

PANIC NOT:

MANAGING PANIC DISORDER



WELCOME!

First of all, well done for seeking help to get on top of your panic!

The 'Panic Not' workbook is based on an evidence-based psychological therapy called Cognitive Behavioural Therapy (CBT). CBT for 'panic' focuses on the here-and-now and helps people who have sudden, unexpected episodes of fear about bodily sensations they are experiencing to understand the problem and change things that keep the distressing bodily sensations going.

The workbook will guide you through a technique called *Challenging Thoughts and Testing Them Out* shown to help many people having these sudden feelings of panic or panic attacks.

It's designed to be worked through with the support of a mental health professional trained to ensure people make the most of the technique. Across England this will often be a Psychological Wellbeing Practitioner, working within an Improving Access to Psychological Therapies service. Given the success of this way of working, similar roles have now also become available in other countries.

You may have also come across this workbook on your own. Whether with support or using on your own, you're in control of the way you choose to work through the workbook.

WHAT IS PANIC DISORDER?

'Panic attacks' are intense moments of fear associated with a variety of unwanted physical sensations such as a pounding heart, shortness of breath, feeling dizzy or faint.

Everyone can experience these physical sensations when they find themselves scared of something specific, for example an animal, place or situation. This is called a *Phobia*.

However, when panic attacks occur frequently, unexpectedly and continue for a long time, they're recognised as something called *Panic Disorder*.

The main difference between a *Phobia* and *Panic Disorder* is:

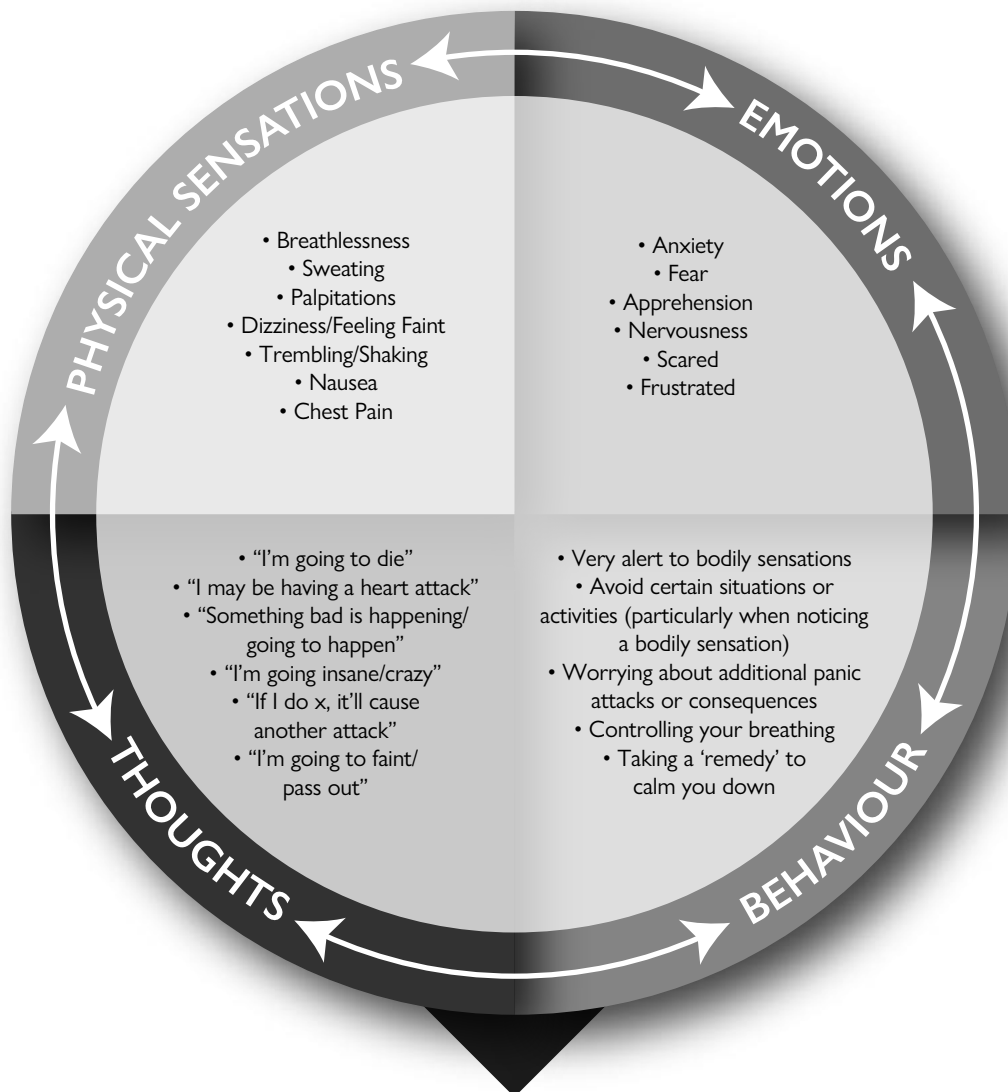
- When people with a specific fear avoid or escape what's making them scared, the physical sensations very quickly go away.
- With Panic Disorder however, people find themselves actually fearing the physical sensations they're having. This can keep those feelings of panic going and going and they find themselves stuck in a vicious cycle.

