

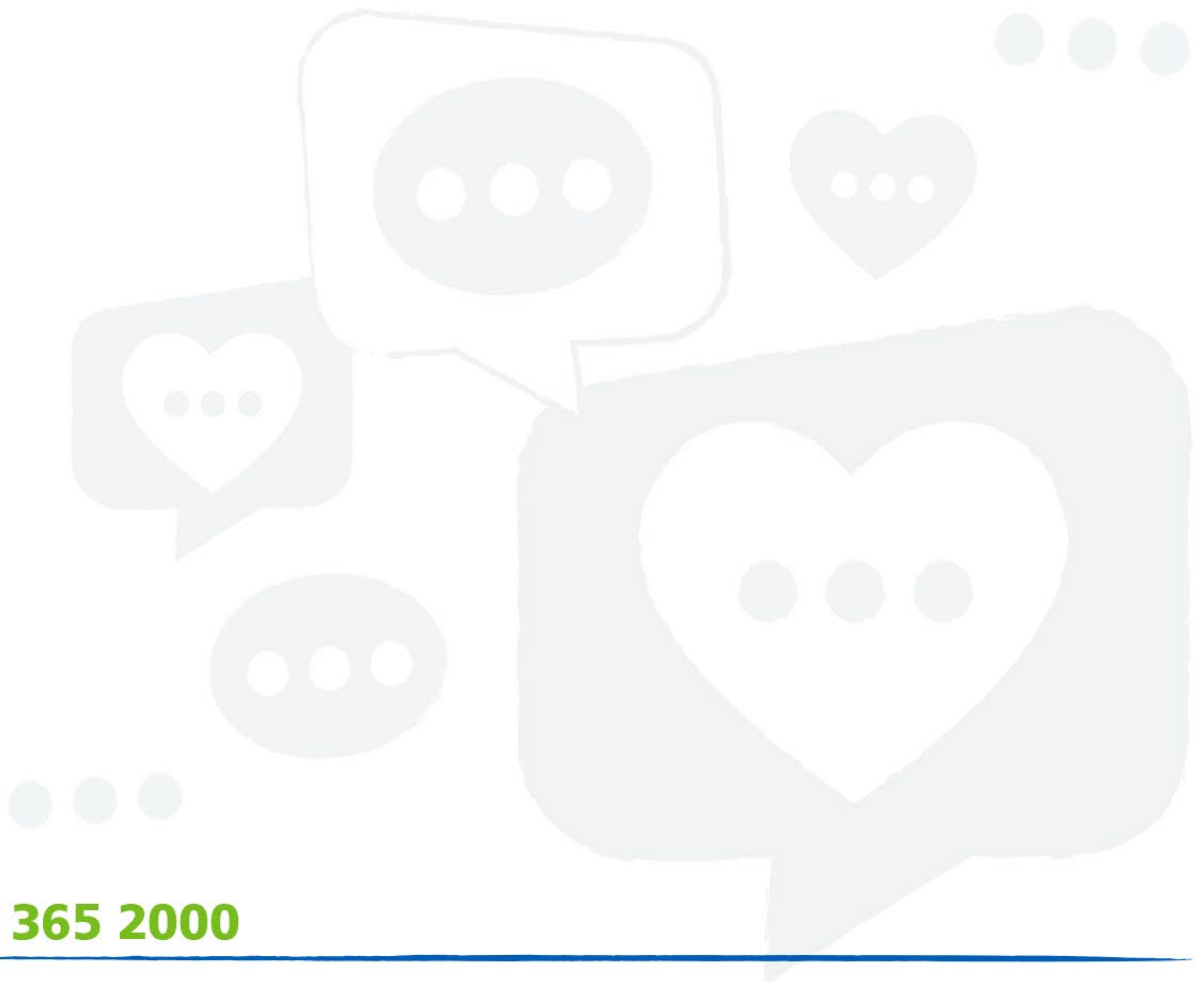


Talking Therapies
Workbook...

Workbook 13

Panic

A self-help guide



 **0300 365 2000**

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Introduction

Most people will feel anxious at some point in their lives, but anxiety becomes a problem when it starts to negatively impact your day-to-day life.

This workbook will introduce tools in line with Cognitive Behavioural Therapy, a treatment that is recommended by NICE (National Institute of Care Excellence) and backed by evidence as one of the most effective ways to improve anxiety.

What is anxiety?

Anxiety occurs when we perceive a situation or object as threatening and we don't feel we have the skills we need to cope with it.

The Anxiety Equation:

$$\text{Anxiety} = \frac{\text{High estimation of danger}}{\text{Low estimation of coping abilities}}$$

If something causes us to feel afraid or scared, then this can induce physical symptoms known as the **'fight or flight' response**.

This a response that has evolved to protect us from danger and includes symptoms such as increased heart rate, feeling hot and feeling a surge of adrenaline, among others. These physical symptoms occur to help us either run away from danger or to prepare to fight it.

The **'fight or flight' response** is helpful if we are faced with real danger but for most of us our daily lives do not present us with life-threatening situations.

