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SPECIFIC PHOBIAS AND PANIC ATTACKS: ANALYSIS OF COGNITIVE RESTRUCTURING TECHNIQUES

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ABSTRACT

This article presents a qualitative literature review on the application of cognitive behavioral therapy in the management of specific phobias and panic attacks, with an emphasis on cognitive restructuring techniques. The data showed that gradual exposure, combined with the identification and modification of automatic thoughts, consistently reduces symptoms and leads to overall improvement in patients' functioning. It was found that psychoeducation, coping skills training, and the use of technologies such as virtual reality enhance the therapeutic process and increase safety during interventions. The results revealed a positive impact in both individual and group sessions, contributing to greater self-confidence, reduced avoidance behaviors, and social reintegration. Thus, it is concluded that cognitive behavioral therapy stands out as the treatment of choice for these conditions, promoting stable cognitive and behavioral changes and significantly improving quality of life.

Keywords: Cognitive behavioral therapy. Specific phobias. Panic attacks. Cognitive restructuring. Anxiety.

1 INTRODUCTION

Specific phobias and panic attacks make up a complex field of study within anxiety disorders, requiring a thorough understanding of their mechanisms and the application of techniques that enable effective changes in the way the individual interprets and reacts to stimuli, with cognitivebehavioral therapy being widely recognized as an intervention resource that organizes and directs coping processes based on validated strategies, offering the patient a structured path of restructuring thoughts and acquiring new behavioral responses in situations that previously aroused disproportionate or disabling reactions (Dittz *et al*., 2015).

Intense fear in the face of specific stimuli generates patterns of avoidance and hypervigilance that, over time, shape the individual's psychological and physiological functioning, transforming the phobia into a persistent and paralyzing experience, and cognitive restructuring techniques act precisely in the identification of dysfunctional beliefs that sustain this cycle, allowing the subject to reinterpret the phobic stimulus as something non-threatening through guided and monitored exercises at the same time. (Medeiros, 2011).

Within panic disorder, the occurrence of sudden episodes of extreme fear accompanied by physical symptoms such as palpitations, dizziness and a feeling of suffocation is observed, which are understood by the patient as signs of imminent death or loss of control, and cognitive-behavioral therapy intervenes systematically by teaching cognitive reassessment and relapse prevention strategies, reinforcing the learning of more appropriate responses to these symptoms (Heldt, 2004).

Psychoeducation is part of the initial stages of the therapeutic process, allowing the patient to understand the nature of their symptoms and recognize the mechanisms of maintenance of the disorder, creating ground for the application of techniques such as gradual exposure and analysis of automatic thoughts, which favors sustainable changes and reduction of anticipatory anxiety throughout the process (Freitas, 2005).

The literature shows that the effectiveness of cognitive-behavioral therapy is related to the combination of targeted techniques, such as Socratic discourse, functional analysis, and the practice of new behaviors in a safe environment, strategies that alter the neural circuits associated with fear and promote safe memories, which contributes to a significant reduction in symptoms and an increase in quality of life (Medeiros, 2011).

Management of specific phobias also includes the use of controlled exposures that are planned into stimulus hierarchies, allowing the patient to gradually cope with feared situations, and cognitive restructuring underpins these exposures by modifying catastrophic interpretations that previously triggered disproportionate physiological responses and persistent avoidance behaviors (Dittz *et al*., 2015).

Social skills training, often associated with the treatment of social anxiety disorders, contributes significantly to expanding the individual's ability to interact in different contexts without experiencing disabling levels of fear or shame, allowing the learning acquired in therapeutic sessions to be generalized to everyday situations with consistent gains in autonomy and social participation (Fernandes; Morais, 2016).

Several studies have shown that the use of virtual and augmented reality technologies in cognitive-behavioral therapy has the potential to enhance results, as it creates controlled environments where it is possible to simulate feared stimuli with precision and offer the patient a safe context to practice new interpretations and behaviors, consolidating learning in an innovative and dynamic way (Fernandes; Albuquerque, 2013).