WHAT DOES PANIC DISORDER LOOK LIKE?

'Panic attacks' are actually quite common and many people will report having them. But they often don't worry about them, they soon go and have little wider impact on their lives.

Some people however, experience recurrent and prolonged panic attacks. Why? Well, you may be surprised to find out it's the *terrible thoughts* about the panic attacks that can lead to 'Panic Disorder'.

When some people notice they're having distressing physical sensations, they may start worrying about them and begin to think about the worst case possible. This in turn increases the fear, making the physical sensations worse. Before they know it, they're stuck in a vicious cycle and it also begins to affect what they do. It may look something like this:



Each of these areas has a knock-on effect on the others and those physical sensations keep going for a long time.

If you think this may be happening to you then this workbook may help.

UNDERSTANDING PHYSICAL SENSATIONS ASSOCIATED WITH PANIC

Panic attacks are quite common and, contrary to what we may think when having them, they're not dangerous.

The physical sensations people experience during a panic attack are actually just our bodies' natural reaction to a situation considered threatening. These physical sensations then become associated with fear. Fear then helps us pay more attention to the threat, in the same way a very loud and annoying fire alarm can't be ignored to ensure we quickly leave a building.

So, fear and anxiety can actually be really helpful by preparing us to manage a dangerous situation. This is the 'Fight-Flight-Freeze' or '3F's' response triggered by a

hormone called adrenaline being released into the body. This helps us notice the threat. For example, if a burglar came into your home, the 3F's prepares us to challenge the burglar, run away or even hide under the bed and be very still. It does this primarily through the release of adrenaline, which in turn affects the body in multiple ways.

Let's explore what the physical sensations associated with fear or anxiety mean. Tick the box if you experience any of these physical sensations:

Physical Sensation	Why it's Happening	Yes	No
Rapid, shallow breathing, feeling like you can't catch your breath	Muscles need more oxygen to prepare the body for fighting or running and takes more in through short, quick breaths. The lungs are actually full of air, rather than empty.		
Heart beating faster	Oxygen needs to be spread to the muscles making the heart beat faster to increase the blood flow in the body.		
Chest pains (or other muscle tension and pain)	The body is preparing for the 3F's, so tenses the muscles ready to react.		
Changes in vision (blurry/tunnel)	Eyes try to focus on the threat or the distance to calculate the route if running away.		
Digestive changes (urge to go to the toilet/butterflies /dry mouth and throat)	Blood flow moves away from non-essential functions like the digestive system as the 3F's becomes a priority.		
Sweating and feeling hot	With increased blood flow and muscles tightening and tensing, sweating starts to manage the body's core temperature		
Numbness and pins and needles	Increased blood flow to major muscles means less blood flow to areas such as fingers and toes making them tingly and numb.		
Difficulty concentrating	The 3F's take priority over the rational part of the brain affecting memory, concentration and decision making.		

NEXT STEPS

Hopefully you now have a better idea as to how the physical sensations you've been worrying about may not be dangerous, just the body's normal fear response.

