

Panic Self Help Guide

CBT Cycle

Understanding my symptoms

Trigger – *(e.g. notice my heart beat, notice people looking at me, see a dog/ spider)*

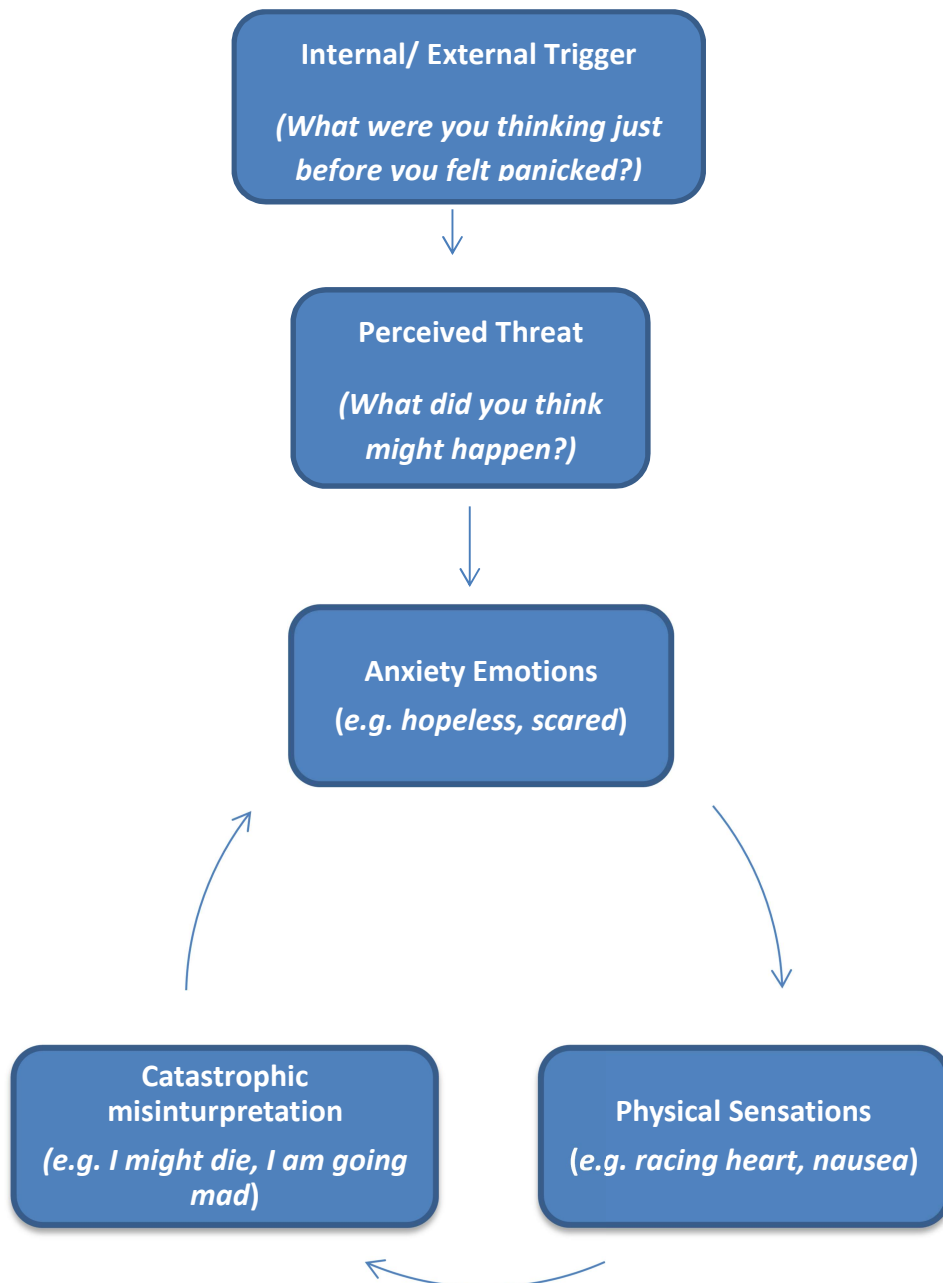
Physical feelings - *(e.g. heart race, shaking, breathing difficulty, dizzy, depersonalisation)*

