

GUIDED SELF-HELP MANUAL

FOR

PANIC DISORDER

Sheffield Care NHS Trust



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NOTE:

This manual has been designed to be used following assessment by a Health Professional. If you are pregnant or have physical health problems such as a heart condition or asthma, please consult with a Doctor before using the treatment approaches in the manual.

SECTION ONE

HOW TO USE THIS MANUAL

This self-help manual has been designed to give you an understanding of your panic problem and how you can overcome it with the guidance of a Therapist. It is designed to be used together with four 30 minute appointments with a Therapist over ten weeks. These sessions will focus on the stages of the manual and how it applies to you. The manual is divided into six sections, which include education about anxiety and panic, getting to know how your problem affects you, two types of treatment, and how to maintain your improvement. It is therefore important that you read the sections recommended by your Therapist and carry out any work agreed in between sessions. You will be able to report your progress, discuss any concerns or clarify your understanding at the sessions.

To further aid your understanding you will be introduced to three case studies, Tom, Julie and Joe. The case studies will describe how panic disorder affected Tom, Julie and Joe as individuals. Techniques they used to overcome panic will be described. The cases will be referred to regularly throughout the manual.

The techniques used within this manual are based on a therapy which has been shown to be effective for panic disorder. You will decide with your Therapist what you would like to achieve from therapy and work towards that goal. You need to be thinking about this now. A useful question to ask yourself is "what does my problem stop me doing that I would like to do more of?"

You are now ready to start working with this manual. The following three pages will introduce you to the case studies of Tom, Julie and Joe.

Tom

Tom is a 35 year old married man, who has no children. He works as a technician at the University, where he enjoys his work. He used to be actively involved in sports, playing football and swimming regularly.

Tom experienced his first panic attack about two years ago. He had been unwell, with a 'flu like illness, but was recovering and thinking about returning to work, when he experienced the attack. For no apparent reason he became breathless, felt a tightness in his chest, was sweaty and light-headed. Tom remembers thinking he was having a heart attack, and got his wife to call an ambulance. After tests at the hospital he was told it was "probably just anxiety", and sent away. Tom continued to experience panic attacks in a range of situations, and for no apparent reason, seeking medical attention and tests from his doctor on a number of occasions. He has been given a 'clean bill of health'.

Currently Tom experiences a panic attack about once every week. They come on for no apparent reason, and he spends much of his time watching out for symptoms. He monitors his pulse and scans his body for tension repeatedly through the day. He continues to be worried about his health. During the attacks Tom experiences chest tightness and discomfort, difficulty getting his breath and a racing heart. He feels light-headed and dizzy. During the attacks he worries that he might be having a heart attack, but at other times realises he has been checked for this thoroughly, and given a clean bill of health. He finds that sitting down and distracting himself from the symptoms sometimes helps.

Tom spends much of his time trying to make sure he doesn't bring an attack on. He avoids exertion, no longer taking part in sports he used to enjoy. He finds sexual activity is no longer pleasurable, as he worries about physical exertion. He still goes to work and out socially, but will decide whether to go out based on his physical symptoms. He realises that he is unreliable as a result. Tom sometimes drinks alcohol to help him cope. He finds it easier to do things if his wife is with him.

Tom has been referred by his General Practitioner for therapy.

Julie

Julie is a 28 year old married woman with a son and a daughter aged 6 and 4. She currently looks after the children full time, having worked as a nursing auxiliary until having her first child. Julie suffered from post-natal depression after having both of her children, this being particularly bad following the birth of her daughter.

Julie's mood lifted a number of months after the birth. However she found herself becoming very anxious venturing out of the house, unless accompanied by her husband or a close friend. She coped with this by arranging to do things when she could be with someone, but found herself becoming gradually more restricted in what she could do.

Julie currently experiences severe physical symptoms if going out alone, less severe symptoms when accompanied. These symptoms include her heart racing, having a dry mouth, sweating palms and feeling tense all over. When the symptoms get worse she can feel nauseous. She has thoughts predicting that she will not be able to cope. Julie tends to avoid going out alone wherever possible. She walks very quickly when she does go out, so as to get home as quickly as possible. Even with her husband she avoids crowded places, queues and talking to people whom she doesn't know. She avoids public transport, and returns home as soon as possible if she notices her symptoms getting worse. Some days Julie can manage more than others, this varying with how she feels.

Julie is fed up with her situation. She wants to be able to do a wider range of things with her children and her husband. Her General Practitioner has referred her for therapy.

Joe

Joe is a 45 year old single man who is not currently employed. He has been experiencing panic attacks for ten years. Joe first experienced a panic attack whilst drinking in a crowded pub with friends. He felt dizzy and light-headed, with blurred vision and "rubber legs". He thought he was going to collapse. Joe was assisted by his friends, who took him home, where his symptoms gradually reduced.

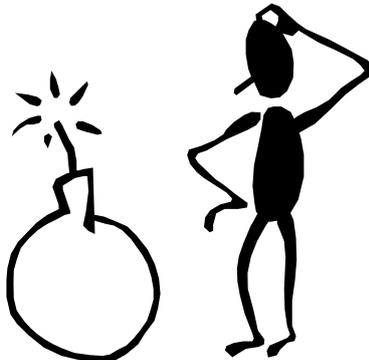
Over the years since that first attack Joe has continued to experience repeated panic attacks, although he identifies that few have been as intense as that first attack. Initially he had some success in reducing the frequency with which he experienced the symptoms by avoiding crowded areas, and anywhere where it was difficult to leave quickly. However, he began to experience panic attacks in situations where he did not expect them, sometimes even when he thought he was quite relaxed.

Currently Joe rarely experiences what he would consider a severe attack. He continually monitors his physical state, mainly by monitoring his breathing rate and level of tension, and avoids doing things when he feels symptoms coming on. He finds himself anxious most of the time, with symptoms of tension, shakiness and a dry mouth. These symptoms come on for no apparent reason even when at home. He continually worries that the symptoms will get worse and worse. When his symptoms worsen he begins thinking he is about to lose control and show himself up. Joe has a very restricted range of activities. He manages to get to his local shops and back again by going at a time he knows will be quiet, with no queues. He does not go out socially, and avoids travelling on buses and trains. He no longer drinks alcohol, having found his symptoms worse the day following drinking.

