



## Panic Disorder

## FEAR, ANXIETY AND PANIC

Anxiety and fear are normal responses to a perceived threat. Anxiety is triggered by a vague or ill-defined threat, and generally arises in anticipation of a possible future negative occurrence. Fear is triggered by a well-defined threat and arises in response to an immediate and external source of threat. Anxiety and fear both trigger unpleasant mental and emotional responses – including feelings of helplessness and confusion, and recurring negative thinking – apprehension and worry. Fear and anxiety also both trigger physical reactions – ranging from muscle tension to trembling to a pounding heart.

### *Fear – The Flight-Fight Response*

The body's physical responses to danger or a perceived threat is known as the 'fight-flight response'. As this term indicates, the body's response is aimed to prepare the individual for immediate action - either to fight or flee from the danger. It is a protective mechanism - a response to ensure survival. The evolutionary development of the fight-flight response over thousands of years has ensured that it has become an automatic response to danger – hard-wired into our autonomic nervous system. When a danger or threat is perceived, the brain activates the autonomic nervous system, which controls physical activities that occur automatically – such as breathing. The autonomic nervous system has two branches – called the sympathetic nervous system and the parasympathetic nervous system. The sympathetic nervous system controls the 'fight-flight

response' and the parasympathetic nervous system regulates functions which restore the body to a normal state. The sympathetic nervous system activates a range of complex reactions when a danger or threat is perceived. Firstly all non-essential activities are suspended and several chemicals are released – in particular, adrenalin and noradrenalin. A number of physical changes are triggered that enable immediate and fast action to occur. These changes include accelerated heartbeat, deeper and more rapid breathing, increased muscle tension, cold sweat, shivering, pupil dilation, suspension of digestive activity, dry mouth and tendency to void the bladder or bowels. These physical responses ensure an individual can instantly respond by fighting or fleeing, and their body's automatic responses provide strength and stamina for a greater possibility of survival. Sympathetic nervous system activity is terminated in two ways: first, the chemicals adrenalin and noradrenalin are eventually destroyed by other chemicals in the body. Second, the parasympathetic nervous system becomes activated and restores the body to its normal resting state. Physical anxiety responses cannot keep rising forever, or escalate to damaging levels. The parasympathetic nervous system is a built-in safety valve that stops activation of the sympathetic nervous system from continuing beyond levels that are safe for the body.

## *Anxiety*

External dangers still occur, but are less common on a daily basis for most people than was the case for our ancestors. More commonly today, the perception of threat is associated with matters of a psychological, emotional and social nature – for example, loss of a significant relationship, loss of capacity or ability to perform various roles, and loss of social status, possessions or economic status. These types of ‘threat’ give rise to the more vague and ill-defined sense of impending danger that we term anxiety. In general, the sympathetic and parasympathetic systems effectively regulate the body’s responses to periodic levels of mild anxiety and stress, so that occasional ‘fight-flight’ reactions are effectively moderated and receive only passing attention. Also if the perceived threat is recognised and acknowledged as a significant danger to a person’s well-being – for example, if a partner left home issuing threats of divorce, if a stock market crash resulted in major financial loss, if ongoing bullying at school or work resulted in low esteem and poor performance – then any physical reactions to such stresses would be generally accepted as normal under the circumstances.

## *The first panic attack*

When the physical symptoms of the ‘fight-flight’ response are triggered for no apparent reason – a person will begin to experience a heightened sense of threat, and subsequent anxiety, as all the body’s ‘alarm bells’ are ringing and yet the danger appears to be hidden – like knowing that intruders are in your house but not knowing where

they are. The person's heightened sense of alertness and vigilance for danger, having been unsuccessful in finding the threat in the environment, turns then to the body – and scans the body for the source of threat. At this stage, with sensations racing through the body which indicate danger, and surging emotions of distress and fear, a wave of anxious thoughts begin to rise as the person seeks to make sense of what is happening to them. The most common types of thoughts that occur at this time are interpretations of the physical flight-flight responses:

- ✧ *pounding heart, tightness in chest* - 'I must be having a heart attack',
- ✧ *feeling dizzy, spots and blurring before the eyes* – 'I'm going to faint or lose control of myself',
- ✧ *shaking, numbness and tingling, stiff muscles, sweating* – 'I've come down with some dreadful disease .... I'm going to die',
- ✧ *sensations of breathlessness, choking or smothering* – 'I can't breathe .... I'm going to die',
- ✧ *sensation of nausea, of wanting to void bladder or bowels* – I can't control myself, I'm going to be sick or void myself right here',
- ✧ *feeling of unreality* – 'I'm going crazy, I'm losing control of myself'.