Behaviours- *(Avoidance – avoid e.g. caffeine/ the situation or Escape – need to get out of situation)*

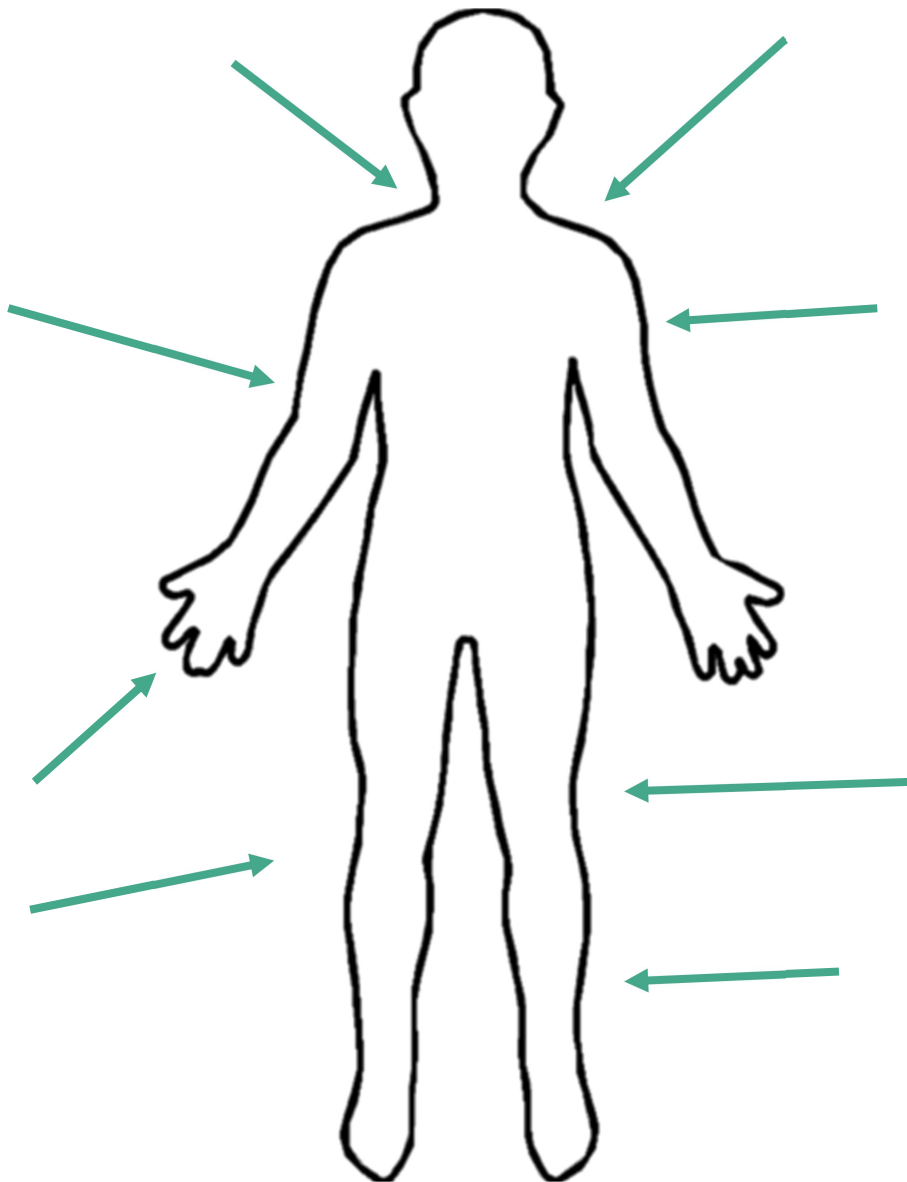
Thoughts – *(e.g. I am going to die, I am going mad, I've lost control, something terrible will happen)*

The CBT cycle suggests that this is a cycle which is maintained by each of these areas linking in together and feeding each other. This might occur over only a few seconds or it might take a few hours but anxiety tends to be maintained by this cycle.