When we are faced with any situation that we don't feel prepared to deal with, the **'fight or flight' response** can become activated. If the situation is not physically threatening (e.g. giving a presentation to a large group of people) this response is not helpful for coping with the situation, and can actually be quite frightening.

Did you know?

1 in 6 people in the UK experience a common mental health difficulty like anxiety in any given week according to the charity Mind.



What are panic attacks?

How to recognise a panic attack

Fear and anxiety are normal emotions that most of us will experience from time to time. Sometimes that anxiety can be so intense that we experience a panic attack.

During a panic attack we may experience intense fear, terror and catastrophic thoughts that occur suddenly and often peak within 5-10 minutes.

Panic attacks are not dangerous but often leave us feeling like something awful might happen. If we have experienced a panic attack, we will want to avoid having another one and so may change our behaviour to prevent it happening again.

Reflect

When you panic, can you relate to feeling any of the following:

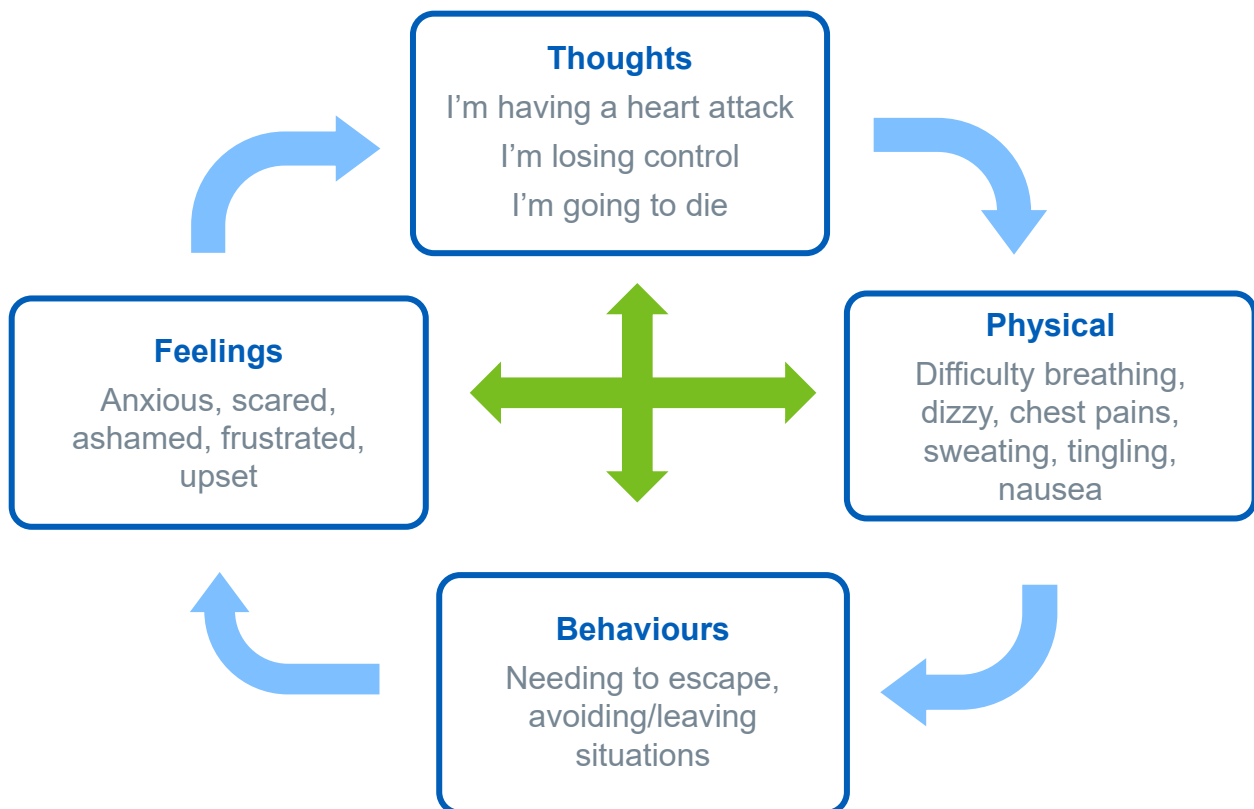
- “I feel like I’m going crazy, like I’m going to lose my mind”
- “My heart is racing so fast”
- “I can’t breathe”
- “I feel so dizzy and lightheaded, I feel like I might faint”
- “I get sweaty or have flashes of hot and cold that leave me clammy or cold”
- Do the feelings come out of the blue when you least expect them?
- Are you worried about these feelings coming back?
- Do you find these feelings stop you from doing things you want to do?

If you can relate to any of these feelings and are concerned about panic attacks, you may find the strategies in this workbook helpful.

What are panic attacks?

How to recognise a panic attack

A 'hot cross bun' for a panic attack could look something like the below:



Reflect

What thoughts cross your mind when you're experiencing a panic attack?

How do you feel emotionally?

What physical symptoms do you notice?

What do you do?

