale.

RESULTS

Table no 1 Reliability coefficients for the study measures (N=15)

Scales	K	A
PAS	10	0.75
Anxiety	14	0.73
PWBS	54	0.75

There are three scales used for the present study that are Panic Attack Scale (PAS), Anxiety scale and Psychological well-being scale. The above table shows that Panic Attack Scale (PAS) consists of 10 items and (α=.75), Anxiety Scale consists of 14 items and (α=.73) and Psychological well- being consists of 54 items and (α=.75) is significant enough as it is (<.80).

Table no 2 Difference between pre and post-test on medication group

Variable	Pre	Post	T	P-value	95% CI
PA	31.6 ± 3.9	25.6 ± 5.5	1.95	0.086	[-1.0, 13.0]
Anxiety	28.6 ± 3.8	28 ± 3.8	0.248	0.810	[-4.9, 6.1]
PWB	219 ± 30.2	251.2 ± 7.4	-2.31	0.050	[-64.3, -.069]

*values are presented as the mean ± standard deviation (SD)
* CI=confidence interval [lower limit, upper limit]

The results showed that there is non-significant difference existed between the patients whose taking medication with panic disorder and whose anxiety disorder. While the results showed significant difference pre-test and post-test patients on psychological wellbeing who were taking the only medication.

Table no 3 Difference between pre and post-test on CBT group

Variable	Pre	Post	T	P value	95% CI
PA	28.4 ± 3.1	20.8 ± 2.5	4.1	0.003	[3.4, 11.7]
Anxiety	29.6 ± 5.5	21.2 ± 5.7	2.3	0.046	[.18, 16.6]
PWB	227.4± 9.1	255.2 ± 5.9	-5.6	0.000	[-39.0, -16.5]

*values are presented as the mean ± standard deviation (SD)
* CI=confidence interval [lower limit, upper limit]

The results showed that there is a significant difference between pre-test and post-test who were taking cognitive behavior therapy(CBT) on panic attack further the same table showed that those were taking CBT their symptoms become reduce after taking the therapy (CBT) . Similarly the above table showed that there is the significant difference on panic attacks, anxiety and psychological well-being.

Table no 4 Difference between pre and post-test on MED+CBT

Variable	Pre	Post	T	P value	95% CI
PA	28.6 ± 1.1	20.6± 1.8	8.34	0.000	[5.7, 10.2]
Anxiety	30.2 ± 2.3	20.6 ± 2.7	5.84	0.000	[5.8, 13.3]
PWB	230.8 ± 10.5	246± 6.7	-2.4	0.042	[-29.6, -.75]

*values are presented as the mean ± standard deviation (SD)

* CI=confidence interval [lower limit, upper limit]

The above table showed those patients who were taking both CBT and Medication. Results showed the significant difference between pre-test and post-test on panic, anxiety and psychological well-being.

Table no 5 Summary of inter-correlation of variables

Variables	1	2	3
PA	-	0.48**	- 0.575**
Anxiety		-	-0.315
PWB			-

Pearson product momentco-relation was performed. The results showed the significant relation between panic and anxiety similarly the table also showed that there is non-significant relation between panic and psychological well-being. Similarly results showed that there is non-significantrelation between anxiety and psychological well-being.

Table no 6 Regression model

Variables	ΔR^2	β
Model I Control variable	0.088	
Model II	257**	
Panic attacks		-0.575**
Anxiety		-0.078
N	15	
Total	0.364	

The above table showed the prediction of psychological well-being by using the hierarchal multiple regressions analysis. There are 2 models in this analysis. In the model 1 all the demographic variables that is the type of treatment as well as gender are controlled the results of model 1 are non-significant and 2nd model we are using multiple hierarchy regression and enter method and in this method the 2nd model is significant in nature and there are 2 variables of interest first is panic and 2nd is anxiety the panic is significant correlated with the psychological well-being while as same the anxiety also non-significant predictor of psychological well-being. Total R^2 change is .364 the first model its mean that the first model explain 8% of psychological well-being while the 2nd model explain about 25% of psychological well-being.

DISCUSSION

The results showed that there is difference existed between the patients whose taking medication with panic disorder. There is non-significant difference in anxiety symptoms on pre and post-test level. While the results showed positive significant difference pre and post-test patients on psychological well-being who were taking medication.