(Cycle adapted from Clark 1986)



What Physical Symptoms do I Have?



Think about the last time you experienced panic, and try writing your own CBT cycle.

Trigger:

Physical feelings:

Behaviours:

Thoughts:

What is anxiety?

Most people experience anxiety at some point in their lives. Anxiety is the emotion we feel when we think that we are under threat and cannot cope with a situation. Common situations that might make people feel anxious are exams, job interviews or public speaking. Anxiety is an emotion experienced by everyone but for some people anxiety can seem unbearable

What is a panic attack?

Sometimes, we can misinterpret feelings of anxiety and focus on the physical symptoms we are getting which can lead us to a catastrophic conclusion –e.g. “I am going to die/ I am going mad/ I can’t cope”. Our physical symptoms can seem to support our misinterpretation and can cause us to focus our attention even more on our physical sensations. This can create a spiral which acts as evidence to support the thought that something is “drastically wrong” and lead us to think we are unable to cope with the feelings. This can lead us to a panic attack.

3 types of Panic:

- **Predictable** – we know the situations that are likely to trigger a panic attack. Our behaviour is that we usually end up avoiding these places or leave them as soon as we recognise panic symptoms.
- **Unpredictable** – We do not know when the panic attacks will occur, they seem out of the blue which means we don’t necessarily avoid certain places or situations. Our behaviour might be that we avoid caffeine, running or anything that might trigger our physical sensations to change internally, and we are likely to escape situations as soon as we recognise the symptoms.
- **Night time** – Panic attacks occur at night and it can wake us up. A dream might raise your heart rate and your mind recognises the symptoms and wakes you up ready in fight or flight mode. Then we recognise the physical symptoms and this causes a panic attack. Here our behaviour might be avoidant of going to sleep, so we get less sleep, we might take sleeping tablets or try drinking alcohol to force our bodies to sleep.

What is the difference between Panic and Anxiety?

Anxiety (and therefore panic) is a normal experience, which although unpleasant, is harmless. Anxiety comes about at times when we think something bad might or will happen.

This is actually a survival instinct and can be particularly helpful for us in real life-threatening situations. For example, if you are confronted by a dangerous animal it is helpful for your brain to recognise the threat and to tell your body to run, hide or get ready to fight. Your body will therefore go through a range of physiological changes known as the “fight or flight” response, which helps to prepare our bodies and protect us from danger.

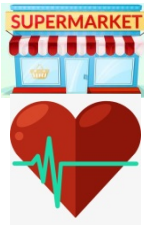

Panic occurs when we perceive the threat we are faced with as larger than our ability to cope with that threat. We can misinterpret the sensations as threatening in themselves and causes this causes us to panic.



The Fight-or-Flight Response

The fight-or-flight response is a biological response that has evolved over millions of years to enable us to confront or escape danger. It is a vital part of our ability to survive because it is what enables us to know to run out of a burning building or jump out of the way of an incoming object. When the danger has passed, the body returns to a less anxious state. However in our modern world the threats we experience are rarely immediate and life threatening, but our bodies often have the same response as if it were life-threatening danger. Because we are not used to using our fight or flight response we can misinterpret the symptoms and this causes anxiety/ panic.