Physical symptoms of panic attacks

How panic attacks affect the body

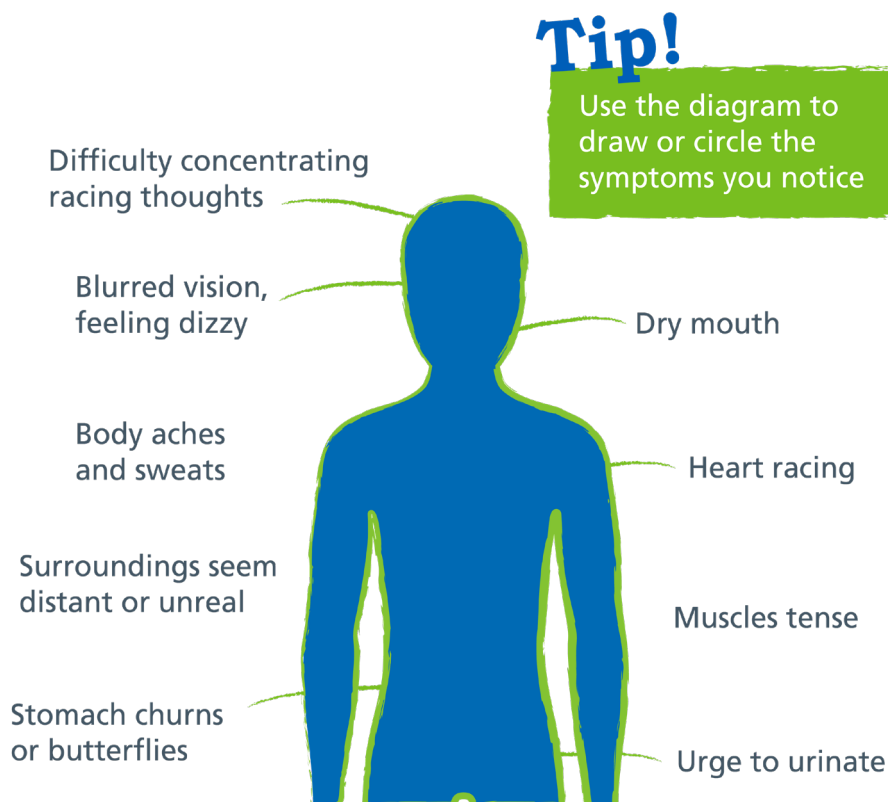
An important part of changing our panic cycle is understanding why our body responds in the way that it does.

Whenever we are anxious our mind tells our body to get ready to fight, take flight or freeze in order to protect us.

Whether faced by physical threat where your life is in danger or another situation where we feel anxious – that is not threatening – the same physical responses can be triggered. This is known as the **fight or flight response** we touched upon on page 3.

The next few pages explain why we notice these symptoms, what those symptoms might be and how these symptoms would be different from something like a heart attack.

Here are some common physical symptoms of anxiety and panic:



Stress and hyperventilation

Why do we experience physical symptoms?

Overbreathing – or hyperventilation – means breathing faster or more deeply than your body needs.

The average adult will usually take around 15 breaths per minute when relaxed and not engaging in physical activity.

When we are under stress, our ‘flight or fight’ response is triggered and our breathing speeds up to inhale **extra oxygen** and prepare our body for action.

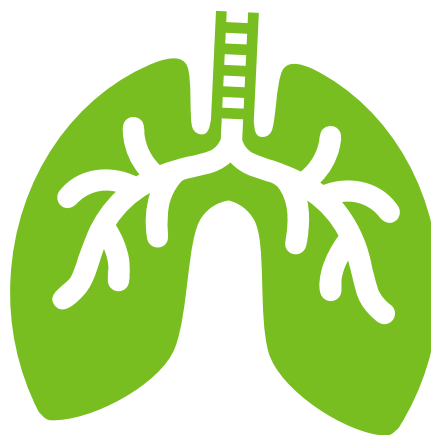
As we are not actually running away from danger, we do not use up this extra oxygen.

Because we’re inhaling more oxygen than our body needs, it causes an imbalance in our body’s chemistry.

When we acquire more oxygen than we need, it builds up in our blood stream over a period of time.

This build-up can happen gradually throughout the day while we’re doing our daily activities, without us realising.

This can lead to a variety of symptoms such as dizziness, feeling faint, numbness or tingling, breathlessness or tightness across the chest.



Stress and hyperventilation

Why don't we always notice hyperventilating?

When we may think of hyperventilation, we imagine a person taking loud, rapid breaths; however, it can also happen very slowly over a period of many hours.

If we take a big deep breath in every hour during the day, it could be that over many hours, we gradually take in more oxygen than our body needs.

However, imagine that after a busy day, you are on the way home and take a breath in, then start to notice these physical symptoms.

This feeling might be due to the imbalance between oxygen and carbon dioxide.

If you misinterpret these symptoms as a physical illness, you could cause yourself further stress and distress and this could lead to another panic attack.



Panic attack vs heart attack

How do I know it isn't a heart attack?

Some symptoms experienced during a panic attack can feel similar to symptoms experienced during a heart attack e.g. chest pain, so it's understandable that we may confuse them.