Joe was referred initially to a psychiatrist who referred him on for therapy after assessment and a period of treatment with antidepressants.

SECTION TWO

UNDERSTANDING ANXIETY AND PANIC



- **WHAT IS ANXIETY?**

Anxiety is a normal reaction, essential and when appropriate, very useful. It can help us to succeed. For instance it may help an athlete win a race. On occasions we can all use anxiety to help us perform better.

Problems arise when anxiety:-

- Occurs in situations where it is not usual for people to experience it.
- Continues beyond the point where it is useful or is so severe that it disrupts how well we can do things.
- Leads to avoidance of situations because of the distress caused.

Anxiety and Panic can be viewed as having three main components which you may be able to recognise. Firstly there are **physical symptoms** that we feel when we are anxious. These include our heart beating quickly, feeling hot and sweaty, our legs may feel weak and shaky.

Secondly there are **frightening thoughts**. When we are anxious we tend to think in a way that makes the situation worse. For example when we feel our hearts beating faster, we may misinterpret this as a sign of a heart attack. This frightening thought can make us feel even more anxious.

Finally, our **behaviour** is affected by anxiety. We tend to avoid or escape from situations in which we feel anxious. For example if we feel anxious when travelling on buses we may have a tendency to avoid them.

- HOW DOES IT WORK?

Imagine sitting in a field eating a picnic on a sunny, summers day. Suddenly, without warning, you see a bull charging towards you. What do you do?

The chances are that without apparent thought, you run at great speed and jump over the nearest gate or hedge! This is called the **fight or flight** reaction. This anxiety reaction is very valuable. It is called the fight or flight reaction because when we are afraid our body prepares itself for action, to stand and fight against the danger or run away from it. We will be focusing on the flight reaction.

This occurs because the brain sends a message through the nervous system to the adrenal glands and the adrenal glands pour the hormone **adrenaline** into the bloodstream. This gives the body strength and speed.

- WHAT HAPPENS TO YOUR BODY DURING THE FIGHT OR FLIGHT REACTION?

1. Our muscles tense up in readiness to move quickly or fight if required, in case of real danger.
2. Because the muscles are tense, they work harder and heat up. To prevent overheating the body uses it's cooling system and begins to sweat.
3. We begin to breathe more quickly which increases the oxygen level in our blood, which is needed by our muscles.
4. Our hearts beat faster so blood is pumped around our body more quickly to supply our muscles with what they need.

5. The senses sharpen, our field of vision can increase, sometimes causing blurring. Our hearing can become more acute sometimes causing muffling or ringing.
6. We may experience an urge to pass urine or empty the bowels and notice a dry mouth as secretions dry up. This is because the lighter we are, the quicker we move.
7. Some organs are not needed to protect the body so blood is diverted from them to others. For example the digestive system is not required so blood is diverted away. This can cause nausea.

The process described in 1 - 7 results in physical symptoms typically like these:-

Heart rate increases → → → → → → → → Palpitations.

Blood pressure increases → → → → → → → → Feelings of pressure in head.
 Ringing in ears.
 Headache.
 Feeling light-headed.
 Blurred vision.

Breathing rate increases → → → → → → → → Over-breathing.

Sweating increases → → → → → → → → Hot flushes.
 Cold sweats.
 Clamminess.

Muscle tension increases → → → → → → → → General aches and pains.
 Shakiness in hands or legs.
 Tightness in throat.
 Muscle cramps and spasms.
 Headaches.
 Prickling on back of neck.

Digestive disturbances → → → → → → → 'Butterflies' and indigestion.

Dry mouth.

Stomach cramps.

Nausea.

Wind.

Other symptoms that we can experience are due to over breathing, which we will be referring to in the section on panic later, but include: tingling feelings, chest tightness, choking feelings, light-headedness, gasping, difficulty in swallowing, hot flushes, and breathing difficulties.

Anxiety reactions are very useful in the right place and time. They have evolved to help us survive. It is adrenaline that keeps the reaction going but it cannot be constantly produced, so after experiencing anxiety we may feel tired. This is a normal reaction. Our body has been working as it should and now needs a rest.

Taking Julie as an example, we can see how the anxiety response is being triggered by a situation that is not actually dangerous to produce a range of unpleasant symptoms.

Julie is experiencing leaving her house alone as a trigger for the adrenaline response. Even in anticipation of leaving the house her body is preparing her to deal with a difficult situation by diverting fluid from saliva production, leading to a dry mouth, preparing her muscles for action by tensing them, and pumping oxygen more quickly round her system by increasing her heart rate. As the time approaches to leave the house alone these preparations for fight or flight get stronger. She begins to breathe quickly, to increase the oxygen available to her muscles, and blood is diverted from her digestive system making her feel nauseous. Not surprisingly Julie often responds to these symptoms by deciding not to bother going out alone. By escaping from the threatening trigger, her physical symptoms subside quickly, thereby increasing the chance that she will deal with similar symptoms by avoiding things in future. She is also prevented from learning that the symptoms would subside, even if she continued with the activity, albeit more slowly.

REMEMBER:

THE ANXIETY REACTION IS A NORMAL RESPONSE.

ANXIETY ALERTS US TO DANGER PREPARING US FOR ACTION.

THE ANXIETY REACTION IS DESIGNED TO HELP US SURVIVE.

THE ANXIETY RESPONSE WILL FADE IN TIME.

- **WHAT IS A PANIC ATTACK?**

Panic attacks can be particularly frightening, largely because we feel out of control.

A panic attack usually:-

- Consists of intense fear and anxiety.
- Comes on fairly suddenly.
- Lasts a relatively brief time.

Panic is also usually accompanied by a sense that something awful is about to happen. We may think that we are about to collapse, die, go crazy or make a fool of ourselves.

Some of us can recognise particular situations that may trigger an attack but for others panic comes "out of the blue". In other words it is unexpected and does not appear to be triggered by anything.