Panic attacks, in addition to generating psychological impact, are associated with physiological changes that can be misinterpreted by the patient as symptoms of serious illnesses, which further raises the level of anxiety, and cognitivebehavioral therapy works by identifying and challenging these distorted interpretations, reducing the frequency and intensity of episodes throughout the treatment (Sardinha *et al*., 2009).

Group interventions have additional benefits, such as the possibility of sharing experiences and building mutual support among participants, creating a therapeutic environment rich in feedback and examples that reinforce the learning of new patterns of thought and behavior, which makes the process more effective and comprehensive (Dittz *et al*., 2015).

The combination of cognitive and behavioral techniques generates a virtuous cycle of gradual coping and acquisition of emotional skills, allowing patients to resume activities previously avoided and reduce the interference of fear in their lives, with gains documented in different clinical and population contexts, which evidences the robustness and flexibility of this therapeutic model (Ito *et al*., 2008).

In the field of neuropsychology, it is observed that cognitive restructuring techniques stimulate the formation of new synaptic connections and safety memories,

creating alternative brain pathways that replace danger associations, offering a solid foundation for the maintenance of long-term results and reinforcing the positive impact of cognitive behavioral therapy (Medeiros, 2011).

The implementation of well-defined and scientifically based protocols allows therapists to adapt strategies to the particularities of each patient, respecting their limits and at the same time encouraging gradual progress, which favors treatment adherence and increases the effectiveness of the intervention (Fernandes; Morais, 2016).

Group cognitive-behavioral therapy programs focused on panic disorder and specific phobias have shown satisfactory results in reducing the intensity of symptoms, improving patients' overall functioning and allowing them to resume activities previously avoided, with a significant positive impact on their personal and professional lives (Heldt, 2004).

Therefore, when considering the multiple techniques and evidence available, cognitive-behavioral therapy is a solid and effective approach to treat specific phobias and panic attacks, promoting cognitive restructuring and lasting behavioral changes, which contributes to improving quality of life and overcoming limitations imposed by these disorders (Dittz *et al*., 2015).

2 THEORETICAL FRAMEWORK

2.1 FUNDAMENTALS OF COGNITIVE BEHAVIORAL THERAPY FOR SPECIFIC PHOBIAS

Specific phobias are intense manifestations of irrational fear in the face of certain objects, situations or animals, which leads the individual to develop patterns of avoidance and hypervigilance that end up restricting their social, professional and family functioning, and cognitivebehavioral therapy seeks to modify these responses through thought restructuring techniques and gradual and safe experimentation so that the person learns to respond differently to the stimulus feared (Medeiros, 2011).

Cognitive restructuring works on the principle that emotions and behaviors are directly linked to the interpretation that is made of events, and in the face of a specific phobia, the therapist leads the patient to identify automatic thoughts and core beliefs that feed disproportionate fear, teaching him to confront these thoughts through Socratic questions and evidence collection (Dittz *et al*., 2015).

When applied to specific phobias, cognitive-behavioral therapy also uses the resource of live exposure, building a hierarchy of feared situations and leading the patient gradually, so that contact with the previously avoided stimulus is reinterpreted and intense physiological responses are progressively reduced by habituation (Fernandes; Morais, 2016).

These interventions are planned based on scientific data that indicate that repeated and controlled coping with phobic stimuli allows the formation of new emotional memories, replacing old associations of danger with associations of neutrality or even safety, thus promoting lasting changes (Ito *et al*., 2008).

Management of specific phobias also includes relaxation techniques, such as diaphragmatic breathing and progressive muscle relaxation, which help reduce physiological activation and provide the patient with tools to cope with the anxiety generated by controlled exposure to the feared stimulus (Freitas, 2005).

The use of coping cards, where rational evidence is recorded that challenges distorted interpretations, helps to generalize the skills learned during the sessions, increasing the effectiveness of the treatment and strengthening the individual's autonomy (Medeiros, 2011).

In some cases, therapy may use imagery elements prior to live exposure, allowing the patient to visualize the feared situation and practice thought restructuring in a controlled mental environment, thus strengthening confidence for the next stages of treatment (Dittz *et al*., 2015).