If your GP has ruled out heart disease it is very unlikely that the chest pain is caused by a heart attack. During a panic attack the symptoms usually last for up to 10 minutes and can be minimised with a slow breathing technique. If the pain in your chest does not pass after ten minutes of slow breathing, you are advised to seek medical advice.

This table may be helpful in telling the symptoms of a panic and heart attack apart.

Physical reaction	Panic attack	Heart attack
Pain	<ul style="list-style-type: none">• Pain usually described as 'sharp'• The pain tends to be localised over the heart• Pain is usually made worse by breathing in and out rapidly and pressing on the centre of the chest• Pain usually disappears within 5-10mins	<ul style="list-style-type: none">• May or may not be present but usually is. If present, pain often described as a 'crushing' or squeezing feeling (someone standing on your chest)• Not usually made worse by breathing or pressing on the chest• Pain is usually persistent and lasts longer than 10 mins
Tingling	<ul style="list-style-type: none">• If present is usually present all over the body	<ul style="list-style-type: none">• If present is usually in left arm or jaw
Vomiting	<ul style="list-style-type: none">• Nausea may be present but vomiting is less common	<ul style="list-style-type: none">• Common
Breathing	<ul style="list-style-type: none">• Breathing too quickly or too deeply (hyperventilation) is an extremely normal panic response which precedes most panic attacks	<ul style="list-style-type: none">• Does not cause you to breathe too quickly or deeply (hyperventilation)• May feel a little short of breath.• It is possible to have a heart attack then start panicking. In this case, hyperventilation is a symptom of panic not of the heart attack

What keeps panic attacks going?

Factors that keep panic attacks going

There are three main factors that can work together to keep panic attacks going

1. **Selective attention** – scanning your body for symptoms and sensations
2. **Catastrophic misinterpretations** – of bodily sensations and what might happen
3. **Safety behaviours** – using avoidance or other behaviours to help us cope



Selective attention

Research shows that those who experience panic attacks are much more likely to notice physical changes in their bodies, such as an increase in heart rate or a change in temperature.

Reflect

If you look for a symptom, the chances are that you will probably find it.

Try the following experiment:

Sit for two minutes and scan your body. See if you can find any part of your body that is itching right now.

Did you find an itch? If yes, was that itch there before you looked for it?

The same applies to physical symptoms. If you search your body for the symptoms, you will find something even if there is nothing wrong. Finding a symptom will increase your anxiety and therefore increase your physical symptoms.

What keeps panic attacks going?

Catastrophic misinterpretations

Symptoms of panic attacks are usually an exaggeration of the normal bodily reaction to a fearful situation.

As these symptoms can be very sudden, unpleasant and frightening, people often misinterpret the symptoms to mean that something catastrophic is happening. Common thoughts might be 'I am having a heart attack' or 'I am going to pass out'.

The catastrophic misinterpretation is what drives the panic cycle. If you can recognise that the uncomfortable physical symptoms are not harmful, the vicious cycle is broken and the anxiety does not become a panic attack.



What keeps a panic attack going?

Panic symptoms	Catastrophic misinterpretation	Things to think about
Pounding heart, palpitations, chest pain	'I'm having a heart attack'	See page 9
Shortness of breath	'I'm going to suffocate' or 'I can't breathe'	A common symptom of panic attack is rapid, shallow breathing. This can trigger other panic symptoms e.g. dizziness, feeling faint and tingling sensations.
Feeling dizzy, unsteady or having jelly legs	'I'm about to collapse or faint'	Fainting happens when blood pressure suddenly drops. People who panic tend to experience high blood pressure and are unlikely to faint.
Pins and needles, numbness	'I'm having a stroke'	This can be explained through 'fight or flight' and preparing our bodies for a threat. Our blood rushes from our extremities to our vital organs to give them more oxygen
Racing thoughts	'I'm losing my mind'	The thoughts occur as we focus internally
Blurred vision	'I'm going blind'	Adrenaline causes our pupils to dilate to focus on long distances to help us plan as escape ('fight or flight')
Feeling of unreality, lack of concentration	'I'm going crazy'	Feeling disconnected from your surroundings can make things seem different and sometimes people misinterpret this as a sign of a mental illness. Panic attacks don't cause severe mental illness
Sudden urge to go to the toilet	'I'm going to lose control of my bowels or bladder'	This is unlikely to happen. Try considering if it didn't happen last time, why would it happen this time.
Nausea	'I'm going to be sick'	Very few people have claimed to vomit as a result of a panic attack. Think about the number of times you felt nauseous but didn't vomit.
Intense physical symptoms	'I'm going to lose control'	Did you do something completely out of control last time you had a panic attack? If not, why would it be different now?

What keeps panic attacks going?

Safety and avoidance behaviours

When a situation causes us anxiety, it is completely understandable that we would try to avoid that situation or adopt what is known as safety behaviours to help us to cope.

Safety behaviours make us feel 'safe' in the anxiety-provoking situation. They are behaviours that we perceive as being helpful, as we feel that they make it less likely that something bad will happen.