This table outlines how the fight or flight response can be helpful for actual danger (the right) or can cause anxiety or panic (on the left). The **catastrophic misinterpretation** is what occurs when we experience a panic attack:

	Perceived	Actual
Trigger	 <p>Confronted with a neutral or stressful but not life-threatening situation</p>	 <p>Confronted with physical danger which poses a risk to life</p>
Physical	<ul style="list-style-type: none"> • A release of adrenaline, which can cause trembling • Breathing more quickly to get more oxygen to the muscles • Increased heart rate to increase blood flow to the muscles • Increased muscle tension to be able to react quickly • Digestion slows down, hence the butterfly feeling in the stomach 	
Thoughts	<ul style="list-style-type: none"> • Anticipation improves = Waiting for something bad to happen. • Vigilance improves = Everything becomes a danger (sometimes even our own physical symptoms) 	<ul style="list-style-type: none"> • Anticipation improves = Anticipating the coming danger • Vigilance improves = Our senses sharpen enabling us to detect small movements and changes to our environment
Catastrophic misinterpretation	<p>"I must be having a heart attack", "I might die", "I am going mad" "I can't cope" "Something bad must be happening"</p>	
Behaviour	<ul style="list-style-type: none"> • Avoid triggers • Escape situation when noticing symptoms • Reassurance seek from friends or health professionals 	<ul style="list-style-type: none"> • Fight • Flight (run away) • Freeze

Take a moment to reflect on what you have read so far.

'Take-home' points:

Questions/ Comments:

Panic Attack Monitor

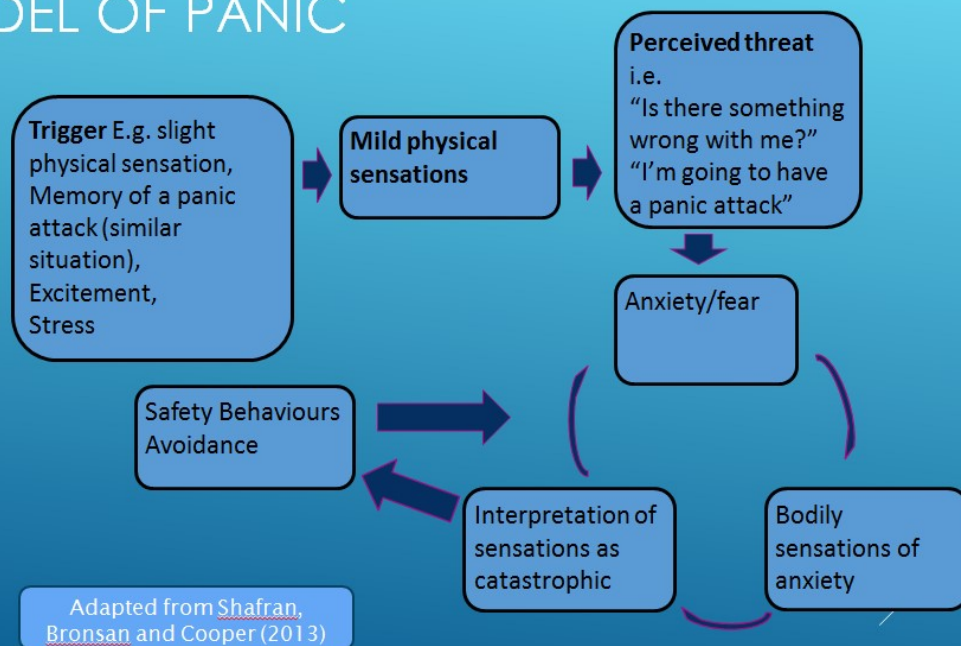
Date:	Time:	Most prominent symptoms
Intensity (1-100%):	Expected: Y / N	
Describe trigger: (Where were you? What were you doing? What were you thinking?)		