Such thoughts intensify emotional distress and anxiety, the brain's 'alarm bell' signals an emergency situation, and more adrenalin is released to increase the body's capacity to fight or flee the danger – the heart beats faster, breathing quickens and becomes more shallow, sensations of dizziness and nausea increase. The person is now experiencing their first panic attack.

The cycle of physical symptoms and emotional and cognitive reactions described above, providing an explanation of the onset of a panic attack, has been verified through extensive research. This research has demonstrated that people with panic attacks are fearful of the actual physical sensations of the flight-fight response, and fear and panic escalate when an obvious explanation cannot be found and the source of the danger is perceived to be the person's own body. This leads to a misinterpretation of the physical symptoms of the flight-fight response as indicating some serious or life-threatening mental or emotional problem.

### *Possible precursors to the first panic attack*

While the cycle of physical, emotional and cognitive responses that comprise the panic attack can be readily understood, the onset of the physical symptoms of the flight-fight response in the first place seems more difficult to comprehend. The obvious question is - why is the flight-fight response triggered if there is no obvious source of danger?

In fact, there are many ways in which the fight-flight response, or physical reactions associated with this response, can be triggered other than by danger and fear, including:

- ✧ long periods of stress, resulting in an increase in the production of adrenaline and other chemicals that produce fight-flight type symptoms;
- ✧ a habit of breathing too fast – a form of subtle hyperventilation, which produces similar symptoms;
- ✧ normal physical changes which come to awareness through body scanning following illness or a sudden change in environment;
- ✧ regular activities that lead to intense physical reactions – physical exercise, excessive coffee drinking, attending a public place that is overcrowded, heated and stuffy.

Following the first panic attack, many people go to a doctor to seek an explanation for their frightening symptoms. However, investigations of physical functioning reveal no satisfactory diagnosis of the problem. The doctor may offer several possible alternatives for the cause of the symptoms, or may suggest that the experience was the result of stress and nerves. Many people would find the explanations offered acceptable and think little more about the incident – in fact, up to 30% of the population have a panic attack at some time in their lives. For others, however, the experience of the panic attack, combined with other factors – such as particular

personality traits and current stresses, may lead to an ongoing preoccupation with the experience of the panic attack.

### *The development of Panic Disorder*

Rising apprehension about the possibility of another similar experience occurring and all the imagined consequences – such as fainting and losing control in public, leads to higher levels of anxiety being experienced on a daily basis, and efforts made by the person to prevent the possibility of another attack occurring. At this time, any physical sensations become a source of concern, and regular scanning of the body occurs to check for possible recurrence of the symptoms of the attack. This combination of anticipatory anxiety, lack of a satisfactory explanation for the symptoms, and a heightened vigilance for bodily sensations leads directly to the development of recurring panic attacks and panic disorder.

For some people, panic attacks ignite strong feelings of vulnerability, and concerns about the possibility of experiencing panic in a place where they may not be able to escape, or would be subject to public scrutiny, or where they could not obtain immediate help, become a dominating fear. In order to protect themselves from what they perceive to be catastrophic consequences should these situations occur, these people begin to modify their behaviour and activities to try to ensure that they will always feel safe.

What are commonly termed ‘safety behaviours’ often include:

- ✧ avoidance of any place where a panic attack has occurred – or any place with similar characteristics,



- ✧ only going out when accompanied by a relative or friend,
- ✧ ensuring that they are never left alone at home,
- ✧ checking out before an outing where all the public toilets, phones and exits are – on the way to and at the destination,
- ✧ carrying medication and emergency phone numbers at all times,
- ✧ taking some ‘calming’ type of drug – prescription or other before going out,
- ✧ never going to places that are likely to be crowded or where there might be a possibility of being trapped.