Medication effect the symptoms decrease on panic scale in pre and post-test but the difference on minor level. That's mean we couldn't say that medicines did not affect the PA complaints. The reason behind minor difference may be our population size was small. This difference may be significant if there were the large sample size. Results didn't showed the minor difference in pre and post level because some pharmacological treatment in panic disorder reduce the panic symptoms but on the other hand increase the anxiety level. The other reason may be those patients taking the medication they become habitual of medicines. Medicines did not reduce their fear about feature because the anxiety is the tension or fear about future. They become frustrated to continue usage of medicines and they withdraw the medical treatment. They have automatic thought this medicines continue through the life time period. If they drop out the medication then what's the condition of their health and is their anxiety level always on peak point due this reason they felt anxious most of the time. There is significant difference in PWB because with the use of medicines they interact with others their family member influence to their lower well-being. Their autonomy, positive relation with others, purpose of life becomes high.

Panic disorder is a predominant and restricting anxiety disorder that can be treated successfully. In present-day the research showed a progressive change in the recommending pattern from benzodiazepines to newer antidepressants such as SSRIs has been detected in panic disorder patients. SSRIs are recommended as first-line treatments for panic patients and can support in the treatment of comorbidities in panic disorder, but they have slower at the beginning level of action (Quagliato et al., 2018).

There would be a significant difference of application of cognitive behavior therapy (CBT) on patients with panic disorder among three groups taking CBT, CBT with medication and medication only as pre and post-test. Findings showed that there was significant difference in Panic symptoms and Anxiety symptoms in pre and post-test. In psychological well-being scale there was non-significant difference.

Systematic cognitive restructuring and methods of CBT affect the symptoms of panic patients with anxiety complaints and low well-being. Short term techniques and methods of (CBT) were used for the patients with panic disorder. Cognitive behavior therapy's techniques were used to change patient's cognitions and thoughts. It worked by changing thoughts and behavior by teaching the patients to think rationally about common difficulties, by helping to shift negative or unhelpful thought patterns and reactions to a more realistic, positive and problem-solving approach. Some techniques of behavior modification were applied. This approach based on the principles of operant conditioning that replaces undesirable behaviors with more desirable ones through positive or negative reinforcement. 12 to 15 sessions were conducted on each patients, sessions depends on the patients presenting complaints.

The outcomes showed that the member fundamentally decreased side effects of panic and over a fourteen day time span and never again met analytic criteria for panic issue at three-month development. Essentially, the member likewise observed the treatment organization to be profoundly adequate. The outcomes show the starter agreeableness and viability of this a subjective conduct approach in the treatment of PD (Wootton and Macgregor, 2016).

We additionally saw that there were clinically noteworthy decreases in self-evaluated panic issue side effects, nervousness, and sadness following a 1-month subjective conduct intermediation. Research demonstrated that patients fundamentally improved from pre-to post-treatment on self-appraised measures. The outcomes were predictable with earlier examinations news coverage the adequacy of momentary psychological conduct treatment for panic issue. A transient four sessions of subjective conduct treatment for patients having frenzy issue yielded a critical improvement of panic side effects at about a month of post-treatment and half year development (Lim et al., 2018)

Patients with a higher level of symptoms before treatment they were report more positive change during treatment as compared to those with the low level of symptoms. It may reflect the fact that a higher level at pre-treatment was linked with more completed components (Nordgreen, Gjestad, Andresson, Calbring, & Havik, 2017).

Patients those who were taking both CBT and medication have significant difference in panic, anxiety and psychological well-being between pre-test and post-test. Because in previous result only medication results showed the minor difference so with medication cognitive behavior work as a more effective supporter. In medication those medicines reaches the anxiety level on the other hand CBT reduce the level of anxiety and patients are relax to fear of future, as medication high the well-being CBT also play more efficient role with pharmacology. In CBT plans gives the knowledge to patients about their problem give different plans that reduce their anxiety and high the well-being.

There is significant difference between panic and anxiety similarly the significant negative difference between panic and psychological well-being. Similarly there is non-significant relation between anxiety and psychological well-being. Using the hierarchal multiple regressions analysis Predict the psychological well-being. There are 2 models in this analysis. In the model 1 all the demographic variables that is the type of treatment as well as gender are controlled the results of

model 1 are non-significant and 2nd model we are using multiple hierarchy regression and enter method and in this method the 2nd model is significant in nature and there are 2 variables of interest first is panic and 2nd is anxiety the panic is significant correlated with the psychological well-being while as same the anxiety also negative significant predictor of psychological well-being but is non-significant. Total R^2 change is .364 the first model its mean that the first model explain 8% of psychological well-being while the 2nd model explain about 25% of psychological well-being.

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