Panic attacks are very common. Research shows that one in ten of the general public have experienced at least one panic attack in their life. Some of us have panic attacks for a short while, then they go away. For others panic may cause problems for a longer period.

We will now describe panic using the three components mentioned on page 7.

- PHYSICAL SYMPTOMS

Below is a list of common sensations experienced during a panic attack. You may be able to recognise some of them. These are often described as being very unpleasant:-

- Heart beating very fast or having palpitations.
- Breathing very fast, known as hyperventilation.
- Feeling short of breath, as if you cannot get enough air.
- Chest pains, headaches or pains in other places.
- Tightness in the throat, feeling as if you are choking.
- An urge to go to the toilet.
- Feeling sick and nausea.
- Feeling faint or dizzy.
- Numbness or tingling.
- Trembling or shaking.
- Sweating or hot flushes.
- Feeling unsteady on your feet, as if you might fall over.
- Feelings of unreality, as if you are not really there.
- Not being able to concentrate or feeling confused.

Your symptoms may not be on this list. Self-monitoring using the diary sheet on page 18 will help identify your panic symptoms.

- FRIGHTENING THOUGHTS

When experiencing a panic attack we tend to think something dreadful is happening or going to happen. Many of us have different fears, some of the most common ones are:-

- I am having a heart attack.
- I will collapse or faint.
- This is a stroke.
- I'm suffocating.
- I'm choking.
- I am losing control, I'm going crazy.
- I'll make a fool of myself in front of everyone.

Our fears are unlikely to come true. But at the time we experience a panic attack these thoughts appear to be very real and very frightening. You may have had panic attacks many, many times but you are still here to tell your story.

If we think in frightening ways we are more likely to experience the physical symptoms of anxiety. Physical symptoms can bring on frightening thoughts and frightening thoughts can bring on physical symptoms. You should discuss your frightening thoughts with your Therapist.

- BEHAVIOUR

Because panic attacks are so frightening we tend to do something to try to prevent the harm that appears to threaten us. Some of the ways we behave when we panic are:-

- We often **escape** from the situation we are in as soon as possible to what we view as being a safer place. This may be going home or being with someone with whom we feel safe.
- We may also **avoid** situations where we have experienced panic attacks or similar situations.
- We may develop what are known as **safety behaviours**. That is, if we fear we are about to collapse, we may hold on to something or sit down; if we fear having a heart attack we may rest; if we fear suffocation, we may open a window or go outside for more air.
- Sometimes we might call an ambulance or doctor because we are so sure we are in danger.

- THE ROLE OF FEAR IN PANIC ATTACKS

We now know that anxiety is a normal response to threat or danger. In panic attacks the fear response or alarm bell starts ringing when there is no real danger. An everyday example of this is a car alarm, designed

to protect your car from being stolen. The alarm will go off if someone is breaking into your car, which is the right time because this is a real danger. Sometimes alarms are too sensitive and will go off when it is windy, or a lorry drives past them. In that case the alarm is firing at the wrong time because there is no real threat. The alarm is picking up harmless signals and reacting as though these are threatening.

Panic attacks are similar to this as the alarm system goes off when there is no real danger.

The car alarm going off at the wrong time is annoying but isn't harmful. In the same way people who suffer panic attacks often find them very unpleasant, but they do not die or go crazy as a result of having them.

Taking Tom as an example we can see how his panic attacks are triggered by his alarm going off when there is no real danger, and then increases as his thoughts, physical symptoms and behaviour make each other worse.

Tom is in a state of alert regarding the possibility of experiencing another panic attack much of the time. He is watching out for the symptoms, and is trying to avoid anything which would increase his arousal. When he notices a change in his physical symptoms, he responds as if he is under threat. He experiences symptoms related to adrenaline. He experiences a sudden increase in his heart rate and breathing rate to prepare him for action. Tom finds these changes frightening and has thoughts such as "I'm having a heart attack". Not surprisingly these thoughts cause more anxiety, and his symptoms worsen. Tom over-breathes, and the excess oxygen in his blood causes him to feel light-headed. His breathing reflex slows down because of the excess oxygen, and he feels like he cannot get his breath. These symptoms make him more convinced that what he fears is about to happen. Tom is having a panic attack. He sits down, leans on a wall, and the symptoms begin to fade away. He considers himself lucky to have come to no harm. Understandably he tries to prevent himself from having further attacks.

REMEMBER:

THE ANXIETY RESPONSE IS HAPPENING AT THE WRONG TIME IN PANIC.

PANIC ATTACKS INVOLVE A SUDDEN INTENSE FEELING OF ANXIETY WITH STRONG PHYSICAL SYMPTOMS SUCH AS DIFFICULTY IN BREATHING, SWEATING AND POUNDING HEART.

THOUGHTS THAT SOMETHING DREADFUL IS ABOUT TO HAPPEN ARE ASSOCIATED WITH PANIC ATTACKS.

PEOPLE OFTEN WANT TO LEAVE THE SITUATION AS QUICKLY AS POSSIBLE OR WILL TAKE SOME OTHER FORM OF ACTION TO FEEL SAFE.

PANIC ATTACKS CANNOT HARM YOU OR MAKE YOU GO CRAZY.

SECTION THREE

GETTING TO KNOW HOW YOUR PROBLEM AFFECTS YOU



There are some important steps in planning treatment with your Therapist:

- Discussing your problems with your Therapist
- Completing a diary of your symptoms.
- Agreeing goals for treatment - what you are aiming to achieve.

In this section there is a diary sheet and instructions on how to use it. The diary sheet is for recording important information about your panic symptoms.

- **INSTRUCTIONS FOR COMPLETING THE DIARY SHEET**

When you feel panicky, make a note of the situation in which the panic occurred in the **Situation** column. This could be where you are, what you are doing, or a thought or feeling you had just before the panic attack.

Write down your main bodily sensations in the **Physical Sensations** column.

Write down any thoughts that came into your mind at the time of panic in the **Thoughts** column.

Write down what you did in the **Behaviour** column. For instance you may have escaped from the situation or you may have sat down or leaned on to something.

Rate the severity of the panic attack in the **Severity of Panic** column, using the scale below.