Safety behaviours such as these reinforce the person’s feeling of vulnerability and fear of panic attacks, as the person comes to define more and more areas of the world, their life and their own body as dangerous and their own capacity to cope as weak and ineffective. If the panic and anxiety cycle combine with increasing safety behaviours, agoraphobia may develop and for some, simply walking out through their own front door may be a nightmare that seems impossible to bear.

### *Treatment*

*Cognitive behavioural therapy* is a psychological treatment for panic disorder and agoraphobia which has substantial clinical and research evidence that supports its effectiveness. A range of anxiety management techniques are generally included in psychological treatment approaches to assist people’s ability to manage their own

symptoms. Anxiety management techniques include relaxation training, meditation, slow breathing techniques, coping statements and hyperventilation control. These techniques require regular and consistent practice to be of benefit, and are most effective if used in conjunction with a cognitive behavioural treatment program. There are a number of self-help books available which provide information about the use of these strategies and self-help programs.

### *Don't fight panic*

**Face the symptoms – don't run from them** Attempting to suppress or run away from the early symptoms of panic is a way of telling yourself that you can't handle a particular situation. In most cases, this will only create more panic. A more constructive attitude is to say - "OK. Here it is again. I can allow my body to go through its reactions and handle this."

**Accept what your body is doing - don't fight against it** When you try to fight panic, you simply tense up against it, which only makes you more anxious. Adopting just the opposite attitude, one of *letting go* and *allowing* your body to have its reactions (such as heart palpitations, chest constriction, sweaty palms, dizziness and so on) will enable you to move through the panic much more quickly and easily. The key is to be able to *watch* or *observe* your body's state of physiological arousal - no matter how uncomfortable it feels - without reacting to it with further fear or anxiety.

## Float with the ‘wave’ of a panic attack rather than forcing your way through it

- ✧ FIRST FEAR - the physiological reactions underlying panic.
- ✧ SECOND FEAR - making yourself afraid of these reactions by saying scary things to yourself like - ‘I can’t handle this’. ‘I’ve got to get out of here right now’.
- ✧ While you can’t do much about the first fear, you can eliminate the second fear by learning to flow with the rising and falling of your body’s state of arousal rather than fighting or reacting fearfully to it. Make reassuring statements to yourself - “This will pass”, “I’ll let my body do its thing and pass through this”. “I can handle this”.

**Allow time to pass** Panic is caused by a sudden surge of adrenalin. If you can allow the bodily reactions caused by this surge, much of this adrenalin will metabolise and be reabsorbed in three to five minutes. Panic attacks are time limited. It is most likely to pass quickly if you don’t aggravate it by fighting against it or reacting to it with fear.

### *Coping Statements*

Repeat a single statement over and over the first minute or two when you feel panic symptoms coming on. At the same time concentrate on your breathing and slow your breathing down.

“This feeling isn’t comfortable or pleasant, but I can accept it”.

“I can be anxious and still deal with this situation”.

“I can handle these symptoms or sensations”.

“This isn’t an emergency. It’s OK to think slowly about what I need to do”.

“I’m going to go with this and wait for my anxiety to decrease”.

“I don’t need these thoughts. I can choose to think differently”.

### *Strategies for coping with Panic*

*Courtesy Jerilyn Ross, M.A., L.I.C.S.W., The Ross Centre for Anxiety and Related Disorders, Inc., Washington, DC Adapted from Mathews et al., 1981.*

- ✧ Remember that although your feelings and symptoms are very frightening, they are not dangerous or harmful.
- ✧ Understand that what you are experiencing is just an exaggeration of your normal bodily reactions to stress.
- ✧ Do not fight your feelings or try to wish them away. The more you are willing to face them, the less intense they will become.
- ✧ Do not add to your panic by thinking about what “might” happen. If you find yourself asking “What if?” tell yourself “So what!”
- ✧ Stay in the present. Notice what is really happening to you as opposed to what you think might happen.
- ✧ Label your fear level from zero to ten and watch it go up and down. Notice that it does not stay at a very high level for more than a few seconds.
- ✧ When you find yourself thinking about the fear, change your “what if” thinking. Focus on and carry out a simple and

manageable task such as counting backwards from 100 by 3's or snapping a rubber band on your wrist.

