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Freedom from panic:
Learn to identify and manage
panic and anxiety

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CBT for Panic Disorder

The goal is NOT to end anxiety. That's impossible. The goal is NOT to end panic attacks. That's beyond our control. The goal is to learn how to normalize and respond effectively to anxiety. If you learn to accept that panic attacks can happen but are not to be feared, you no longer have **panic disorder**. Although unpleasant, panic attacks are only a problem if they control your choices. Fortunately, panic can't control your choices. You are always in charge. Therefore, panic is not a problem; it's just temporary pain.

PAIN IS
INEVITABLE
—
SUFFERING IS
OPTIONAL

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Our goals for today

- We will differentiate panic attack symptoms in several of the common anxiety disorders.
- We will learn how to assess and diagnose Panic Disorder.
- We will discuss some of the hypotheses behind why someone has panic attacks.
- We will review Cognitive Behavioral Therapy (CBT) protocol for the treatment of Panic Disorder for adults.

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Panic Disorder DSM-V criteria

- **Criteria A:** Recurrent and often unexpected panic attacks.
- An anxiety disorder based primarily on the occurrence of panic attacks.
- At least one panic attack is followed by a month or more of the person fearing that they will have more attacks.
- Panic vs. anxiety – share some symptoms but differ in intensity, duration, and whether or not there is a trigger.

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Panic Symptoms

- A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time 4 (or more) of the following symptoms occur:
 - 1. Palpitations, pounding heart, or accelerated heart rate
 - 2. Sweating
 - 3. Trembling
 - 4. Sensations of shortness of breath
 - 5. Feelings of choking
 - 6. Chest pain or discomfort
 - 7. Nausea or abdominal distress

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Panic Symptoms

- 8. Feeling dizzy, unsteady, lightheaded, or faint
- 9. Chills or heat sensations
- 10. Parasthesias (numbness or tingling sensations)
- 11. Derealization (feelings of unreality) or depersonalization (being detached from one self)
- 12. Fear of losing control or "going crazy"
- 13. Fear of dying

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DSM-V Criteria

- **Criteria B:** At least one of the attacks has been followed by one month (or more) of one or both of the following:
 - 1. Persistent concern or worry about additional panic attacks or the consequences.
 - 2. A significant maladaptive change in behavior related to the attacks (typically avoidance).
- **Criteria C:** Panic is not better explained by a medical condition.
- **Criteria D:** Panic is not due to another psychological disorder.

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Why do People Panic?

- **Suffocation Alarm Theory:**
 - "I can't get enough air. Something is wrong! Danger!" A catastrophic misinterpretation of physiological response.
- **Conditioning:**
 - Some subconscious connection was made with an environment or stimuli, through conditioning, that triggers a panic response.

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Why do People Panic?

- **The Fight or Flight response**
 - A physiological reaction that occurs in response to a perceived harmful event, attack, or threat to survival.

It is important to help the patient see panic as a normal biological process that is not dangerous, while empathizing how unpleasant it is. It feels harmful, but it's the body trying to be helpful.

Teaching acceptance of normal anxiety helps patients learn not to overreact to symptoms that precede panic. Our job is to help them to learn how to respond peacefully and effectively.

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Exclusion Criteria

- The following may trigger panic attacks, but if that's the case then technically you wouldn't diagnose panic disorder, because the panic attack is not unexpected:
 - OCD/Health Anxiety
 - PTSD
 - Social Anxiety
 - Specific Phobias
 - Emetophobia

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Social Anxiety Disorder

- Excessive and persistent fear that others are evaluating you.
- Fear that you will do or say something that is embarrassing, will make you look bad, or will make you the center of unwanted attention.
- As a result, the sufferer will actively avoid social situations where evaluation may occur.
- The sufferer acknowledges that their fear is overblown.