0	1	2	3	4	5	6	7	8
-----		-----		-----		-----		
Completely Relaxed		Slight Anxiety		Moderate Anxiety		Marked Anxiety		Panic

Finally add the day, date and time of the panic attack, and add any details of what you did to cope, and what happened in the **Comments** column.

An example of a diary sheet completed by Joe is shown on page 19.

PANIC DIARY

Day and Date	Situation	Physical Sensations	Thoughts	Behaviour	Severity of Panic 0 - 8	Comments

--	--	--	--	--	--	--

Joe's Diary

PANIC DIARY

Day and Date	Situation	Physical Sensations	Thoughts	Action	Severity of Panic 0 - 8	Comments
Sat 28 th April	At home, middle of morning	Shaky, Dry mouth	Is this going to get worse?	Sat down and watched rugby	4	
Mon 30 th April	At Post Office, long queue	Shaky, tense, began feeling dizzy	I'm going to show myself up here. I'm going to faint	Left P.O. quickly. Got some air	6	Went back later when quiet.
Tues 1 st May	Going to local supermarket	Heart racing, tense, a bit shaky	Just get there and back quickly	Got what I wanted and back home	3	Only out for 10 minutes

- IDENTIFYING GOALS IN TREATMENT

It is important to have agreed goals to achieve in treatment. You will discuss and agree these with your Therapist, but you need to think about what you would like to gain from treatment.

Ask yourself, "What does my problem stop me doing that I would like to do more of?" or "What does my problem lead me to do that I don't want to do?"

Think about the things that would improve your life, that panic attacks, or fear of panic attacks are stopping you doing. These may be things that would be very difficult to do at present because of your problems. Your goals should be the things you hope to achieve by the end of treatment. To achieve these end-of-treatment goals you will have a lot of in-between goals to achieve on the way.

Write down your goals and bring them to the next session with your Therapist. You should try and think of a few goals to discuss.

Here are some examples of possible goals for Tom, Julie and Joe.

Tom: To take part in 5-a-side football twice a week for one hour on each occasion.

Julie: To go to town alone on a Saturday for one hour each week.
To take Josh to nursery and spend an hour with him in the nursery each day.

Joe: To go to the supermarket twice a week at a busy time.
To go out with a friend to the local pub and stop for an hour once a week.

Achieving your goals may not be easy. You should expect that you will need to persevere even if you have setbacks. Having in mind what you are aiming to achieve can help you to keep going, even if things are difficult.

SECTION FOUR

TREATMENTS FOR PANIC



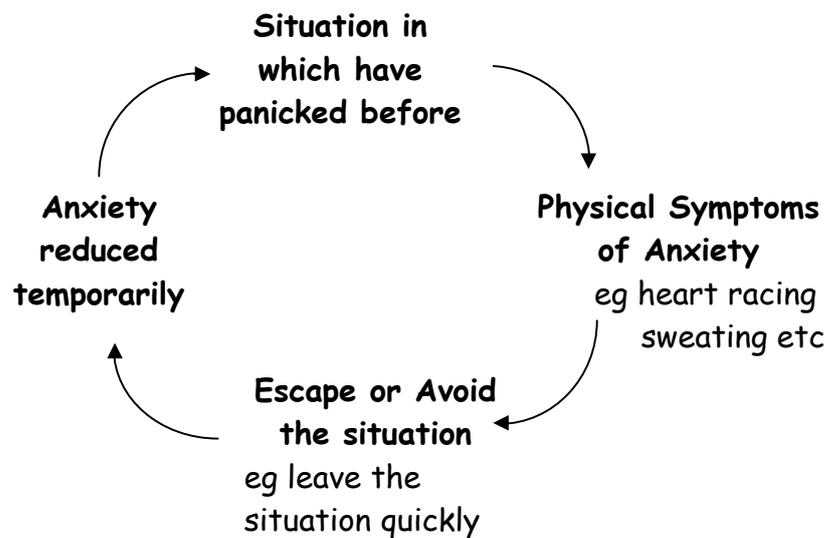
There are two main approaches to treating panic in this manual. These are the

- Behavioural approach
- Cognitive approach

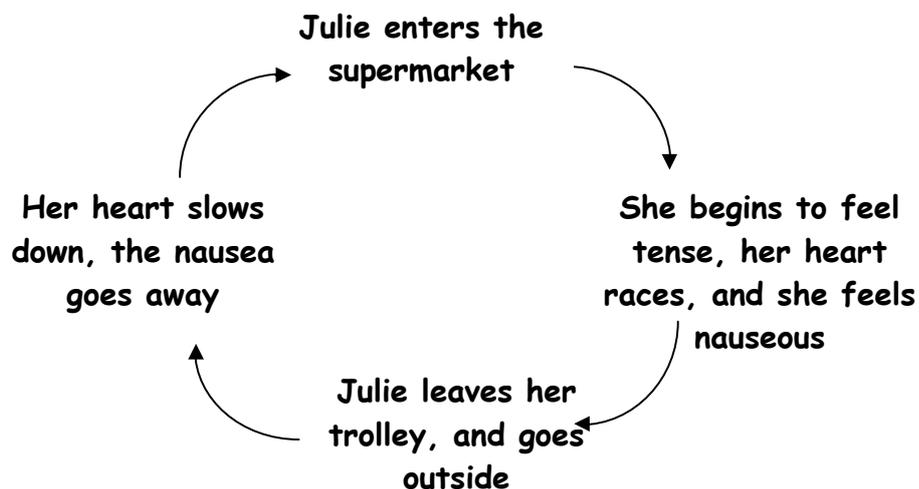
Some people might work better with one or other of these. Some people might work better with a combination of the two. You and your therapist will agree on the best treatment for your individual circumstances.

A BEHAVIOURAL APPROACH TO TREATMENT

The behavioural approach to panic regards panic attacks as being the result of a failure of the normal process for reducing anxiety. That is, when individuals enter **situations** in which they have previously experienced panic attacks they experience **physical symptoms** resulting from the release of adrenaline. They respond to these physical symptoms by **avoiding or escaping** from the situation. The result is an immediate **reduction in anxiety**, but next time they are faced with the same **situation** the anxiety is the same or worse, because learning has not occurred. A vicious circle is set up. This can be summarised in the diagram on the next page.