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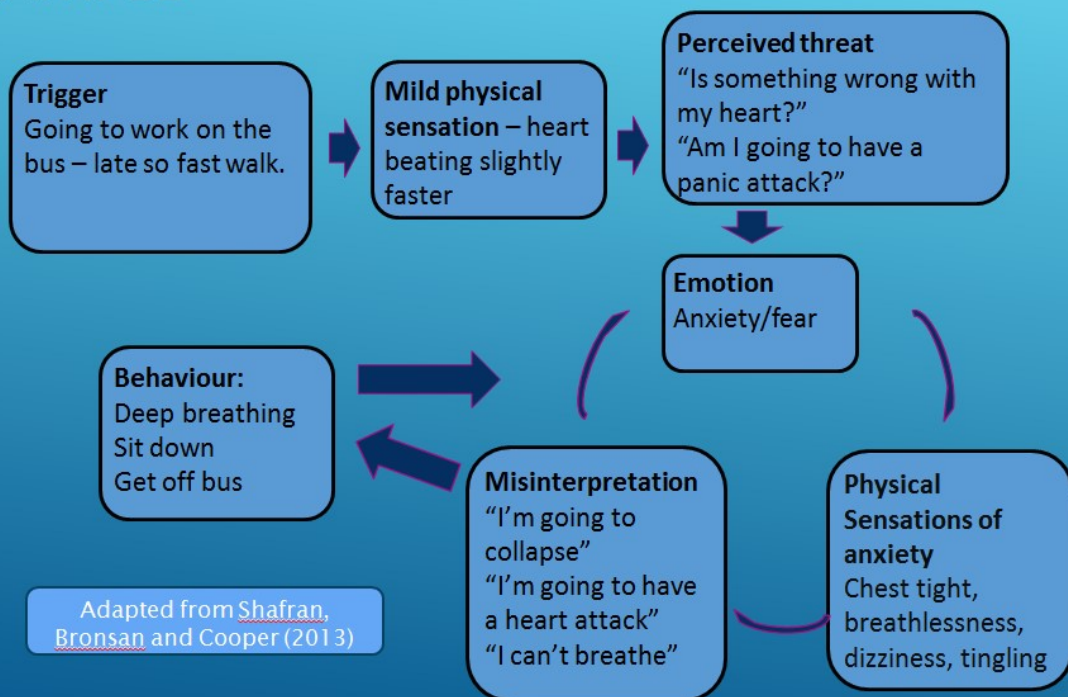
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A MODEL OF PANIC



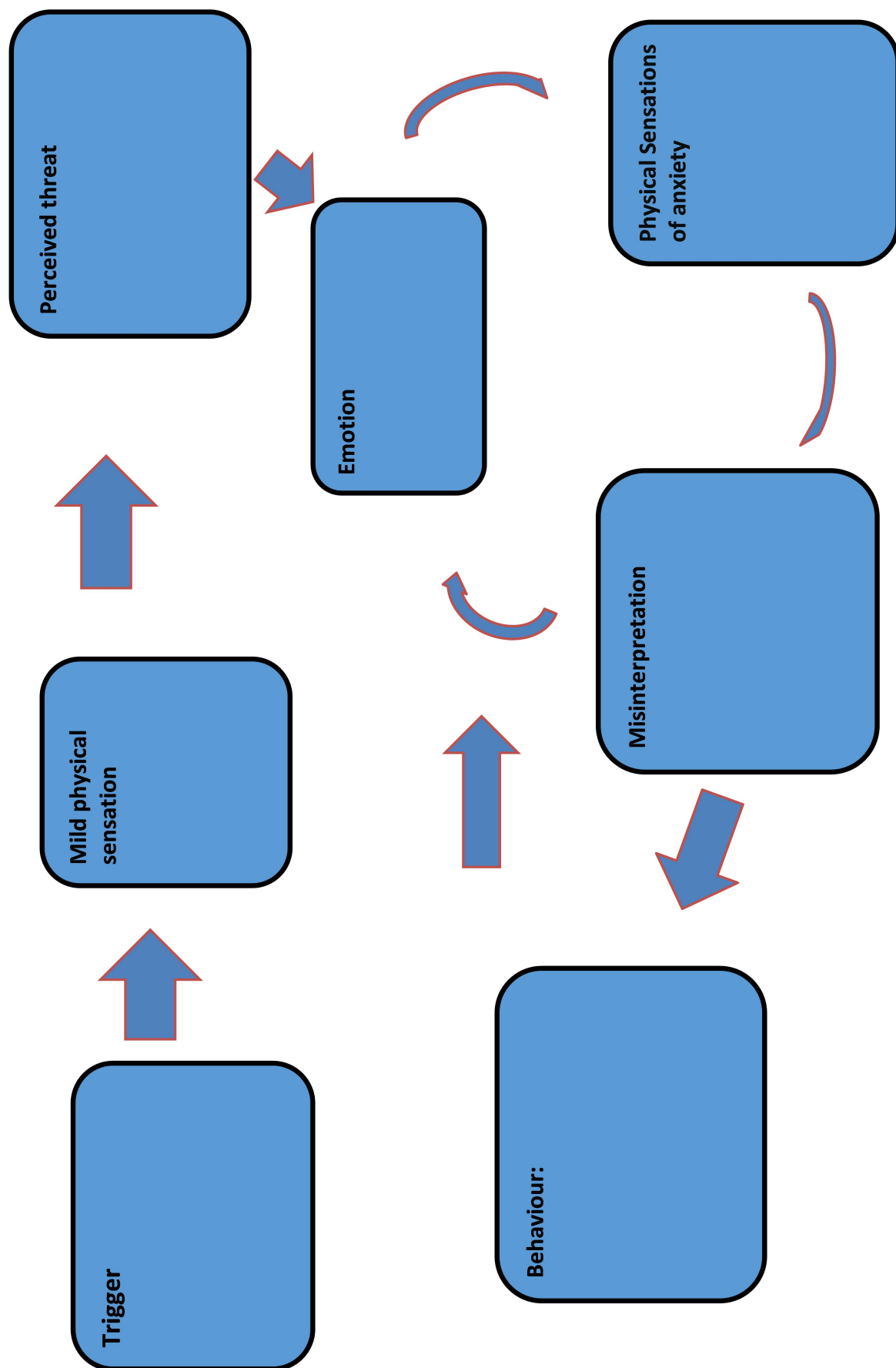
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AN EXAMPLE



