PSYCHALIVE

Psychology for Everyday Life

How to Outsmart Panic Attacks

A Webinar

by Danny Zamir, Psy.D.

Goals of this presentation

- 1: Define panic attacks and provide an evolutionary psychology explanation for why people have panic attacks.
- 2: Explain why some people who have panic attacks develop panic disorder while most don't.
- 3: Present a brief intervention for individuals presenting with panic symptoms designed to prevent the onset of panic disorder.
- 4: Provide take home points on what to do if you want to stop having panic attacks.

Poll

Are you a mental health professional?

Why panic disorder?

- Panic disorder is a devastating mental health condition
  - Can lead to extreme avoidance and agoraphobia
  - Taxes the medical system due to ER and other medical visits (Cackovic and Adigun, 2018)
  - Incredibly aversive experience for people who have panic
  - Panic attacks are associated with increased severity of symptoms of other mental health conditions and increased suicidal thoughts and behaviors (Cackovic and Adigun, 2018)

Why Panic Disorder

- “In general health primary care settings, there appears to be substantial underdiagnosis and undertreatment of panic disorder. Moreover, panic disorder and agoraphobia are poorly recognized and rarely treated in mental health settings, despite high health care utilization rates and substantial long-term disability.” (Goodwin et al., 2005)

Why panic disorder?

- Panic disorder is preventable (Gardenswartz & Craske, 2001).
  - 13-30% of people will have a panic attack in their lives (Jonge et al., 2016; Herald, Budhwani, and Chavez-Yenter, 2015; Western and Morrison, 2001)
  - 1.7% of people cross-nationally develop panic disorder (Jonge et al., 2016)
  - So less than 1 in 10 people who have a panic attack will develop panic disorder


panic attack
anxiety
overwhelmed
fear
pressure
depression
feeling
stress
cause
strain
insecure
avoidance
irritable
risk
guilty
avoid
behavior
trigger
horror
anxious
accidents
arousal
acute
treatments
psychological trauma
hippocampus
counselling
diagnostic
low mood
activity
medication
memories
assault
nervousness
development
cortex
emotions
worried
helpless
worthless
neuroendocrinology
numbing
disturbance
veterans
biochemical
health problems
migraine
sad
events
loss
guilty
mechanism
occupational
behavioural
drug addiction
threats
avoid
falling
mental
detection
symptom
shocking
support
traumatic
stress
problems
people
criteria
blood pressure
pessimistic
traumatic experience
mental health problems
distressing dreams
emotional
headaches
problems concentrating
treatment
alternative
help
difficult
reaction
cognitive
feelings
intense
triggered
sufferer
thoughts
happened
less
negative
physical
exhaustion
emergency
frightening
sweating
sensations
diagnosis
dysfunction
thinking
psychiatric disorder
military combat
circumstances
making decisions
digestive problems
alcohol abuse
indicators
reducing
reaction
sleep problems
irritable
arousal
restless
feel
disasters
beneficial
cognitive
aversion
outcome
thoughts
abusive
accident
memories
screening
exposure
death
using drugs
increased
psychological
family
anticipation
life
awareness
violence
fair
distract
sense
targeted
emotional numbing
combat
intervention
control
drugs
loose
drink
remind
lose

Panic Attacks

- Abrupt surge of intense fear or discomfort
- Four or more of the following developing abruptly and peaking within 10 minutes:

- heart pounding
- sweating
- trembling
- shortness of breath
- feeling of choking
- chest pain
- nausea
- dizziness
- derealization or depersonalization
- fear of going crazy
- fear of dying
- paresthesias
- chills or heat sensations

(Mostly unchanged in DSM-5, but added par

ANATOMY OF A PANIC ATTACK

Panic Disorder

- Recurrent and unexpected panic attacks
- At least one attack followed by a month or more of the following
  - **Persistent concern about having additional attacks or the consequences of an attack (e.g., losing control, heart attack, going crazy).**
  - **Maladaptive change in behavior related to the attack (avoidance)**
- In DSM 5, panic disorder is a stand-alone condition and agoraphobia is no longer associated with the diagnosis of panic disorder
- Risk factors

Agoraphobia

- Intense fear in response to 2 of the following
  - 1) using public transportation, such as automobiles, buses, trains, ships, or planes
  - 2) being in open spaces, such as parking lots, marketplaces, or bridges
  - 3) being in enclosed spaces, such as shops, theaters, or cinemas
  - 4) standing in line or being in a crowd
  - 5) being outside of the home alone
- These situations are avoided or endured with significant distress

Why do some people develop Panic Disorder?