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Generalized Anxiety Disorder

- Characterized by excessive, uncontrollable and often irrational worry about everyday things that is disproportionate to the actual source of worry.
- Catastrophize, anticipate disaster, and are overly concerned about everyday matters such as health issues, money, death, family or friends problems, or work difficulties.
- They often exhibit a variety of physical symptoms, including fatigue, fidgeting, headaches, nausea, numbness in hands and feet, muscle tension, muscle aches, bouts of difficulty breathing, trembling, twitching, irritability, sweating, and hot flashes.

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Obsessive Compulsive Disorder

OBSESSIONS:

- Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.
- The thoughts, impulses, or images are not simple excessive worries about real life problems.
- The person attempts to ignore or suppress the thoughts or neutralize them.
- The person recognizes these thoughts as a product of his/her own mind.

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Obsessive Compulsive Disorder

COMPULSIONS:

- Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying) that person feels driven to perform in response to an obsession or rules.
- The behaviors or mental acts are aimed at preventing or reducing distress, or preventing a dreaded event or situation. Behaviors or mental acts are not connected to thoughts in any realistic way.

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Cognitive Behavioral Therapy (CBT)

- Tends to be more structured than traditional talk therapy.
- Involves teaching skills and having patients practice these skills between sessions.
- It is not about venting to a supportive person, but rather learning strategies for dealing with emotions and life more effectively.
- Routinely shown to be effective in random controlled trial research, which is why it's the form of psychotherapy with the most empirical validation. CBT is often referred to as "evidence based treatment" for anxiety and depression.

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Cognitive Behavioral Therapy (CBT)

- Evaluation
- Psychoeducation
- Relaxation/meditation
- Cognitive Restructuring
- Exposure Therapy

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Self-monitoring form

Panic Attack Record

Date: _____ Time Began: _____ Expected _____ Unexpected _____ Maximum Fear (1 to 10): _____
 Time Ended: _____ (circle one)

Triggers: _____

• Symptoms: _____	Difficulty Breathing	Nausea/Abdominal pain	Unsteadiness/Dizziness/Faintness
• (circle off symptoms present at least a mild degree)	Racing/Pounding Heart	Chest Pain/Discomfort	Fear of Dying
	Choking	Hot/Cold Flashes	Fear of Losing Control/Going Crazy
	Trembling/Shaking	Feelings of Unreality/"Out of Body Experience"	

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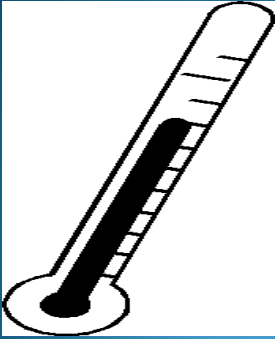
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Psychoeducation

- If the panic is based in health anxiety, review recent medical history or recommend a check up at the onset of treatment. Then, limit checking and safety behaviors moving forward.
- Explain CBT protocol for the treatment of panic.
- Explain that the therapy focuses on learning skills that he/she can keep working on between sessions and to maintain treatment gains beyond termination of treatment.
- Invite the person to challenge you if he/she doesn't understand, agree, or believe that what you suggest will be helpful.
 - This tends to increase treatment compliance with treatment protocols.

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The Fearmometer



- 10 Out of control!
Ballistic!
- 9 Can't handle it.
- 8 Really tough.
- 7 Pretty tough.
- 6 Getting tough.
- 5 Not too good.
- 4 Starting to bother.
- 3 Just a little uneasy.
- 2 A little twinge.
- 1 Piece of cake!

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Relaxation Techniques


- Diaphragmatic Breathing
- Progressive Muscle Relaxation
- Meditation
- Sensory Grounding

- Tends to be more helpful before and after a panic attack.
- These techniques tend to be more effective when the patient has more effectively challenged catastrophic interpretations of bodily sensations. It's hard to relax if you remain convinced you are in danger.

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Relaxation Techniques

- Diaphragmatic Breathing:
 - Put one hand just above your belly button and another across your collar bone.
 - Take in slow even breaths. Pause between breaths.
 - Imagine that your stomach is a balloon that fills up as you breath in and empties as you breath out.
 - Bottom hand should always move more than the top hand.