Studies have shown that cognitive-behavioral therapy applied to specific phobias has a relatively short response time when compared to other approaches, as it concentrates efforts on modifying cognitive and behavioral patterns directly linked to the problem, providing rapid gains in quality of life (Fernandes; Morais, 2016).

Research carried out in clinical groups shows that, after structured cognitive behavioral therapy programs, patients with specific phobias report a reduction in symptoms as well as an increase in self-esteem and greater willingness to face new situations, evidencing the expansive effect of the intervention (Ito *et al*., 2008).

The application of these techniques requires the professional to be sensitive to recognize the patient's limits and adjust the intensity of the exposures, ensuring that the experience is challenging, but still manageable, avoiding retraumatization and increasing the patient's sense of control over the process (Freitas, 2005).

Throughout the therapeutic process, the construction of a solid alliance between therapist and patient is pointed out as an important factor for the success of the treatment, as it creates a safe space in which the individual feels encouraged to try new interpretations and behaviors (Medeiros, 2011).

Consistent results indicate that cognitive-behavioral therapy for specific phobias reduces public health costs, decreases the demand for emergency care and increases patient productivity, consolidating itself as a therapeutic resource with high clinical and social impact (Dittz *et al*., 2015).

Clinical records indicate that the gains obtained with cognitive-behavioral therapy tend to be maintained in the long term, especially when the patient continues to practice the techniques learned and engages in new coping situations outside the therapeutic context (Fernandes; Morais, 2016).

Longitudinal studies indicate that patients treated for specific phobias with cognitive behavioral therapy have a lower risk of developing new anxiety disorders throughout their lives, reinforcing the importance of early and well-conducted intervention (Ito *et al*., 2008).

Therefore, cognitive-behavioral therapy applied to specific phobias evidences a structured method, scientifically validated and capable of promoting significant changes in the lives of individuals who, before treatment, experienced severe limitations in their routines (Medeiros, 2011).

2.2 APPLICATION OF COGNITIVE BEHAVIORAL THERAPY IN PANIC ATTACKS

Panic attacks are sudden episodes of intense fear that are accompanied by physiological manifestations such as tachycardia, shortness of breath, sweating and dizziness, leading the individual to believe that he is facing an imminent risk of death or loss of control, and cognitivebehavioral therapy proposes a structured path to modify this distorted reading of the body experience, working systematically on the identification and deconstruction of dysfunctional automatic thoughts that feed the panic cycle and, thus, opening space for the construction of more balanced responses to the internal signals perceived as threatening (Heldt, 2004).

Cognitive restructuring is one of the main pillars of the intervention, because through it the therapist leads the patient to observe the catastrophic interpretations that emerge during or after an attack, question the logic that sustains these interpretations

and replace them with more rational and compatible understandings with reality, in order to reduce the emotional intensity associated with the episode and offer the individual tools that he can apply in different situations of daily life to prevent or mitigate new crises (Freitas, 2005).

The interoceptive exposure technique is widely used to reduce the patient's fear of their own bodily reactions, consisting of controlled exercises that reproduce sensations similar to those experienced in attacks, such as hyperventilation or increased heart rate, allowing the individual, within a safe environment, to experience and learn that such sensations do not pose a real danger and can be tolerated without subsequent catastrophes. gradually strengthening their confidence in their ability to manage their body and emotions (Sardinha *et al*., 2009).

In the therapeutic process, psychoeducation plays a decisive role, as detailed knowledge about the physiology of panic and how distorted thoughts amplify physical sensations helps to reduce the unpredictability and terror associated with the episode, transforming the way the patient relates to the experience and increasing the perception of internal control, which in itself already reduces the frequency of crises (Heldt, 2004).

Controlled breathing and muscle relaxation training is incorporated into the therapeutic plan to reduce hyperventilation, stabilize the heart rhythm and reduce somatic tension, resources that, when practiced repeatedly, become conditioned responses capable of neutralizing the escalation of the panic attack at the moment it arises, preventing the cycle from being completed and avoiding the adoption of avoidance behaviors (Freitas, 2005).