They have **catastrophic misinterpretations** of their panic symptoms.

- heart attack
- fainting
- going crazy

- They **change their behavior** because of the attacks.
- They begin to **over-monitoring bodily symptoms.**

Poll

- How many times have you experienced a panic attack in your life?
  - 0
  - 1
  - 2-5
  - 5-10
  - 10-20
  - More than 20

Early Intervention/Prevention developed by Bonnie Zucker, Ph.D.

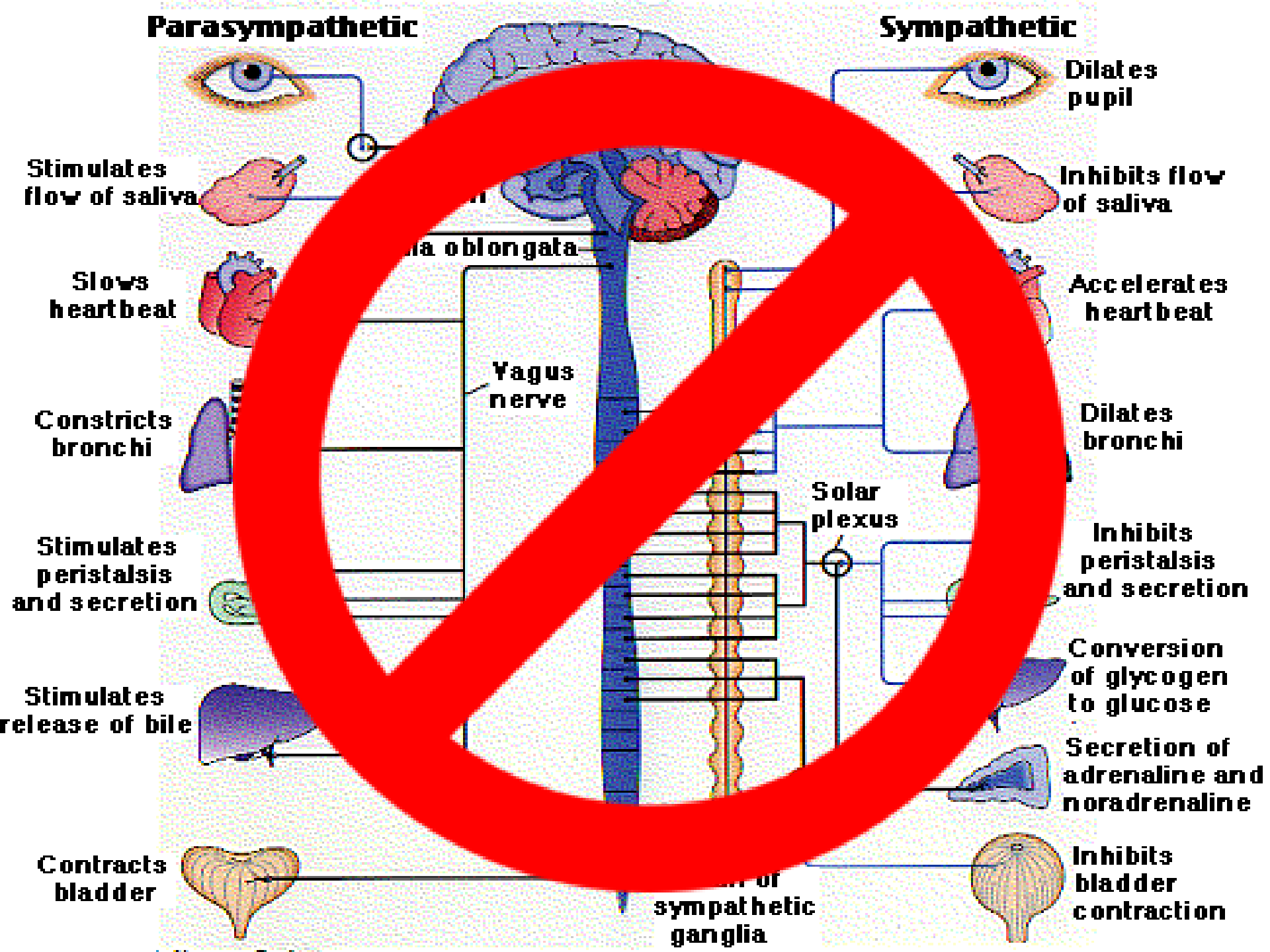
- Good Candidate
- Duration
- Tone

Step 1: Assessment

- First attack (Cause/trigger)
- Characteristics of subsequent attacks
- Fears (conditioned stimuli that trigger future attacks)
- Behavior Change
- Body Monitoring

Step 2: Psychoeducation

- Panic is our bodies' natural response to danger (fight or flight)
  - **Evolutionary history example**
  - **Bus example**
- False alarm
- Not dangerous, can't go on forever
- Maintained by fearful thoughts, avoidant behavior, and body monitoring


Parasympathetic
Sympathetic
Dilates pupil
Stimulates flow of saliva
Inhibits flow of saliva
Slows heartbeat
Accelerates heartbeat
Vagus nerve
Constricts bronchi
Dilates bronchi
Solar plexus
Stimulates peristalsis and secretion
Inhibits peristalsis and secretion
Conversion of glycogen to glucose
Stimulates release of bile
Secretion of adrenaline and noradrenaline
Contracts bladder
Inhibits bladder contraction
sympathetic ganglia

Fear Learning Through Associations

- Panic attacks are so intense that our brains associate many of the aspects of our experience related to the attack with fear. (Pappens et al., 2015)
  - Where we are
  - The physiological symptoms of panic (increased heart rate, sweating, feeling hot, etc.)