Avoidance and safety behaviours are helpful in the short term, but in the long term they maintain our anxiety. This is because we never have an opportunity to learn that nothing catastrophic will happen. We begin to believe that the only way we can cope with the situation is to use safety behaviours and we rely on our safety behaviours more and more. This reinforces the idea that our panic is dangerous and should be avoided. This keeps the vicious cycle of panic going. Examples of safety behaviours include:

- **Over-preparing or over-planning** to try and make the situation more predictable.
- Carrying **anti-anxiety medication** just in case you become anxious.
- **Holding onto some type of support** to prevent yourself from collapsing when you become anxious.
- Always **being close to an escape route**, for example sitting on the seat nearest the door on the bus/train.
- **Smoking a cigarette** before entering an anxiety provoking situation.
- **Seeking excessive reassurance** or asking others to make decisions for you.
- **Distraction** such as listening to music, calling a friend, or trying to think about something else.



Reflect

A woman walks down the road and sees a man waving his arms in the air.

“Why are you doing that?” she says.

“To keep away the dragons” said the man.

“But there aren’t any dragons” said the woman.

The man replies, “That just shows how well it works”.

What might keep my panic attacks going?

Take some time to think about the three factors that we have discussed that keep panic attacks going.

What keeps my panic attacks going?	
Selective attention – scanning your body for symptoms and sensations	
Catastrophic misinterpretation – of bodily sensations and what might happen	
Safety behaviours – using avoidance or other behaviours to help us cope	

The vicious cycle of panic

How these factors can work together

We have talked about the role of catastrophic misinterpretation, selective attention and avoidance or safety behaviours. Now let's look at how these things work together to create a vicious cycle of panic.

Example: Tim and transport

Tim had his first panic attack when he was on a busy train.

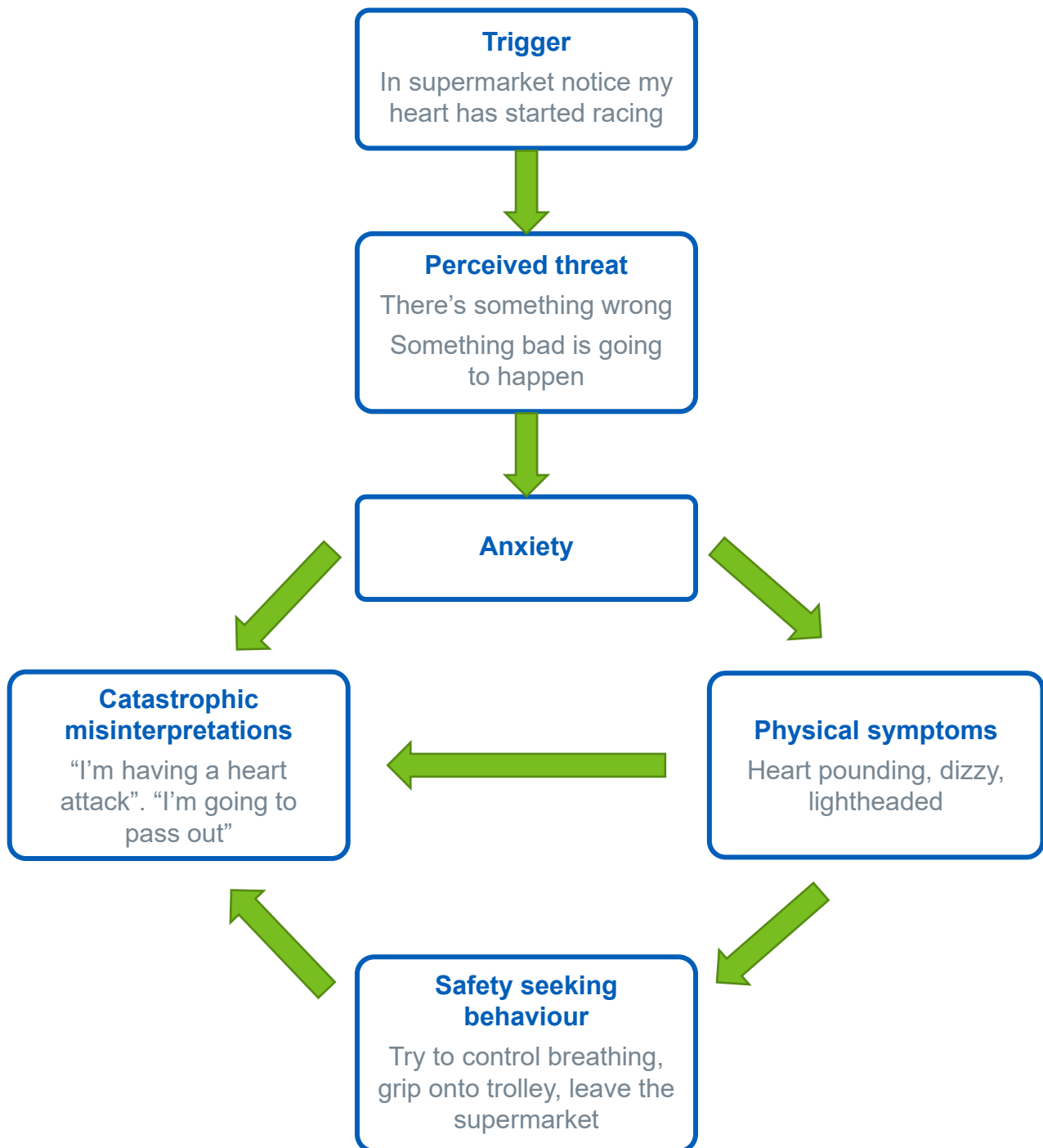
He started to experience palpitations and became dizzy and light-headed. He didn't know what was happening and began to feel very scared. He thought that he might be having a heart attack and he thought he might die. Since this happened, he has been avoiding public transport. Over time he has started to avoid other situations too, such as busy supermarkets.