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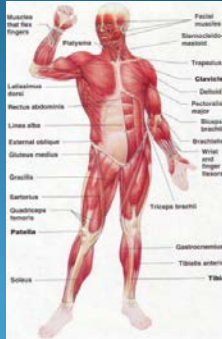
Relaxation Techniques

Progressive Muscle Relaxation:

Tensing and Relaxing muscle groups throughout the body

Focusing on the muscle groups while ignoring other thoughts and sounds

Practice diaphragmatic breathing between muscle groups



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Meditation basics

- Meditation IS NOT being free of thoughts or feelings, but responding to them peacefully, effectively, and without judgment (“It’s just a thought. Thoughts can produce feelings that hurt but they can’t harm me. Feelings are always temporary.”)
- Be mindful of other stimuli that are present, but don’t fixate on any one stimulus.
- Don’t try and suppress or control thoughts.
- Learn to control focus.

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Relaxation Techniques

• Sensory Grounding

Treatment: Three one-minute exercises or drills (grounding) twice a day.

- **First minute - Sensory / Tactile**
Take an object and without looking at it, describe to yourself the features of the object (e.g., size, shape, marks, etc.). Don’t name the object.
- **Second minute - Visionary**
Look at the object and describe it (e.g., size, shape, marks, color, etc.).
- **Third minute - Auditory**
Sit in a comfortable chair and listen to the sounds around you and describe them to yourself (e.g., car starting, dog barking, etc.).

Important to practice these routines when you are NOT anxious so that when you feel an episode coming on you can intervene.



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Be patient and non-perfectionistic with relaxation



If the patient "can't relax," this is useful clinical information.

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Cognitive Restructuring

- 1. Identify the automatic thought.
- 2. Identify what distortion you might be using.
- 3. Explore facts and history.
- 4. Ask if there is a different way to see the event.
- 5. Answer the "what ifs?" in a stoic and matter of fact manner.



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Cognitive Distortions

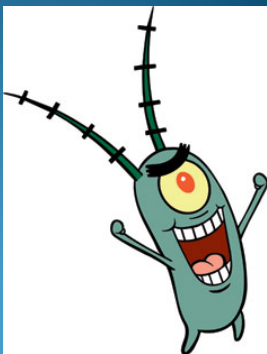
- *This is list of things we tell ourselves to make us depressed, anxious, guilty or angry.*
- All or nothing thinking
- Overgeneralization
- Mental filter
- Disqualifying the positive
- Jumping to conclusions
 - Mind Reading
 - The Fortune Teller Error
- Magnification (Catastrophizing) OR Minimization
- Emotional reasoning
- Should statements
- Labeling and mislabeling
- Personalization
- From *Feeling Good*, by David D. Burns, M.D.

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Exposure

- Teach clients to see their fears as a “Bully” that is bossing them around.
- Teach the client to “boss back.”
- We “boss back” by ignoring the Bully or doing the opposite of what he/she/it tells us to do.



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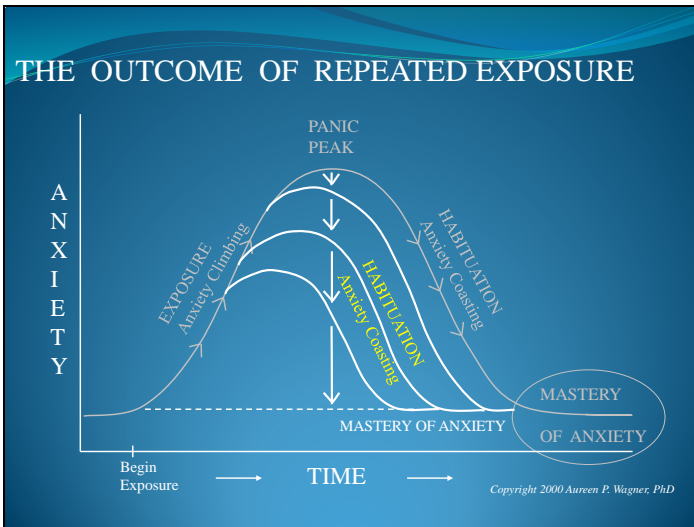
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Fear is Like a Roller Coaster



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Exposure and Response Prevention (ERP) or (ExRP)


- The goals of exposure are:
 - Learning that you can deal with uncomfortable emotions/sensations/thoughts and eventually habituate/desensitize to them.
 - We get to identify areas of skills deficits that we can work on improving (e.g., distress tolerance).