  - The situation we are in
  - Sounds and smells
- Fear association with physiological arousal likely causes unexpected panic attacks (Yoris et al., 2015)

Step 3: Correction of faulty beliefs

- You are not going to die from a panic attack
  - Panic attacks do not cause medical conditions or heart attacks
  - Recent EKG or other medical tests and examinations
- You are not going crazy
  - No history of psychosis
  - People don't go crazy from panic attacks
- You are not going to faint
  - Fainting is caused by a drop in blood pressure
  - Blood pressure increases during a panic attack

Step 4: External mindfulness

- Body monitoring reinforces panic and can induce attacks
- Left hand example
- Instead, direct attention externally

Step 5: Avoid avoidance

- Avoidance, safety behaviors, and self-medication maintains panic
  - “Don’t avoid anything because you are afraid of panicking.”
  - Problem with alcohol, benzodiazepines, and other drugs


HOW HE FEELS
@introvertdoodles
You're being ridiculous!
Just jump out of bed already!
HOW ANXIETY FEELS
You're being ridiculous!
Just jump overboard already!
LIFE RAFT

Step 6: Review the conceptualization

- Restate the conceptualization
  - What caused the first attack
  - What is maintaining ongoing panic
- State a plan of action
  - Counter faulty beliefs
  - Reduce body monitoring
  - Eliminate avoidance
  - Develop “Bring it on” mentality

Key points for clinicians

- Start with assessment of panic history (Focus on first attack, behavior change, and body monitoring)
- Correct faulty beliefs (Nobody dies from panic)
- External mindfulness intervention is highly effective
- Avoid avoidance
- Panic disorder is treatable (provide hope)