See Tim's panic cycle on [page 16](#) and then use [page 17](#) to consider your panic cycle.



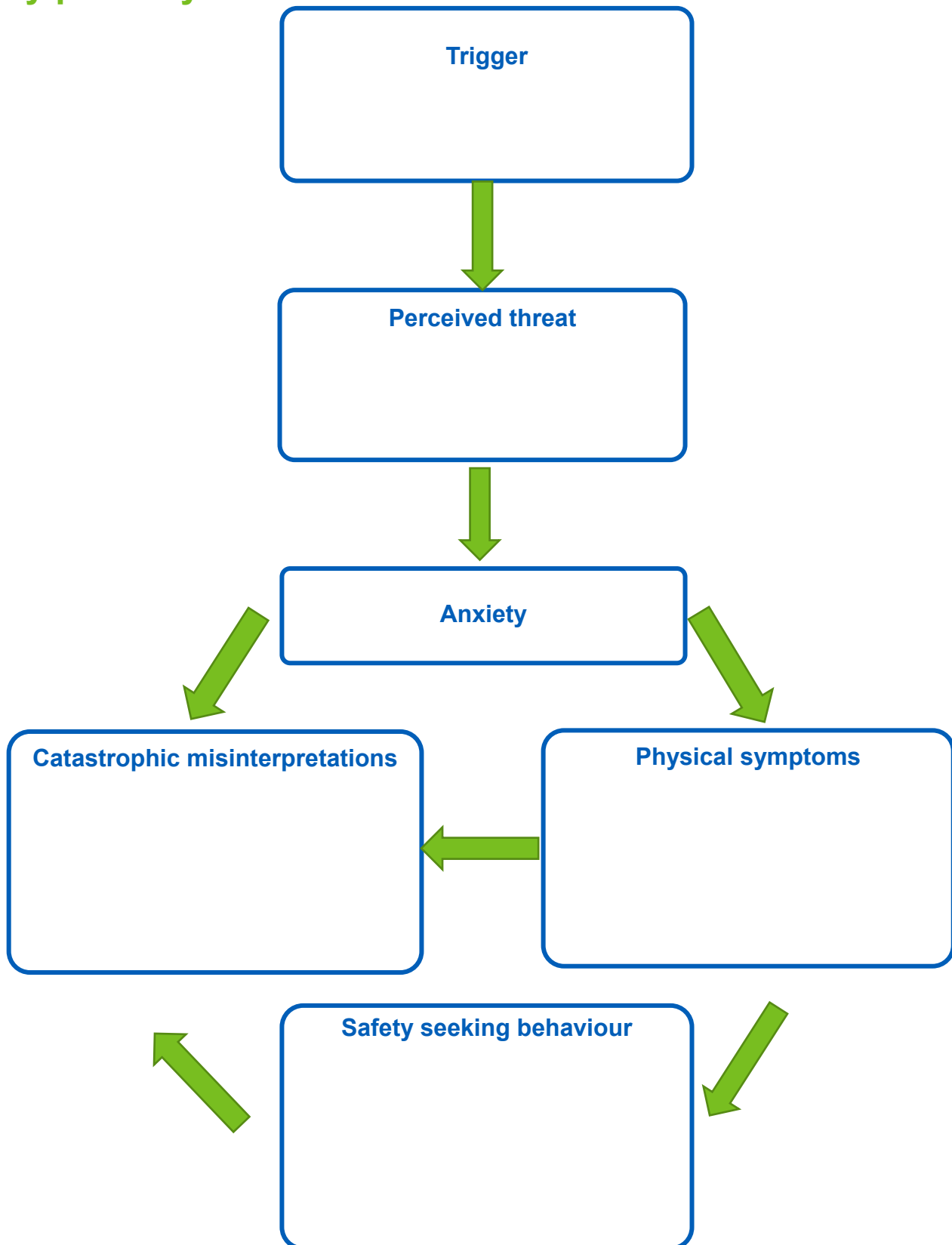
The vicious cycle of panic

Tim's panic cycle



The vicious cycle of panic

My panic cycle



My panic diary

Date	Situation	Physical symptoms	Catastrophic misinterpretation	Intensity of panic (0-100%)	Behaviour – what did I do?	Alternative explanations for symptoms
Example 12 th Oct	In town	Heart palpitations, fast breathing, shaking, sweating	“I am going to die”	80%	Left and went home	Anxiety

Facing your fears

What do you think would happen?