An example of this process for Julie is shown below. In this example a feared situation for Julie is entering a supermarket. When in this situation she experiences tension, her heart racing and a feeling of nausea. She responds by leaving the supermarket, experiencing immediate relief. However this stops her learning that her symptoms would have reduced anyway in time. Next time she enters the same situation she feels just as bad.



EXPOSURE THERAPY

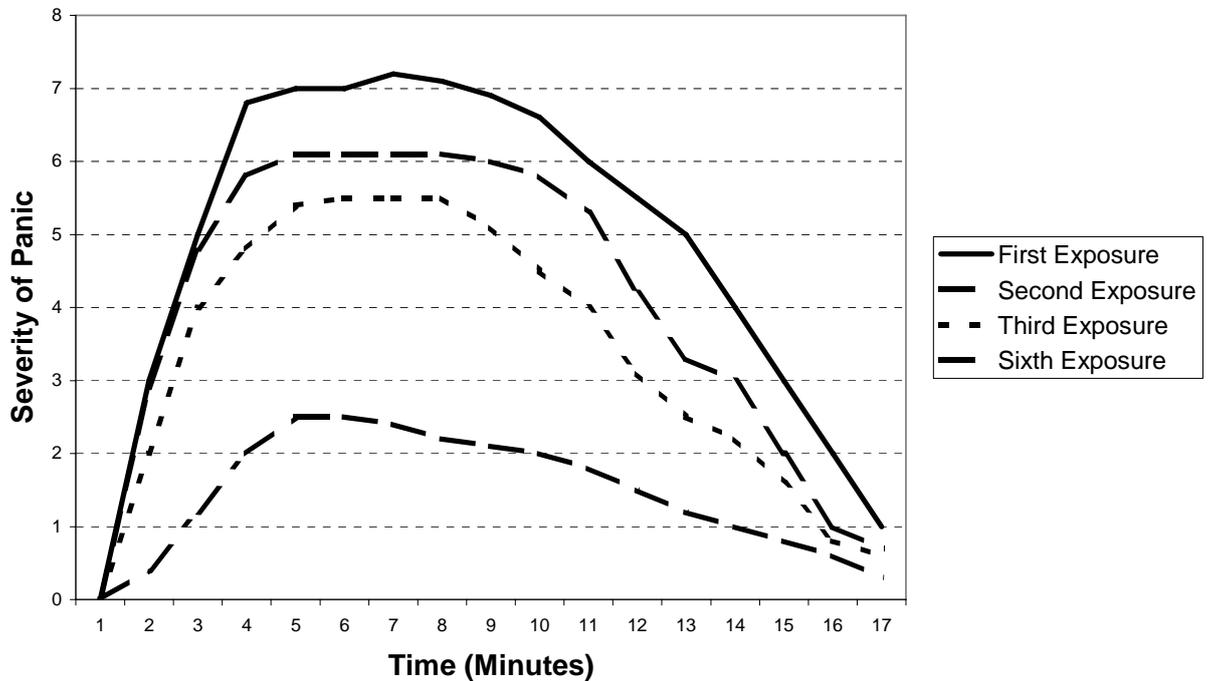
Exposure Therapy is a highly effective treatment for anxiety disorders. It involves helping the person to enter and stay in the feared situation(s), 'exposure'. Repeatedly undertaking exposure has been shown to reduce anxiety.

- HOW DOES IT WORK?

When we go into a frightening situation, there is an increase in anxiety, but if we stay long enough it will decrease. This happens to all of us because of how our nervous system works. We tend to react to new situations until we have become used to them, then we no longer have the same reaction. For example, the first time we travel on an aeroplane, we may notice some anxiety. Our heart rate may increase; we may feel tense and experience butterfly sensations in our stomach. The next time we go on a plane we may react in the same way but the symptoms will be less intense. If we continue to fly regularly we will get used to it and not experience the symptoms. This process is called 'habituation'. The process of habituation also applies to the anxiety you may experience because of the vicious circle of panic described above.

Taking Julie as an example, the picture on the next page shows what happened to her anxiety levels during exposure. The first time she decided to go out and stay out alone, she experienced high levels of anxiety. However, by staying in the situation longer than she would normally, eventually she experienced a reduction in that anxiety to manageable levels. The next time she undertook the same task she was slightly less anxious, and the anxiety reduced more quickly. She kept repeating the exposure, and by the sixth time, she experienced very little anxiety.

Habituation of Anxiety Graph



As panic attacks are very frightening, people have a tendency to avoid or escape from situations where they have had panic attacks. This is because avoiding or escaping from situations gives the person a feeling of great relief, the anxiety reduces and goes away. Because of this individuals are more likely to escape or avoid in the future.

Unfortunately by engaging in escape and avoidance behaviours people tend to become very restricted as to where they can go. Escape and avoidance also stops people learning that anxiety and panic symptoms will subside if they remain in the situation for long enough.

- GRADED EXPOSURE

Going into situations which make you feel anxious can be extremely difficult, therefore it is a good idea to undertake exposure to feared situations in a gradual and structured way. This is known as Graded Exposure. Imagine that you want to run the London Marathon. You would not just go out and do it. You would train and build up a programme like this one:

- Step 1 - run 2 miles
- Step 2 - run 3 miles
- Step 3 - run 4 miles
- Step 4 - run 5 miles
- Step 5 - run 6 miles
- Etc.

Until Step 20 - run 26 miles

We call this a hierarchy. A hierarchy for Julie might look like this:

- Step 1 - walk alone to front gate.
- Step 2 - walk alone to the main road.
- Step 3 - walk alone to the bridge.
- Step 4 - walk alone to the shop.
- Step 5 - walk alone to the nursery.
- Etc.

The final step would be your agreed goal: Julie's goal is to take her son to nursery and spend an hour in the nursery each day with him.