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Your example of a Panic Cycle:



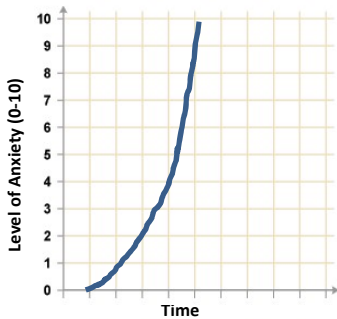
CBT

Cognitive Behavioural Therapy (CBT) is an effective form of therapy to help you manage the problems of anxiety by changing the way you think and behave. As mentioned above, it may not be the situation itself that is making you feel anxious but your interpretation/response to the situation that is maintaining the cycle of anxiety. CBT will help you to challenge and break down these overwhelming problems into smaller chunks and help you to manage your difficulties independently in the future.

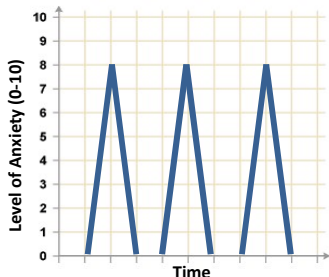
Exposure and habituation technique

Exposure and habituation is an evidence based treatment which is used when you are avoiding things that cause you fear. When we are looking to treat panic we might be avoiding physical symptoms of anxiety themselves or we might be avoiding places or situations which cause us anxiety. However by confronting the things we are avoiding in a gradual and guided way, you will learn to get used to the feelings of anxiety, they will feel much less scary as a result and this will gradually reduce their impact.