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ERP

- Question: Why would I do something that makes me feel bad?
- Answer: Because it helps.
- By facing our fears, we get used to them.
- Our bodies get used to the uncomfortable sensations and we acclimate to them.



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Exposure and Response Prevention (ERP) or (ExRP)

Interoceptive (Symptom Cue) Exposure

- Have the patient induce panic-like symptoms in session, giving them time between symptoms to recover.
- Ask the patient to rate on a scale of 1 to 10:
 - how intense is the discomfort
 - how much fear they feel
 - how similar it was to what they experience during a panic attack
- If the patient didn't report significant anxiety, make sure they did the exercise for the prescribed amount of time.
- Anything that rated at a 5 or above will be practiced at home between sessions.

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Symptom Induction

1. **Head Shaking**- Shake your head loosely from side to side for 30 seconds to produce dizziness or disorientation.
2. **Head lifting** – Place your head between your legs for 30 seconds and then lift it quickly to produce lightheadedness for the sensation of blood rushing from your head.
3. **Stepping up/running in place** – Take one step up using stairs, a box, or footstool and immediately sit down. Repeat the stepping up for one minute and a fast upgrade to notice your heart pumping quickly to produce racing heart and shortness of breath. Alternatively, you may run or jog in place.

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Symptom Induction

4. **Breath holding** – Hold your breath for as long as you can or for about 30 to 45 seconds to produce chest tightness and smothering sensations.
5. **Body tensing** – Tense every part of your body (arms, legs, abdomen, back, shoulders, face, etc.) without causing pain, for one minute, to produce muscle tension, weakness, and trembling.
6. **Spinning**- Spin around for 1 minute to produce dizziness. A chair that spins is ideal. Alternatively, spin in place but near a couch or soft area to sit on afterwards. Anyone who truly suffers from motion sickness should either skip this or spin slowly.

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Symptom Induction

- 7. **Hyperventilating**- Hyperventilate for one minute by breathing deeply and quickly and with great force to produce a sense of unreality, shortness of breath, tingling, cold or hot feelings, dizziness, or headache, and so forth.
- 8. **Straw breathing** – Breathe through a thin straw for one minute without allowing any air through your nose (hold your nostrils together) to produce sensations of restricted airflow or smothering OR breathe slowly as possible for one minute.
- 9. **Staring** – Stare as intensely as possible at a small spot on the wall or at your reflection in the mirror for two minutes to produce sensations of unreality.

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Figure 9.2. A Completed Symptom Hierarchy

Symptom Hierarchy

List the symptoms brought on by each exercise. Then, using the scale from 0 to 8, rate the overall intensity of all the symptoms, your fear of the symptoms, and the similarity of those symptoms to those you feel during a natural panic attack. Then, place a star for any exercise that has a similarity level of 3 or greater. Finally, rank the starred items by level of fear.

		0	1	2	3	4	5	6	7	8
		None	Very	Moderate	Strong	Very	Extreme			
Exercise	Symptoms	Intensity	Fear	Similarity	Star	Rank				
Hand Shaking	<i>Dizzy, disoriented</i>	6	2	2						
Hand Lifting	<i>Dizzy, lightheaded</i>	5	1	2						
Swapping left hand on to face	<i>Racing heart, sweaty, short of breath</i>	7	5	6	*	3				
Beach Volleyball	<i>A little chest pressure</i>	2	2	2						
Body Twisting	<i>Shaky and tremble and weak</i>	5	1	1						
Spinning	<i>Really dizzy, racing heart, sweaty</i>	7	4	5	*	1				
Hyperventilating	<i>Hot and sweaty, face tingli, lightheaded, unable to breathe</i>	7	6	5	*	4				
Slow Breathing	<i>Can't breathe—have to stop</i>	6	6	4	*	5				
Staring	<i>Feeling of unreality</i>	5	4	5	*	2				
Others										