The important thing to remember is that each step must be practised, maybe three or four times a day, until you feel able to move on to the next step. If at any point you experience anxiety or panic, then you **must remain** in the situation until it passes. If you leave the situation, you will lower your anxiety level, but if you remain you will learn that your anxiety level will reduce in the situation itself after a period of time. Remember, anxiety cannot physically harm you.

You may wish to have someone to help you carry out your exposure programme, for instance your partner or a friend. If you do initially have someone

accompanying you, you will need to phase this out after a while so you are doing the tasks alone. Otherwise you may begin to rely on them too much.

Graded exposure can be hard work. Remember to reward yourself in some way for the effort you are putting in. We all benefit from encouragement to help us keep going, even if things are difficult.

Whilst carrying out your treatment you will need to continue self-monitoring by using your diary as this will be the focus of discussion with your Therapist. Over the page you will find an example of Julie's diary showing her first level of exposure and how after a number of exposures her anxiety reduces.

REMEMBER:

EXPOSURE TASKS SHOULD BE REPEATED OFTEN.

YOU NEED TO STAY IN THE SITUATION UNTIL THE ANXIETY OR PANIC SYMPTOMS REDUCE BY ABOUT HALF.

YOU MIGHT WANT TO HAVE SOMEONE WITH YOU AT FIRST. YOU WILL NEED TO MOVE ON TO DO THINGS ON YOUR OWN, SO THAT YOU DON'T BECOME DEPENDENT ON SOMEONE ELSE.

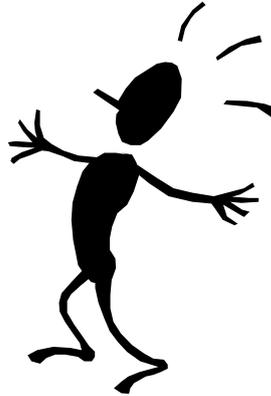
MOVE TO THE NEXT TASK WHEN YOU FEEL ABLE TO DO SO.

Julie's Diary PANIC DIARY

Day and Date	Situation	Physical Sensations	Thoughts	Action	Severity of Panic 0 - 8	Comments
Mon 14 th May	To front gate and stay there	Tense, dry mouth.		Stayed there for 20 minutes	Before 4 Increased to 6	Went down to 2 by end of time
Tues 15 th May 10 am	To front gate	Tense, heart pounding.	I did it yesterday	Stayed for 20 minutes	Before 4 Increased to 6	Went down before went back in
Tues 15 th May 5 pm	To front gate	Tense, heart racing, dry mouth.	What if people see me?	Stayed there 30 minutes	Before 3 Increased to 5	Seemed easier than this morning
Wed 16 th May 10.30	Same	Tense.		Stayed there 25 minutes	Before 3 Didn't increase	Went down to 1 within 15 minutes
Wed 16 th May 4 pm	Same	Not bad this afternoon.		Stayed for 20 minutes	Before 2 Increased to 3	Seemed to go down quickly today

SECTION FIVE

TREATMENTS FOR PANIC



A COGNITIVE APPROACH TO TREATMENT

Some people who experience panic attacks continue to enter situations where they have experienced panic attacks but engage in **safety behaviours** like the ones previously mentioned. The main focus of treatment in this case will be on the **frightening thoughts** which are also known as negative thoughts or negative cognitions. In the cognitive approach it is suggested that panic attacks result from the frightening thoughts about physical symptoms. In other words people perceive the physical symptoms as being far more dangerous than they actually are. Examples would be someone experiencing palpitations as being evidence of a heart attack, or a shaky feeling as evidence of loss of control and going crazy.

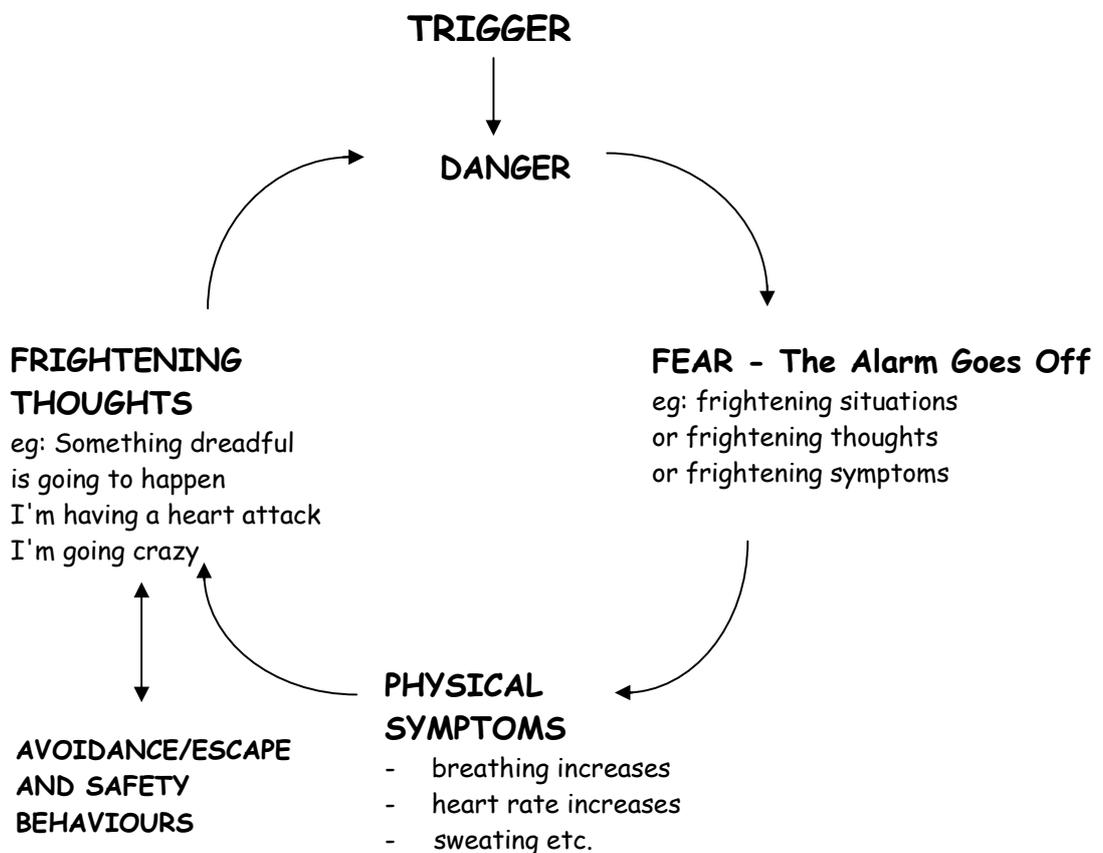
Even though some people describe panic attacks as coming "out of the blue" there is usually a trigger. You may have identified this by self-monitoring. Usually the trigger for "out of the blue" panics is an internal trigger such as a physical symptom or a frightening image in your mind.