- ✧ Notice that when you stop adding frightening thoughts to your fear, it begins to fade.
- ✧ When the fear comes, expect and accept it. Wait and give it time to pass without running away from it.
- ✧ Be proud of yourself for your progress thus far, and think about how good you will feel when you succeed this time.

### *What to do if a family member has an Anxiety Disorder*

*Adapted from Sally Winston, D. Psy., The Anxiety and Stress Disorders Institute of Maryland, Towson, MD, 1992.*

- ✧ Don't make assumptions about what the affected person needs; ask them.
- ✧ Be predictable; don't surprise them.
- ✧ Let the person with the disorder set the pace for recovery.
- ✧ Find something positive in every experience. If the affected person is only able to go partway to a particular goal, such as a movie theatre or party, consider that an achievement rather than a failure.
- ✧ Don't enable avoidance: negotiate with the person with panic disorder to take one step forward when he or she wants to avoid something.
- ✧ Don't sacrifice your own life and build resentments.
- ✧ Don't panic when the person with the disorder panics.

- ✧ Remember that it's all right to be anxious yourself; it's natural for you to be concerned and even worried about the person with panic disorder.
  - ✧ Be patient and accepting, but don't settle for the affected person being permanently disabled.
  - ✧ Say: "You can do it no matter how you feel. I am proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It's not the place that's bothering you, it's the thought. I know that what you are feeling is painful, but it's not dangerous. You are courageous".
  - ✧ *Don't* say: "Relax. Calm down. Don't be anxious. Let's see if you can do this (i.e., setting up a test for the affected person). You can fight this. What should we do next? Don't be ridiculous. You *have* to stay. Don't be a coward".
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## **LIVING WITH AGORAPHOBIA**

*A personal story by Judy Fraiia*

At the tender age of fourteen I was already in the work force. Thanks to anxiety disorders which invaded my brain at about age five a decent education wasn't really an option.

I was never able to fit in at school, I felt like an alien, it was as though I was sending out an "aura" saying "don't come near me, I'm weird, and I'm not worthy of your friendship".

So here I was behind the counter at Coles. At first it was quite pleasant being shifted from glass wear then on to brick-a-brack and finally doing the rounds at all the different counters; my favourite being the crockery department - I've never forgotten how to pack cups.

My first panic attack at the age of 14 will be forever indelible in my mind. Little did I know then that they were to continue on until the age of 47. I've been free of these wretched things for six years.

I wasn't feeling particularly stressed on the day of my initial panic attack which overpowered me with a direct hit. My first thought was that fainting was a strong possibility and that my legs felt like aeroplane jelly made with an extra cup of water - very wobbly. I wondered if I was dreaming, I certainly didn't feel real, nothing seemed real, What was I doing here? Who was I? I wanted to run from this unreality but where was reality? If the tea room was some sort of safe haven, I wasn't sure my legs could transport me such a distance. At this stage I felt stiff all over. Voices were swirling, customers and voices of management united, the sound of the fans overhead were menacing. I managed to totter back to the aisle of my counter with great difficulty with robotic like movements. "Miss Pedler, please serve the customer" shouted Mr Sillborn the floor walker. I think that's my name but I'm not sure, anyway thank God for the customer who brought me back to earth.

Such was the extent of my fear that I had a very clear understanding of how a prisoner about to be executed would feel.

I was plagued with panic attacks and Agoraphobia from that day on.

Long distance travel made me feel extremely uncomfortable, long roads of never ending bitumen and copy cat trees did nothing for me, and when a small town loomed in the distance I somehow felt relieved. I felt safer amongst houses and shops. Going to church was a nightmare and anticipation would start to build a good day beforehand. I always prayed that our reliable old station wagon would refuse to start but it never missed a beat and it became quite apparent that I was in for an hour of terror. As far as the Church went, I know I would have fared much better had I been able to sit in the back pew for a quick exit. My husband was oblivious to my blind terror and thought he was doing me a favour by guiding me to the absolute front row of seats. Thank goodness for the candle that flickered in uneven licks of orange flame, that was something for me to centre my concentration on. My gaze didn't waver from that holy flame save except when the donation plate was passed around which would mean that the end was near, and just maybe I might be able to survive this ordeal. School meetings or any other meetings for that matter were other outings that I endeavoured to avoid at all costs. Driving to a school meeting at night was a terrifying experience whereby I felt I was engulfed by sheer darkness. If the meeting was to be held during the winter months there was always the strong