ANXIETY REWARD STICKERS
I SHOWED UP!
I DIDN'T HIDE IN THE BATHROOM (FOR LONG)
I made EYE CONTACT with a cashier!
I SURVIVED A PANIC ATTACK
I MADE A PHONE CALL
I WAS KIND TO MYSELF TODAY
@introvertdoodles

CBT for Panic Disorder

- Session 1: Assessment and early intervention
- Session 2: Develop treatment goals, provide information about exposure treatment, introduce SUDS scale, and teach relaxation strategies
- Session 3: Construction of fear hierarchy and begin interoceptive and in-vivo exposure
- Session 4: Examine and challenge cognitive distortions and continue interoceptive and in-vivo exposure.

CBT for Panic Disorder Continued

- Sessions 5-8: Engage in imaginal exposure and rehearse rational responses to automatic thoughts. Continue to assign in-vivo and interoceptive exposure homework.
- Sessions 9 and 10: Increase intensity of in-vivo, imaginal and interoceptive exposures (may need to combine)
- Sessions 11 and 12: Assess remaining anxiety and maladaptive thoughts, continue exposure, encourage continued stress-management
- Adapted from Leahy and Holland (2000)

Effectiveness of CBT for Panic

- Across multiple studies, treatment (10-20 CBT sessions) has an 85-90% success rate. Success is defined as significant symptom reduction or symptom elimination. (Leahy and Holland, 2000)
- Most patients maintain their improvement 1 year later
- Treatment is more effective when therapist is directive and models self-confidence, is empathic, warm, genuine, and has positive regard for the client (Craske and Barlow, 2006).

Case example

- Early thirties, white, gay, partnered, male, first year doctoral student
- Long history of anxiety and panic
- Referred by his medical doctor due to increasing frequency and intensity of panic attacks
- Over-monitoring heart rate
- Went to ER
- Avoiding exercise, planes, crowded places, and all social interaction

Case example: Treatment

- Session 1: Panic prevention protocol
- Session 2: Significant reduction in distress, no panic. Fear hierarchy of situational and interoceptive exposure.
- Session 3: Engaged in biggest fears with minimal anxiety. Interoceptive exposure and planned more extreme exposures.
- Cancelled session 4
- Mindfulness group

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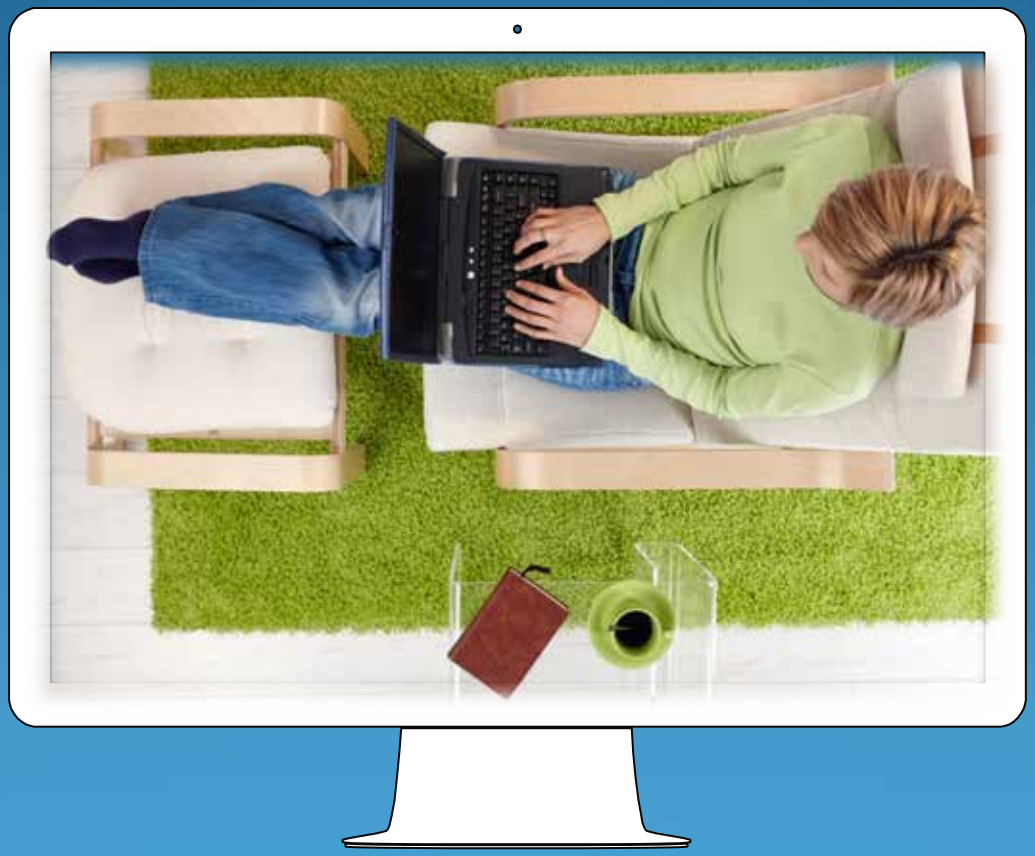