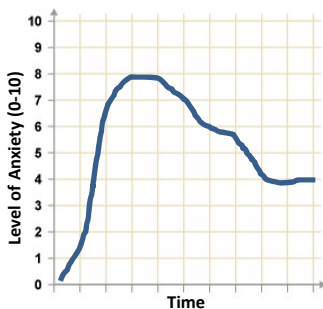
How it works



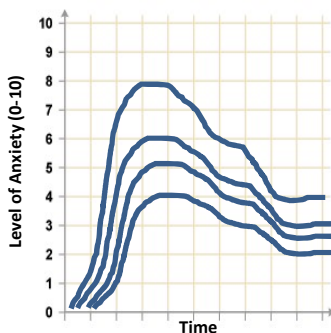
When we experience a trigger, our anxiety rises. When we are experiencing feelings of panic the anxiety sometimes feels as though it will keep going up and up until a catastrophic ending (e.g. "I will pass out", "I will have a heart attack") or until we leave the situation.



While leaving the situation may cause our anxiety symptoms to reduce temporarily, leaving or avoiding anxiety provoking situations reinforces the belief we have that the situation is something to be *feared*. So the next time we are in the same situation, the anxiety is likely to come back the same way and our solution will be to escape or avoid again. This can become a vicious cycle of avoidance and anxiety.



Exposure therapy works by breaking that cycle. Research has shown that the physical symptoms of panic are uncomfortable but harmless, and the body cannot physically sustain a panic attack for prolonged periods of time. What actually happens is that you anxiety is likely to reach a peak, but after around 10 minutes it will start to taper off and reduce by itself.



Therefore if you gradually start to expose yourself to the anxiety provoking situation or feeling, and stay in it for long enough for your anxiety to come down on its own, you will challenge that belief that the situation is to be feared. This is called Habituation. As a result, each time you enter the anxiety provoking situation, allow your panic or anxiety symptoms to rise but 'ride the wave' and let them fall again, you will instead teach yourself that you are able to cope.

The 4 conditions for a good exposure

Create a Hierarchy Using the Graded Condition and Worksheet A below

Condition 1: Graded

Use the hierarchy worksheet to create a list of things that give you at least 50-60% anxiety from the easier things up to more difficult things based on what you avoid or causes you anxiety. This might be different for different types of panic.

Predictable – you might recognise a situation that causes you to panic so your exposure gradient might involve going to different places

Unpredictable / Night-time – You might recognise there are no specific triggers but the physical feelings themselves, so your gradient might be the level of distress the different physical symptoms give you.

It is important to make sure exposure techniques are graded so that we don't push ourselves too hard too fast. Remember not to grade an exercise by time but rather by difficulty. When you have been repeating an exercise and it no longer gives you at least 40% anxiety at the start of the exercise, you are then ready to move up to the next item on your exposure hierarchy.

Plan exposure experiment and test it this week using the Conditions 2, 3 and 4 and Worksheet B

Condition 2: Prolonged

Stay in the exposure exercise situation until your anxiety drops by 50% from the start of the exercise. So for example if you were 80% anxious, you would stay in the situation until your anxiety drops to 40%. This allows time for the habituation element of the treatment to take effect.

Condition 3: Repeated

Expose yourself to one step on the hierarchy at a time. You should repeat each step until the exercise no longer makes you feel anxious; if the exercise made you 80% anxious to start then don't move on until it no longer goes above 40% anxiety at the start of the exercise. Then it is time to move up to the next exercise on your hierarchy ladder. On average you should aim to do exposure treatment 4-5 times per week (these may be different exercises depending on your ratings and how quickly the habituation takes effect).

Condition 4: Without Distraction

Sometimes we can develop safety behaviours to manage our anxiety (e.g. holding a water bottle, having tums tablets on us at all times, or holding an inhaler while doing the exercise). These safety behaviours might feel like they act as a support, however they are also adding to the maintaining cycle described on page 2 as they enforce the idea that "to be safe I need to have a safety behaviour" not the idea that "there is not a threat to be feared".

Therefore try to remove things from your hierarchy that reduce your anxiety artificially or distract you from how you are feeling during your exposure exercises. Whilst these may seem like they give temporary relief from feeling anxious, they are keeping you stuck in that vicious circle.