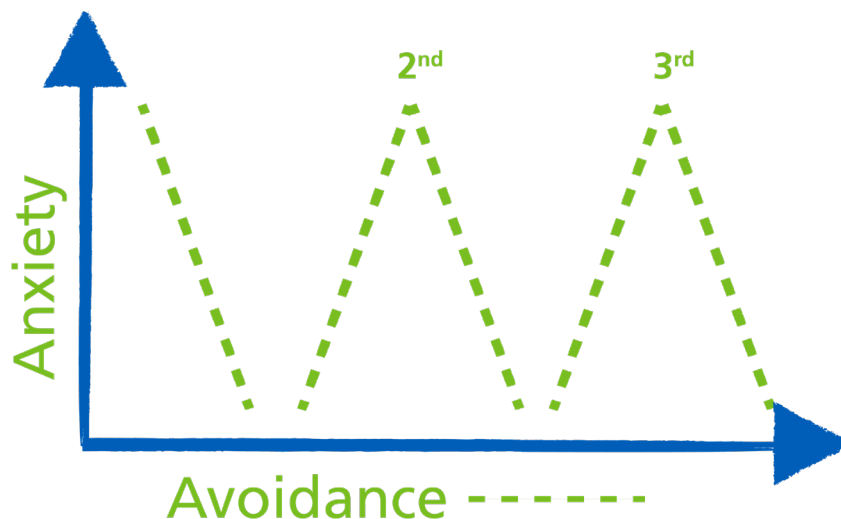
What will happen to your anxiety if you face a feared situation and stay in it?

Most people would say that they wouldn't be able to cope, the anxiety would just keep rising until eventually something terrible happens such as passing out or having a heart attack. We know this is in fact not the case.

We know that there is a release of adrenaline when we become anxious which can impact our physical responses, but we also know that we can only produce so much. So, we also know that this adrenaline response and therefore the physical symptoms will eventually reduce.

This graph shows what happens when we face an anxiety provoking situation, and our response is avoiding the issue – either by leaving or using a safety behaviour.

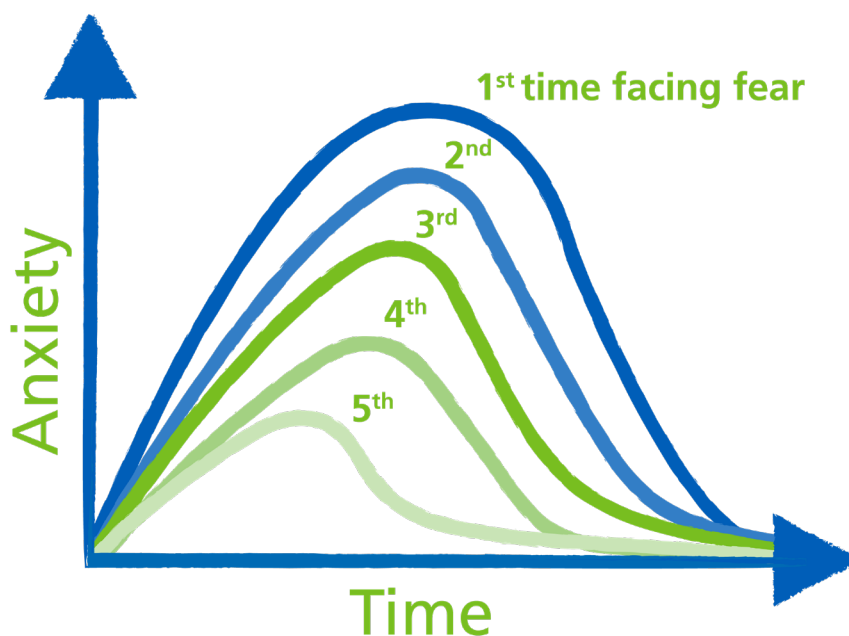
Each time we face that same situation our anxiety is equally high the next time round:



Facing your fears

What would actually happen?

This graph shows what would actually happen if we were to face an anxiety provoking situation without the support of safety behaviours.



As you can see, anxiety goes up quickly when entering a feared situation, but with time (usually after approximately twenty minutes) will go down again.

With repeated exposure to the same feared situations, your anxiety will become progressively less severe and more tolerable. This process is known as **'desensitisation'** or **'habituation'**, where the situation is so familiar that it no longer appears threatening.

To overcome anxiety, you will need to actively let go of your safety behaviours and confront the situations that you have been avoiding. The thought of letting go of your safety behaviours and avoidance may make you feel very anxious, however by experiencing the anxiety provoking situation without the help of safety behaviours and facing the situation, you will begin to realise that you are able to cope with it.

Graded exposure

What is graded exposure?

Graded exposure is a technique that works by breaking down our feared situations and confronting them gradually.