Clinical evidence shows that patients undergoing cognitive-behavioral therapy programs experience a significant reduction in the frequency, duration and intensity of attacks, in addition to reporting overall improvements in their quality of life, because when they stop interpreting their symptoms as imminent threats, they start to expose themselves again to situations previously avoided, gradually resuming their daily activities and reestablishing social and professional bonds important (Sardinha *et al*., 2009).

In group contexts, the application of cognitive behavioral therapy in panic attacks reveals even broader results, as participants find positive coping models in their peers, share strategies that have worked, and realize that they are not alone in their fears, which reduces feelings of isolation and increases motivation to persist in treatment and apply techniques learned outside of sessions (Heldt, 2004).

The identification of the phenomenon called fear of fear, in which the individual begins to fear the return of symptoms and starts to constantly monitor the body for signs, is fundamental for the success of the intervention, since it is precisely this anxious expectation that often triggers new crises, and cognitive behavioral therapy offers tools to break this vicious circle, teaching the patient to recognize these internal triggers and to respond differently (Freitas, 2005).

The stages of treatment also include gradually coping with environments or activities that have become feared after panic episodes, such as travel, places with a large flow of people or closed spaces, and by experiencing these experiences in an assisted and planned way, the patient begins to rebuild his relationship with these contexts, realizing that he can be in these places without the attack manifesting itself, gradually dissolving the agoraphobia that accompanies many cases (Sardinha *et al*., 2009).

Longitudinal research data demonstrate that the progress achieved with cognitive behavioral therapy tends to be maintained in the long term, especially when the individual continues to practice the skills learned and engage in planned exposure activities, showing that the intervention reduces symptoms in the present and prevents future recurrences by altering central cognitive patterns related to the disorder (Heldt, 2004).

During the process, the therapist works so that the patient develops the ability to recognize the beginning of an episode and immediately apply the techniques learned, preventing fear from intensifying and preventing the physiological and emotional escalation that would lead to a complete attack, a practice that requires discipline, but generates consistent and sustainable results (Freitas, 2005).

It is worth highlighting, as the literature points out, the importance of integrating cognitive and behavioral techniques in a flexible way, adjusting them to the profile of each patient, as factors such as life history, comorbidities, and social context influence the way the person experiences panic and, therefore, should be considered in the formulation of a therapeutic plan that maximizes adherence and results (Sardinha *et al*., 2009).

Interoceptive exposure and coping training are often combined with written records of thoughts and sensations, in which the patient writes down alternative interpretations for symptoms experienced, reinforcing learning and serving as reference material in times of crisis, which enhances the effectiveness of the treatment and offers additional safety throughout the process (Heldt, 2004).

In addition to addressing immediate symptoms, cognitive-behavioral therapy for panic attacks promotes personal development by encouraging the patient to reevaluate values, expectations, and patterns of self-demand that often contribute to the emergence and maintenance of crises, creating an opportunity for broader changes that transcend simple symptom reduction (Freitas, 2005).

Thus, the consistent and well-structured application of cognitive-behavioral therapy techniques for panic attacks represents a scientifically based and proven effective approach, capable of restoring the individual's sense of control over himself, reducing the impact of the disorder on his daily activities and broadening his life perspectives, consolidating itself as a resource of great clinical relevance (Sardinha *et al.*, 2009).

2.3 COMPLEMENTARY TECHNIQUES AND TECHNOLOGICAL ADVANCES IN COGNITIVE-BEHAVIORAL THERAPY

The advancement of research on anxiety disorders has brought to cognitive behavioral therapy new tools that complement traditional techniques of exposure, cognitive restructuring, and skills training, including technological resources and methods adapted to the demands of each patient, which expands the possibility of achieving faster and more sustainable changes, with an emphasis on personalizing treatment and inserting innovations such as augmented reality and virtual environments controlled controls that simulate feared stimuli without exposing the patient to real risks (Fernandes; Albuquerque, 2013).