Exposure Hierarchy Worksheet A

Below, write each step in your hierarchy...	Anxiety Rating (0-100%)
<p>Most Difficult...</p> <p><i>(e.g. breathing through a straw to feel like constricted breathing / getting on a busy train)</i></p>	
<p>Medium Difficulty...</p> <p><i>(e.g. running up and down stairs to cause heart rate to increase / going to a big supermarket alone)</i></p>	
<p>Easiest...</p> <p><i>(e.g. using a hairdryer to notice I feel hot/ going to the local shop)</i></p>	

Exposure exercise rating sheet

[illegible]

4 pillars

Improving mental health can be a hard journey; however without change everything stays the same. Well done on working on your symptoms of panic so far. Often when we look at the bigger picture of our lives when we start experiencing panic attacks we realise that we are going through a stressful time and when we are stressed our self-care is often the last thing on our to-do list. In order to prevent and manage stress, try focusing on one of these four areas...

Sleep

- We have different stages of sleep
- Body – don't eat & drink too late
- Environment – no screens/TV
- Routine – baths, milky drinks, relaxation
- 20 minute rule – get up if you cannot sleep and try again when sleepy

Diet

- We are what we eat!
- Regular & balanced diet is important
- Alcohol & caffeine can negatively impact mood
- Drink plenty of water

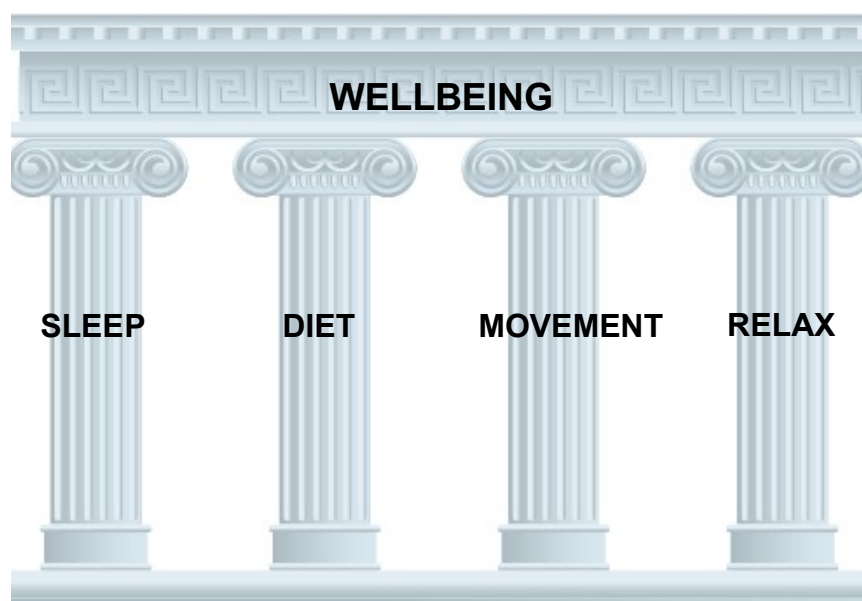
Movement

- Exercise increases energy levels & endorphins
- Ideally 30 minutes most day
- Build into everyday activities – i.e. walk further (parking/next bus stop), take the stairs, walk to next bus stop

Relaxation

- Hobbies and interests
- Be more aware of the present moment
- Use - breathing exercises, Progressive Muscular Relaxation, Mindfulness
- Take time out for you

While there might be lots of reasons for changes in our mental health, but often our self-care can be forgotten when we feel down or anxious. Our wellbeing is supported by these 4 areas, like 4 pillars supporting a building. If one or two of them are being neglected, they become wobbly and this can make the building become unstable. Evidence suggests that these four areas can provide us with a solid foundation to help us move forward and maintain our wellbeing.



References - Materials adapted from the following websites:

- Centre for Clinical Interventions - <http://www.cci.health.wa.gov.au/>
- Get Self-Help - <https://www.getselfhelp.co.uk/>
- <https://www.guelphtherapist.ca/blog/vicious-cycle-of-anxiety/>
- University of Exeter CEDAR Workbook- Exposure and Habituation by Marie Chellingsworth and Paul Farrand