possibility of being confronted by fog as I travelled homeward. I'd try not to look at my watch during meetings and hope that the speaker wouldn't speak one minute longer than he should. The worst thing a person with agoraphobia can hear at any meeting is for the speaker to say "I'll get back to that later". "No, do it now, get it over with" I scream within. I wonder how much later and I wait with urgency for him to 'get back to that a bit later', knowing that then the meeting might be nearing the end.

When I had agoraphobia and panic attacks my whole body was on guard and I can never remember being in a relaxed state. As far as looking forward to anything, forget it, even stepping outside my bedroom was like stepping into the unknown.

The supermarket was an evil place with rows and rows of identical aisles with "NO SEATS" and nothing to hang on to, and someone should tell management that the lights are far too bright. By the time you wobble to the check-out there is never any chance of you being able to sail right on through. There is always the inevitable QUEUE that can tip scales and break you just when you thought you had conquered your fear of the dreaded supermarket, and you have just been praising yourself for being so brave.

I would never venture into a bank or post office if they didn't offer a hand rail with which I could clamp onto with all my might. I would stand in the queue, my white knuckles in full view, cursing that woman six ahead of me chatting to the teller in an idle manner - she's in no hurry. Doesn't she know that I could faint at any

moment. That woman at the end teller has brought in a sack of coins to be counted, she had to pick today didn't she? "I don't know if I can wait any longer". I often think there should be a special fast moving line for people with panic disorder and agoraphobia, two tellers to ease the load and a stool to sit on while you wait.

Public transport is a problem when you have agoraphobia - trains, buses etc. In fact it was not so much the trains and buses that were the problem, but the people that clamber on. I found that the more people that climbed on to the train the bigger the urge I had to jump off at the next station if I could last that long. I was almost tempted to try it when the train slowed down.

All people with agoraphobia would know about shopping centres. They just go on and on. There's no joy in it - if only I could be like all those people - standing, looking at window displays and shopping. How can they be so relaxed? If I had had three wishes it wouldn't be for that never ending box of tim tams, or to be beautiful or rich. My only wish would have been to be free of agoraphobia and panic attacks. I looked at those calm, relaxed shoppers and I envied them.

I'm here to tell you that as a fully recovered agoraphobia sufferer, that you can conquer this beast once and for all. I made a decision six years ago that I had had enough of panic and agoraphobia dominating my life. I was not prepared to put up with it any longer.

My decision to live a normal life was made, but I knew the road ahead was going to be rough. I decided that I would go 'cold turkey', rather than doing it in easy steps. I suppose I am lucky in that, by nature, I am a very determined person and I never go back on a decision. I set my rules and then put all my effort into adhering to them. One rule was to go into town, at least once a week, even if I didn't need to. I was to stay in town for two hours, go into shops and browse, and sit down in a coffee shop for a leisurely cup of coffee. If I met someone in town that I knew, I wasn't to hurry off with an excuse of a pressing matter. I was to converse with the person - even if I had to lean against a shop window for support or sit down on a bench.

I managed, during my first trip to town, to achieve these goals without experiencing overwhelming panic. I was very pleased with myself, and knew that I was on the right track. I realised that having done it once, I could do it again, and then again.

Another rule was to attend every school meeting. If I got there early I could get a seat near the door, but I would not allow myself to leave during the meeting and even made myself stay afterwards to have tea and cakes with the other mums. I won't say I wasn't terrified, but I did it, and each time the fear became less.

Going to church was a similar situation. I sat down near the back and near a window. Being able to watch the trees outside swaying in the wind was a plus. The movement of the wind had a very calming effect on me, and also some sounds like wind chimes,

rain, and the cat purring. Also the feel of things like a cold cement surface under my feet or touching a rough surface would help to bring me back to reality. I would try to focus on these calming sensory experiences whenever I felt my anxiety rising. I would also often attempt to distract myself from the panic - if I was in a dreaded queue in the supermarket I would talk to the person in front of me, pick up a magazine to read or count the money in my purse.