The use of virtual and augmented reality has been tested in contexts of specific phobias, allowing the creation of detailed scenarios in which the patient can gradually experience stimuli that were previously avoided, while the therapist monitors physiological and cognitive reactions, adjusting the intensity of exposure in real time, which strengthens the desensitization process and promotes safe and progressive learning of new emotional responses (Fernandes; Albuquerque, 2013).

These technological tools allow the patient to repeat exposures as many times as necessary, without high costs and without the logistical limitations of travel or physical risks, making the treatment more accessible and flexible, in addition to providing objective data on progress, such as heart rate records and physiological variability, which are

integrated into the therapeutic process to better evaluate results and adjust strategies (Fernandes; Albuquerque, 2013).

The integration of these technologies does not replace the central principles of cognitive-behavioral therapy, but enhances them, since cognitive restructuring continues to be applied during the virtual exposure, with the therapist questioning distorted interpretations, encouraging the generation of alternative thoughts, and consolidating new memories associated with successful coping experiences, creating a robust learning cycle (Medeiros, 2011).

In the treatment of panic attacks, the application of digital resources helps in the simulation of controlled interoceptive situations, offering the patient an opportunity to experience symptoms such as heart acceleration or vertigo in a safe and supervised environment, which contributes to desensitization and reduces the fear of one's own bodily sensations, an effective strategy to reduce the frequency and intensity of crises (Heldt, 2004).

The literature indicates that the use of electronic records or support applications has also been shown to be useful, as it allows the patient to monitor their automatic thoughts and emotional reactions outside the office, reinforcing the bond with the techniques learned and promoting greater engagement in the therapeutic process, in addition to providing the therapist with more detailed information to direct subsequent interventions (Dittz *et al.*, 2015).

The practice of relaxation, previously limited to verbal guidance and face-to-face exercises, has also been enriched with the use of guided audios, videos, and applications that offer the patient personalized instructions, increasing the frequency of training outside the office and accelerating the acquisition of conditioned responses of calm and control, which are fundamental to deal with the physiological activation that accompanies episodes of fear (Freitas, 2005).

Recent studies suggest that the combination of traditional behavioral techniques with technological innovations reduces symptoms and strengthens the patient's self-confidence, because by successfully experiencing simulated situations, he develops a sense of capacity that generalizes to the real world, contributing to the maintenance of results over time and reducing the possibility of relapse (Sardinha *et al.*, 2009).

However, another important advance is in the personalization of therapeutic protocols, using data collected throughout the treatment to adjust the order and intensity

of the exposures, as well as the types of automatic thoughts to be challenged, which becomes more feasible with the use of follow-up software that organizes information and facilitates the analysis of patterns (Medeiros, 2011).

In therapeutic groups, the use of virtual platforms has allowed patients from different locations to participate in joint sessions, sharing experiences and strategies, which expands the reach of interventions and offers additional social support, a factor proven to be related to increased adherence and treatment success (Dittz *et al*., 2015).

In addition, the use of techniques such as Socratic discourse and social skills training also benefits from video recordings and analysis of patient interactions in simulated situations, allowing detailed feedback and opportunities for continuous improvement, which increase the quality of learning and the applicability of techniques in different contexts (Fernandes; Morais, 2016).

The development of virtual therapeutic environments also facilitates the application of tasks between sessions, as the patient can access content, exercises and simulations at any time, increasing the frequency of practice and solidifying learning, something that serves to consolidate new brain connections and transform cognitive changes into effective behavioral changes (Fernandes; Albuquerque, 2013).

Research shows that the integration of these technological tools does not exclude the need for the active presence of the therapist, who continues to be responsible for guiding, adjusting and validating the patient's experiences, ensuring that the use of these resources is aligned with the therapeutic objectives and respects the individual pace of progress (Heldt, 2004).

When considering the wide range of possibilities offered by technological innovations and the proven efficacy of traditional techniques, it is clear that cognitive-behavioral therapy is constantly evolving, incorporating new approaches that enrich the therapeutic process and increase the chances of success, always based on scientific evidence and focusing on the patient's quality of life (Freitas, 2005).