Once you have experienced the **trigger** you respond as if you were in **danger**. The alarm goes off, and the **fear** response comes into action. You start to experience **physical symptoms** such as sweating, breathing quicker and your heart beating faster. It is at this point that you are likely to experience **frightening thoughts**. If you think you are going to

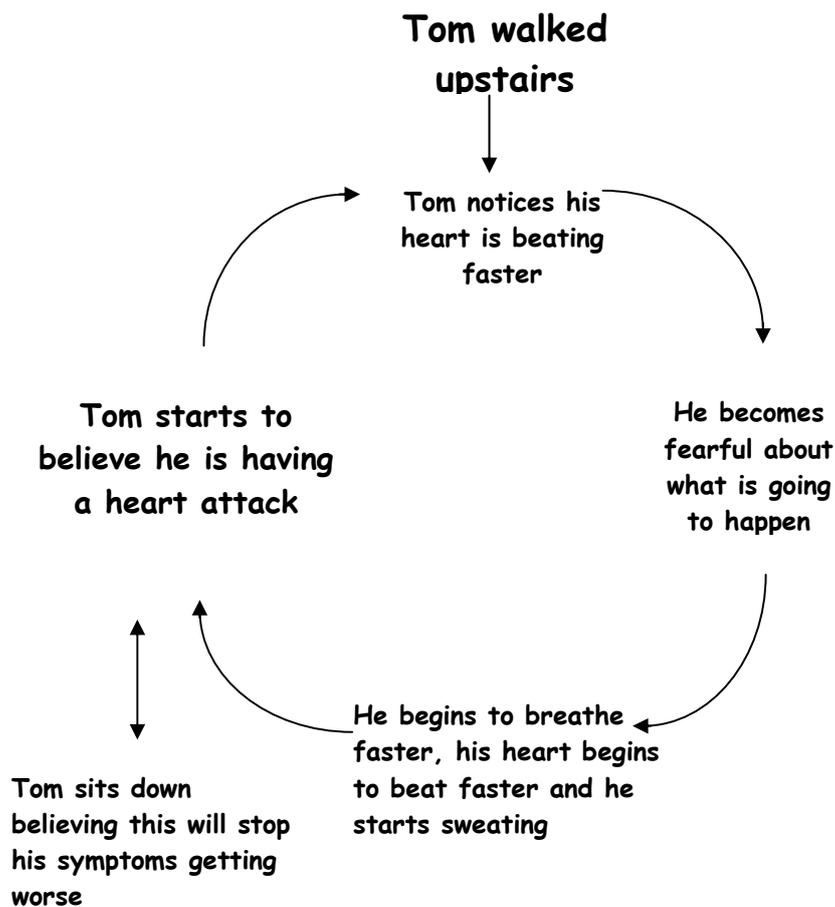
come to harm as a result of the symptoms, that thought is going to make you more afraid, which increases your symptoms, so your alarm rings louder and makes you even more afraid. This then becomes a vicious circle. When people have experienced a lot of panic attacks they do things to cope which keep the problem going. These are known as **safety behaviours** and **avoidances**, see page 13. An example of a safety behaviour is only going out accompanied to ensure help is at hand if you should collapse. An example of avoidance could be not doing any exercise to prevent a panic coming on. Individuals often believe that these behaviours stop what they are frightened of actually happening. In fact what these do is keep the problem going.

Finally, people who experience panic tend to become more aware of the slightest physical change in their body, that is, they are continually scanning for changes. Noticing physical changes then becomes a trigger for danger as well.

This can be summarised in the diagram below.



An example of this process for Tom is shown below. Your therapist might ask you to think about whether your panic attacks also fit this cycle.



COGNITIVE THERAPY

Cognitive therapy is a very effective treatment for panic disorder. It involves learning to notice the frightening thoughts and unhelpful behaviours which keep panic attacks happening, and then learning to change how you think and what you do about them. You will first need to identify your frightening thoughts using the panic diary.

Once your frightening thoughts have been identified you can then commence looking for alternative explanations for your symptoms. You need to work out if these thoughts are realistic or whether they are in fact unnecessarily frightening.

One way to do this is by examining in detail the evidence for and against the frightening thought. For example Joe experiences the frightening thought that he will collapse during his panic attacks. Thinking about the evidence for this thought he was able to identify the following:

<u>Evidence to support the thought</u>	<u>Evidence against the thought</u>
When I panic I feel wobbly on my legs	Even though I have felt like I was going to collapse many times I never have
When I panic I feel light-headed	When I have a panic when I am out, I always manage to get back home alright
I have to sit down to let the symptoms go	I know from reading about it that anxiety could make me feel like I do
It feels like I am going to collapse if I don't sit down	

Once you have gained some evidence against your frightening thoughts you will then need to test this out. You can do this by changing your behaviour to see what happens. This is called a behavioural experiment. For instance you might be encouraged to exercise so as to become less convinced that your heart beating fast means you are about to have a heart attack. Or you might be taught how to stop overbreathing by using a breathing retraining technique so as to be less convinced that your

panic symptoms are uncontrollable. Breathing retraining is outlined in the appendix at the back of the manual.

You will be able to discuss behavioural experiments with your Therapist. Your diary sheets will be used to record your progress.

Over the page you will see an example of Tom's use of the diary to record his frightening thoughts, alternative thoughts and evidence.

REMEMBER:

PHYSICAL SYMPTOMS OF PANIC ARE UNPLEASANT BUT NOT DANGEROUS.