There were many other things that helped me to overcome agoraphobia and panic. Most importantly, I educated myself about the disorders and ways of overcoming them. I found a good professional therapist who knew about treating these problems, and I joined the Foundation and became a volunteer. All of this, combined with my decision to overcome agoraphobia and panic and my self-help techniques, effectively put me back in control and on the road to recovery. It wasn't easy, and sometimes when I had a set-back, I wondered if I would ever fully conquer my fears. In the end, my determination and hard work paid off. Even though I still get anxious sometimes - like we all do, I haven't had a full-blown panic attack for five years. Best of all, my life is no longer controlled by fear. I can now go anywhere, and do anything I want to - even flying in a plane (which I have discovered I really enjoy), without cowering under that terrible and constant burden of panic.

## SELF-HELP BOOKS

**Anxiety, Phobias and Panic; A Step by Step Program for Regaining Control of Your Life.**

Reneau Z. Peurifoy, 1995 Warner Books.

**Worry: Controlling It and Using It Wisely.**

Edward Hallowell, 1998, USA.

**The Anxiety and Phobia Workbook.**

Edmund J. Bourne, Ph.D, 2000, 3<sup>rd</sup> ed., New Harbinger Publications.

**Overcoming Generalised Anxiety Disorder - Client Manual: A Relaxation Cognitive Restructuring, and Exposure-Based Protocol for the Treatment of GAD.**

John R. White, 1999, New Harbinger Publications.



### ARCvic Services:

Support & Social Groups	Information Kits & Publications
OCD & Anxiety HelpLine	Library
Newsletters	Community Education Seminars
Recovery Programs	School Education Program
Professional Education & Consultation Programs	Early Intervention
Advocacy	Research

*In addition to this booklet, a comprehensive range of literature on anxiety disorders and strategies for recovery is available from ARCVic on request.*

*Please phone the OCD and Anxiety Helpline on (03) 9830 0533 or 1300 269 438 and a Helpline volunteer will arrange for a kit to be mailed to you.*

*The ARCVic library is open during office hours and includes a wide range of books which you may read in a comfortable, quiet setting. ARCVic members are also able to borrow books and DVDs from the library for up to two weeks.*

## **Anxiety Recovery Centre Victoria**

ARCVic is a state-wide community mental health organisation, providing support, recovery, early intervention and educational services to people and families living with anxiety disorders. Education, training and consultation services are provided to professionals and agencies to promote wider availability of services for people with anxiety disorders. ARCVic is a charitable, non-profit organisation, funded by the Department of Human Services, and supported by membership, donations and sponsorships. ARCVic is the business and promotional name of the Obsessive Compulsive & Anxiety Disorders Foundation Victoria (OCADF Vic). The OCADF Vic was established in 1987. OCADF Vic is an incorporated association under the Associations Incorporations Act, governed by a committee of management. The Committee of Management includes people with anxiety disorders, family members, carers and professionals.

ARCVic's core functions encompass the following areas: support, self-help, recovery, skills, education, training and advocacy. Services include: telephone counselling Helpline; support, self-help and social groups; recovery programs and workshops; family and carer support and education programs; community education; information & library services; advocacy; counselling; early intervention programs; professional education and training programs.

ARCVic's mission is to foster the emotional, mental and social well-being of people living with anxiety disorders; and to empower people with support, knowledge and skills that will build resilience and recovery, and reduce the impact of anxiety disorders on people's lives.

## **Disclaimers**

Views expressed in personal stories do not necessarily reflect the views of the ARCVic Committee of Management. The printing of stories of people's personal experiences of anxiety disorders and recovery stories does not indicate that ARCVic endorses any treatments or coping strategies suggested. People with an anxiety disorder should not consider any information or stories in this Publication as personal advice regarding treatment. Such advice should be obtained directly from a clinician.

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ABN 60 935 437 898

PO Box 367 Canterbury Vic 3126

Ph 03 9830 0566 or 03 9830 0533

Fax 03 9830 4793

Email [arcmail@arcvic.org.au](mailto:arcmail@arcvic.org.au)