In this way, the union between consolidated foundations of cognitive behavioral therapy and technological advances provides a more flexible, accessible, and effective clinical practice, capable of meeting different patient profiles and responding to the growing demands for fast, safe, and evidence-based interventions, ensuring results that significantly impact the well-being and autonomy of treated individuals (Sardinha *et al*., 2009).

3 METHODOLOGY

This study is based on a qualitative literature review, based on scientific articles that deal with specific phobias and panic attacks, prioritizing works that describe cognitive restructuring techniques applied in cognitivebehavioral therapy (Gil, 2008).

Texts available in Portuguese in databases such as SciELO, PePSIC and academic repositories were selected, ensuring access to complete and relevant studies for the proposed theme (Lakatos; Marconi, 2010).

The search used descriptors such as "specific phobia", "panic attacks" and "cognitive restructuring", filtering only publications with a clear description of methods and results applied to clinical practice (Gil, 2008).

Case studies, reviews, and original articles that presented evidence on the efficacy of the techniques were included, respecting criteria of clarity, relevance, and alignment with the objective of the study (Lakatos; Marconi, 2010).

After the selection, the texts were read in full and the information was organized into thematic categories, serving as a basis for the construction of the framework and critical analysis of this article (Gil, 2008).

The methodology was conducted by focusing on the theme, avoiding data dispersion and ensuring that only information directly related to the use of cognitive behavioral therapy was considered (Lakatos; Marconi, 2010).

The results extracted from the sources were interpreted and compared, highlighting consistent evidence on the application of cognitive restructuring techniques in phobias and panic (Gil, 2008).

The entire process followed criteria of academic rigor, ensuring the authenticity of the references used and the reliability in the presentation of the contents (Lakatos; Marconi, 2010).

The methodology sought objectivity and clarity, maintaining only the steps necessary to support the study and ensure the validity of the conclusions (Gil, 2008).

Thus, the construction of this work was based on a careful selection of scientific publications and on an analysis directed to the objective, resulting in an objective and reliable synthesis on the subject (Lakatos; Marconi, 2010).

4 RESULTS AND DISCUSSION

The studies analyzed pointed out that cognitive-behavioral therapy promotes significant advances in the treatment of specific phobias, reducing avoidance responses and modifying dysfunctional cognitive patterns, a result obtained through restructuring techniques that led patients to reinterpret stimuli previously perceived as dangerous, favoring a gradual and safe coping that was maintained even after the end of the sessions (Medeiros, 2011).

In cases of phobia of animals and closed environments, it was observed that protocols that included progressive exposure accompanied by questioning of distorted beliefs led to notable reductions in reported anxiety and fear scores, confirming the effectiveness of the method by demonstrating that the modification of internal interpretations has a direct impact on observable behavior (Dittz *et al.*, 2015).

The studies also revealed that patients who underwent skills training associated with cognitive-behavioral therapy began to adopt more functional strategies to deal with feared situations, integrating controlled breathing and muscle relaxation, which favored emotional regulation and contributed to the prevention of relapses (Freitas, 2005).

In the studies that addressed panic attacks, the results showed that the interoceptive exposure technique progressively reduced the intensity of reported symptoms, allowing patients to experience the feared physical sensations in a controlled environment and to build new cognitive associations of safety, decreasing the fear of future crises (Heldt, 2004).

The critical analysis showed that the psychoeducation offered at the beginning of the treatments had a relevant impact, because by understanding the nature of the symptoms and the absence of real threat, the patients began to face situations that were previously avoided, demonstrating that correct knowledge is a protective factor against catastrophic interpretations (Sardinha *et al.*, 2009).

In group interventions, the results indicated increased motivation and adherence, since the exchange of experiences between participants generated feelings of belonging and reinforced coping strategies, which accelerated therapeutic progress and expanded the generalization of acquired skills (Dittz *et al.*, 2015).

Case study records showed that the patients' evolution included a reduction in symptoms and improvements in self-esteem and self-confidence, allowing them to

resume social and professional activities, evidencing an overall impact on quality of life (Medeiros, 2011).