By identifying situations which you avoid, and gradually confronting them again and again, you can reduce the anxiety associated with those situations. Using a graded exposure hierarchy, we start with situations that are less anxiety provoking and work up to more difficult situations. This helps us learn that anxiety levels do come down if we stay in the situation and don't use safety behaviours.

See a graded hierarchy example on [page 23](#).

The four rules of graded exposure

- **Rule 1 – Graded**

Exposure to anxiety provoking situations must be graded in order of least to most anxiety provoking.

- **Rule 2 – Prolonged**

You need to ensure that your exposure to the situation is prolonged. This means that you need to stay in that situation until your anxiety has reduced by at least 50%.

- **Rule 3 – Repeated**

Repeat each exposure activity until your anxiety rating from the start of the exercise has reduced by 50%. Once you have achieved this, you can then move up to the next exercise on your hierarchy.

- **Rule 4 – Without distraction**

It is important when using this technique to be aware of any safety behaviours that you are doing, or anything that could distract you from the anxiety. It's important to truly feel the anxiety in order to learn that your anxiety levels will reduce. If it feels too difficult to drop safety behaviours initially then you could start off by including them on the lower levels of your hierarchy and gradually removing them within your hierarchy.

Graded exposure step by step

Step 1 – Plan your hierarchy

List all the things you are avoiding and rate how anxious or uncomfortable those situations make you feel on a scale of 0-100 (with 100 being maximum anxiety).

Add these to the **graded hierarchy template on page 24** to make your graded hierarchy.

Start with the easiest or least anxiety provoking situations at the bottom, working up to the most anxiety provoking at the top.

Step 2 – Begin graded exposure

The next step is to start deliberately exposing yourself to the situations that you are avoiding.

Start with the easiest situation and keep repeating the same step until your anxiety has at least improved by 50%.

Make sure you follow the **four rules of graded exposure from page 21**.

Step 3 – Complete an exposure diary

Whilst completing your graded exposure, use **the exposure diary on page 25** to record how you find it.

Step 4 – Review and continue

Keep working up the graded hierarchy recording your progress as you go.



Graded hierarchy example

See below an example of a graded hierarchy for anxiety when in crowded places.

Situations	Anxiety (0-100)
Going on a long train journey in rush hour	100
Going on a long train journey in the middle of the day	95
Going to a crowded train station	90
Going to a large supermarket at the busiest time of the day and do my shopping	80
Going to a small supermarket at the busiest time of day to do my shopping	75
Going to a large supermarket at a quiet time of day to do my shopping	65
Going to a small supermarket at a quiet time of the day to do my shopping	60
Going to a large café in lunch hour and having lunch	55
Going to a small café in lunch hour and sitting and having lunch	50

My graded hierarchy

Fill in the blank graded hierarchy below.

Situations	Anxiety (0-100)

My exposure diary

Fill in the below exposure diary before and after you have placed yourself in an anxiety provoking situation. This can be helpful so that you can see improvements with each repetition.

Date & Time	Duration (minutes)	Exercise/Situation	Anxiety rating (0-100)			Comments
			Before	At the start	At the end	

Tips for dealing with panic

- Remember **panic feelings are normal** symptoms of anxiety, they are not dangerous
- **Accept and face your feelings**, notice that it is there and let it go
- **Monitor your level of anxiety**: 10 (worst) to 0 (least), watch the level go down
- **Stay in the situation**. If you run away, avoid or escape, it will be more difficult in the future
- **Take a few, slow, deep breaths from your stomach**. Be aware that this should not be used in relation to calming yourself down during panic attacks; it should be used regularly to help relax
- Make changes to your lifestyle, **avoid stimulants** such as cigarettes, caffeine and alcohol and try to exercise regularly
- **Eat regular meals** and avoid processed foods and drinks as this will keep blood sugar levels stable.



Further resources



Workbooks

Centre for Clinical Interventions (CCI) – <https://www.cci.health.wa.gov.au/>

A range of detailed resources and PDF workbooks available to download for free focusing on a range of depression and anxiety related difficulties

Northumberland, Tyne and Wear NHS – <https://web.ntw.nhs.uk/selfhelp/>

Self-help guides free to download by PDF and print on a range of difficulties including anxiety and depression

Smartphone apps (found on Apple and Google Play store)

WRAP – Wellness recovery action app

Mood Tools – Depression aid

Fear Tools – Anxiety kit

Insight Timer – Meditation app

Websites

Mind – <https://www.mind.org.uk/>

Mental Health Foundation – <https://www.mentalhealth.org.uk/>

NHS – <https://www.nhs.uk/mental-health/>

Useful contacts...



Talking Therapies:

0300 365 2000

(Open 8am to 8pm Monday to Thursday
8am to 5pm Friday)

Email:

talkingtherapies@berkshire.nhs.uk

Other contacts:

Berkshire Crisis Team:

0800 129 9999

(24 hours, specialist service for
immediate mental health crisis)

Samaritans:

116 123

(24 hours, confidential listening service)

NHS Direct / out of hours:

111

(24 hours, physical and mental
health concerns)

In an emergency always call 999