FRIGHTENING THOUGHTS ABOUT THE SYMPTOMS OF PANIC KEEP THOSE SYMPTOMS GOING.

AVOIDANCE AND SAFETY BEHAVIOURS PREVENT YOU FROM GETTING EVIDENCE ABOUT YOUR FRIGHTENING THOUGHTS.

NOTICING FRIGHTENING THOUGHTS AND LOOKING FOR THE EVIDENCE FOR AND AGAINST THEM WILL REDUCE FEAR OF FURTHER ATTACKS.

CHANGING YOUR BEHAVIOUR IN PLANNED WAYS IS THE BEST WAY TO GATHER EVIDENCE TO REDUCE FEAR.

Tom's Diary PANIC DIARY

Day and Date	Situation	Physical Sensations	Thoughts	Action	Severity of Panic 0 - 8	Comments
Wed 2 nd May	Practice doing step-ups for the full 3 minutes. Then stopped and let the symptoms pass	A bit breathless, notice heart going	Thought being tested: I will collapse if I get breathless	<u>Alternative thought:</u> This is normal, everyone would get a bit breathless doing this	3	I knew I was bringing it on, but it was still a bit frightening
Thurs 3 rd May	Practicing step-ups again	Heart going fast, a bit breathless	Thought being tested: I will collapse if I get breathless	<u>Alternative thought:</u> The symptoms will pass when I stop doing this	3	3 minutes again. The symptoms went down OK
Friday 4 th May	Step-ups again. Did a bit longer	A bit breathless, heart going fast	Thought being tested: I will collapse if I get breathless	<u>Alternative thought:</u> These are normal symptoms, they will go when I stop	2	A bit longer, the symptoms went quite quickly
Mon 7 th May	At work, felt a bit breathless	Difficulty getting my breath, slightly light-headed	I'm going to panic	<u>Alternative thought:</u> Reminded self that these are anxiety symptoms	3	Stayed in the situation Had to cope because I was at work

SECTION SIX

HOW TO MAINTAIN YOUR IMPROVEMENT



This manual has been designed to help you gain a better understanding of your panic problem and to support treatment from your Therapist. Once you have completed treatment it is yours to keep for future reference.

It is important to remember that anxiety is a normal part of life and it is very unusual to come across someone who has never experienced it at some time.

Therefore there is a high probability that you will experience some anxiety in the future. Looking after yourself physically and mentally are good ways to reduce your risk of anxiety problems.

During your treatment you will have acquired skills to manage your anxiety and panic. It is important that you maintain these skills. It is like what happens after gaining a drivers licence. You are not necessarily a fully skilled driver. It is therefore important to continue driving a car to experience different traffic conditions and learn to handle these effectively, progressively developing your skill. If, having passed your test, you don't drive for some years it is possible you would not be an effective driver, or if you were called upon unexpectedly to drive your ability to manage difficult traffic conditions may be low.

These principles also apply to the skills you have gained in treatment. You need to continue to use the skills you have learnt to be fully prepared to deal with difficulties in future.

- **SETBACK vs. RELAPSE**

There is a huge difference between a setback and relapse.

A setback is a temporary failure to manage a situation that you have managed before.

A relapse means that you have gone back to "square one", that you experience as much anxiety or panic as you did before.

It is up to you to prevent a setback developing into a relapse, to deal with setbacks in an efficient way.

Below is a list of instructions to follow in case of a setback:-

1. Tell yourself that this is what the Therapist said would occur sooner or later, and it's not a catastrophe. **It is not a relapse**, but a temporary failure to manage a situation that you have managed before.
2. **Restrict the setback**, don't let it spread to similar situations.
3. **Rehearse the skills** you learned during therapy in a non-stressful situation.
4. **Enter the setback situation as soon as possible**, and focus your attention on the very first signs of anxiety coming on.
5. **Apply your coping skills** as soon as you feel the first anxiety signals. Keep applying them and stay in the situation until the anxiety reactions dissipate.
6. **Leave the situation** when the anxiety is reduced by about half, and when you have finished your business there.

7. If this doesn't work plan to **try a somewhat easier situation**, grading your exposure tasks as you did during treatment.
8. If it works **go back to the setback situation** and repeat steps 4-6.

On the next page you will find a sheet for your personal relapse prevention plan. You should think about and fill this in before your last session with your therapist.

My Personal Relapse Prevention Plan

Use this sheet to identify what would indicate to you that you have lost some of the benefits from treatment. Then identify what you would need to do to deal with the setback. Finally identify what were the benefits and rewards of the hard work you have put into treatment.

Things to watch out for

How I should deal with a setback

Benefits of treatment

APPENDIX

BREATHING RETRAINING: A TREATMENT TECHNIQUE

A common symptom in panic attacks is breathing very fast, which is known as hyperventilation. This can lead to more symptoms of panic such as faintness, tingling sensations and dizziness. If breathing can be controlled during panic these symptoms may be reduced.

Because you feel as if you literally can't get your breath the automatic response is to try and get as much air in as quick as you can, therefore you breathe quicker, when what you need to do is slow your breathing down.

So to help yourself you need to breathe slowly and calmly. Breathing slowly and calmly is a practical technique, which like any other skill you need to practice regularly to learn properly.

Practice the following:-

1. Place one hand on your stomach, (little finger level with your waistband) and the other over your breastbone. See the picture over the page.
2. Notice which hand is moving as you breathe.
3. If it is the hand on your chest that is moving, then try and switch your breathing so the hand on your stomach is moving. Perhaps try to imagine that you have something tight around your chest so that you have to breathe from your stomach.
4. Breathe in and out gently through your nose. Feel the movement under the lower hand as your stomach expands. The upper hand should be still.
5. Breathe out for longer than you breathe in, at about 10 breaths a minute.

6. Once aware of how you are breathing, take the hands away from the rib cage. When you fill your lungs with air your stomach should push out too. If you are breathing too shallow your chest will move up and down. This should not be happening if you have mastered the technique.

Practice this technique at home twice daily at first. Then try applying it in situations where you find yourself getting tense or experiencing other anxiety symptoms. Do not be embarrassed about this. Remember panic attacks are very common.