Comparing traditional approaches with the use of virtual reality, the articles pointed out that the simulated scenarios offered a safe opportunity for the practice of coping, proving to be efficient in reducing fear and avoiding logistical costs, in addition to enabling instant adjustments in the intensity of exposure, optimizing the therapeutic process (Fernandes; Albuquerque, 2013).

The studies with technology also demonstrated greater patient engagement, who reported a feeling of control and satisfaction when perceiving progress in simulated situations, an aspect that reinforced adherence to face-to-face treatment and stimulated the practice of techniques in their daily lives (Fernandes; Albuquerque, 2013).

Regarding panic disorder, the results highlighted that, after the systematic application of cognitive techniques, there was a considerable decrease in the so-called fear of fear, with reports of greater tranquility when experiencing bodily symptoms similar to those of crises, showing that the new learning reduced the interpretation of danger (Freitas, 2005).

The findings also showed that the impact of cognitive-behavioral therapy extends beyond immediate symptoms, since patients began to face complex situations such as travel and public presentations, without the return of crises, indicating that cognitive and behavioral changes were integrated in a stable way (Heldt, 2004).

The analyzed data confirmed that well-structured protocols, when followed with discipline, are effective regardless of the age profile, demonstrating positive results in both young people and adults, strengthening the broad applicability of the method in different population groups (Ito *et al*., 2008).

The studies reviewed indicate that the solid therapeutic alliance contributed to the patients' feeling safe during gradual exposure, a factor that favored the exploration of thoughts and memories associated with fear, enabling a more complete reconstruction of the meanings attributed to anxiogenic situations (Dittz *et al*., 2015).

In summary, the results showed that cognitive-behavioral therapy, with an emphasis on cognitive restructuring, achieves substantial changes in both thought patterns and behaviors, ensuring greater autonomy and emotional flexibility to the treated individual, reducing limitations imposed by phobias and panic, and promoting a more functional life (Medeiros, 2011).

This evidence, when gathered, confirms that the set of techniques studied offers robust and consistent results, demonstrating that cognitive-behavioral therapy remains the approach of choice in the management of specific phobias and panic attacks, significantly impacting the well-being and social reintegration of patients (Sardinha *et al*., 2009).

5 FINAL CONSIDERATIONS

The set of evidence obtained in this review allows us to affirm that cognitive-behavioral therapy represents a consolidated and effective approach in the treatment of specific phobias and panic attacks, offering the patient structured resources to transform distorted interpretations and develop more balanced emotional responses.

The reviewed studies demonstrated that techniques such as gradual exposure, restructuring of thoughts, and training of emotional skills generate stable and long-term changes, reflecting in greater autonomy and ability to cope in different contexts of daily life.

The analysis showed that well-planned interventions allow for the reduction of immediate symptoms and the expansion of social and professional participation, rescuing activities abandoned due to fear and providing the individual with new experiences of success.

The results showed that both individual and group application bring benefits, and the choice of format depends on the patient's profile and needs, always ensuring a safe and motivating therapeutic relationship.

It was observed that psychoeducation is a fundamental component, since understanding the physiology of fear and coping strategies favors adherence to the process and strengthens the feeling of control, reducing the frequency of relapses.

The inclusion of technologies such as virtual and augmented reality expands the therapeutic possibilities, allowing the patient to experience coping in a controlled environment, which reduces costs and enhances learning before live exposure.

The use of records, support applications and complementary exercises between sessions proved to be effective in reinforcing learning, keeping the patient active in the therapeutic process and stimulating the constant practice of the techniques.

The results obtained highlighted the importance of personalized protocols, in which the techniques are adapted to the specific demands of each individual, respecting their rhythm and enhancing the gradual evolution.

Cognitive-behavioral therapy has also shown a positive impact on self-esteem and a sense of self-efficacy, promoting greater willingness to take on new challenges and strengthening confidence in one's own emotional management.

Finally, the analysis confirms that investment in evidence-based interventions guarantees the patient the reduction of symptoms and the construction of new perspectives on life, with increased well-being, relationships and productivity.

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