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Symptom Cue Exposure

- Have them start with the easiest **significant** symptom on day one.
- Induce the symptom and continue beyond the point where they first become aware of anxiety for at least 30 seconds.
- No distraction/relaxation allowed during exercise.
- Rate the maximum level of anxiety during the exercise (0-10).
- After each round, use relaxation techniques.
- Repeat the process until the maximum anxiety drops below a 2, then you're done for the day.
- If your starting point for a symptom is below a 5, consider moving on to the next symptom the next day.
- Practice at least once per day (the more the better).

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Facing Symptoms Form

List the symptoms associated with an anxiety disorder and indicate the repetitions in the first, second, third, fourth, etc. The repetitions should be consecutive for each symptom exercise. In other words, repeat a certain symptom number enough times to fill your four columns for 2 of the three symptoms. A 4th symptom exercise. After each symptom exercise, record the maximum level of fear you experienced either during the exercise or immediately after you stopped the exercise.

Date	Symptom Exercise	Repetitions	Max Fear
12/9	Spinning	1 10	
		2 10	
		3 10	
		4 10	
12/9	Spinning	1 14	
		2 11	
		3 12	
		4 12	
		5 11	
12/7	Hyperventilation	1 12	
		2 11	
		3 10	
		4 11	
		5 10	
12/8	Hyperventilation	1 10	
		2 10	
		3 11	
		4 12	

A Completed Facing Symptoms Form

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Dealing with Avoidance

- Identify normal or valued behaviors that the client is no longer engaging in.
- Motivational Interviewing
- Create a hierarchy
- Pre-exposure pep talk
- Increase amounts of time spent in feared situations and use coping skills learned in therapy (relaxation, mindfulness, etc.)

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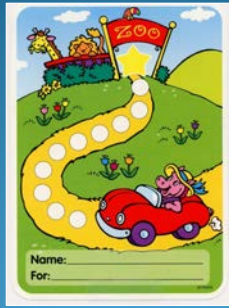
Dealing with Motivation Issues

- Recommend that the family, friends, roommates, etc. will no longer make certain accommodations.
- Use Motivational Interviewing
 - Anxiety stops me from...
 - Not being able to do these things makes me feel...
 - Some things I'd like to do when I am less anxious are...
- Empathize!
 - Have the confidence to get better and your support people will help in that process.

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And if that fails, bribery ain't so bad!



Although we prefer to call it reinforcement!

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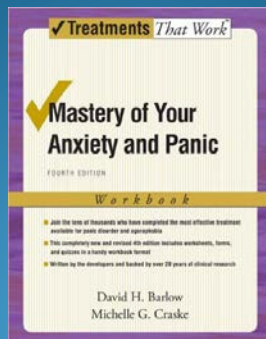
Medications

- Most commonly SSRIs (Prozac, Paxil, Luvox, Zoloft, Lexapro, etc.)
 - Probably does more to address generalized anxiety that triggers panic.
- Benzodiazepines (Ativan, Klonopin, Xanax)
 - Fast acting. Can be used before entering a situation that triggers panic.
 - Potential for addiction and suicide attempts
 - Can interfere with Exposure and Response Prevention (ERP) therapy.

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Recommended Readings



For further information on finding treatment providers who use empirically supported treatments for anxiety disorders...

- The New Jersey Association of Cognitive Behavioral Therapists
 - www.nj-act.org
- OCD New Jersey, New Jersey Affiliate of the IOCDF
 - www.ocdnj.org
- The Association of Behavioral and Cognitive Therapies
 - www.abct.org
- Anxiety and Depression Association of America
 - www.aada.org