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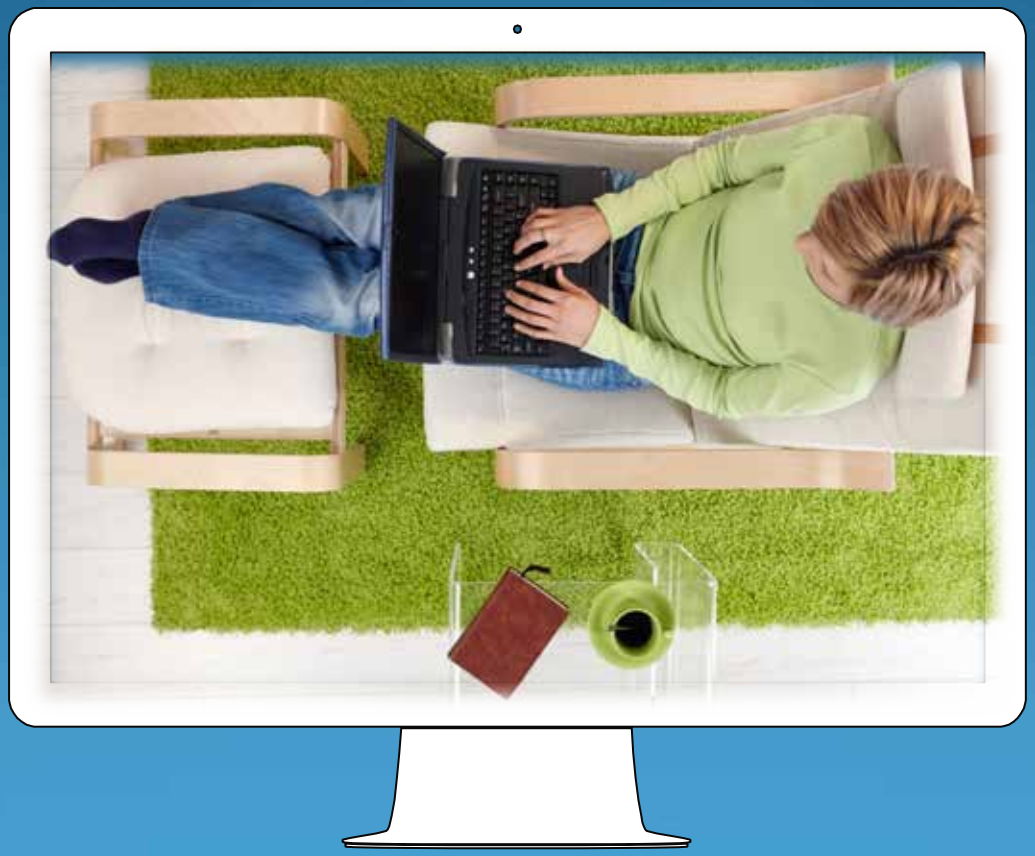

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