If you have found yourself becoming fearful about any of the physical sensations you've been experiencing, it may be helpful to continue working through this workbook with any support available to you.

If you've already spoken to a healthcare professional about the physical sensations you've been experiencing and been told there is no obvious underlying health problem causing them, it's possible you have Panic Disorder. If so, you've come to the right place!

To consider:

If you have not yet spoken to a healthcare professional, consider if you want to book an appointment before moving on. This may help you better engage with this workbook.

THOUGHT CHALLENGING AND HOW CAN IT HELP

Before we start, it's important to find out a little more about the approach used in this workbook. Understanding the approach will help you identify if anything may get in the way of you being able to engage with it.

There are two stages to *Thought Challenging*:

- *Challenging the Thought*: Helps you capture, challenge and revise terrible thoughts you may have in response to the physical sensations you experience. This can help stop the vicious cycle going and going.
- *Testing Thoughts Out*: Maybe you will be able to successfully challenge those terrible thoughts but something is still holding you back from having belief in the new thought. If so, testing it out can be helpful.

As you come towards the end of using Thought Challenging you may find it helps you begin to get on top of your panic. If so, you may wish to discuss this with the person supporting you as maybe you don't need to move to *Testing Thoughts Out*. This is your choice.

If you're interested in carrying on using this workbook, reading Zahara's story may be helpful.



ZAHARA'S STORY

I'm 32 years old and started having panic attacks a few months after my daughter Ellana was born.

My first panic attack came out of the blue walking home from the local shop, I thought I was having a heart attack! I'd never experienced anything like it before and it was horrendous. Eventually it passed, but over time the panic attacks became more frequent. In my moments of panic, my heart felt like it was racing at a million miles per hour, my chest became incredibly tight and muscles were super tense. Every time I get these physical sensations I started to have really terrible thoughts such as "I'm going to die"!

I started to get so distressed by the thought of experiencing more of these terrible physical sensations that they began to impact on my life. I stopped going to the gym and basically doing anything that might cause my heart to beat faster. My partner, Dan, started having to do a lot more for me, to the point it started to cause problems with our relationship. When I did go out, I was so distracted making sure my heart rate was under control that I became completely

exhausted. I know it's stupid, but I also started to check where all the public toilets were as I often needed to use them.

I spent six months living with constant fear of having another panic attack before Dan urged me to seek help, as he could see I was getting upset and I was now worrying I was becoming a bad mother. Eventually, I spoke with my healthcare professional who checked me over. She said she couldn't see any physical cause for my panic attacks and wondered if I had Panic Disorder. She referred me to BeWell, the local Improving Access to Psychological Therapies service. At first, I was really unsure; something felt wrong with me physically and it was not in my head! However, I picked up the phone and booked an appointment. What had I got to lose?

As you progress through the workbook, you'll be able to see how Zahara completed her worksheets. This can help, if you get stuck between support sessions, or if you're using it on your own.

SETTING GOALS

Before you start using Thought Challenging, you may find it helpful to set yourself goals you'd like to achieve by the time you complete the workbook.

When setting goals it's important to think about the following:

Be *Specific*



It can be tempting to set general goals such as *“To manage better”*. However, it will be hard to know when you've achieved this goal. Instead, think about how you would know if you were managing better. For example, *“Take Ellana for a 20 minute walk in her pram at least once a day”*.

Be *Realistic*



Set yourself goals you think you can achieve over the next few weeks. Therefore, think about setting yourself *Short Term Goals*, just out of reach, but not out of sight. Then begin working towards these and move on to Medium and then Long Term goals. It's important to think about Medium and Long Term goals too as they give you something to work towards when you achieve those in the shorter term.

Be *Positive*



It can be tempting to set goals in terms of doing less or stopping something. For example, *“I will stop being so distressed when my heart begins to race”*. However, it's more helpful to set goals in a positive way, as striving towards something. The above could be changed to *“I will continue to walk with Dan and Ellana even when my heart begins to race”*.

Remember: It's often perfectly normal to experience those unwanted physical sensations discussed earlier. So, avoid setting goals to never have them, remember at times they may be helpful.



MY GOALS WORKSHEET

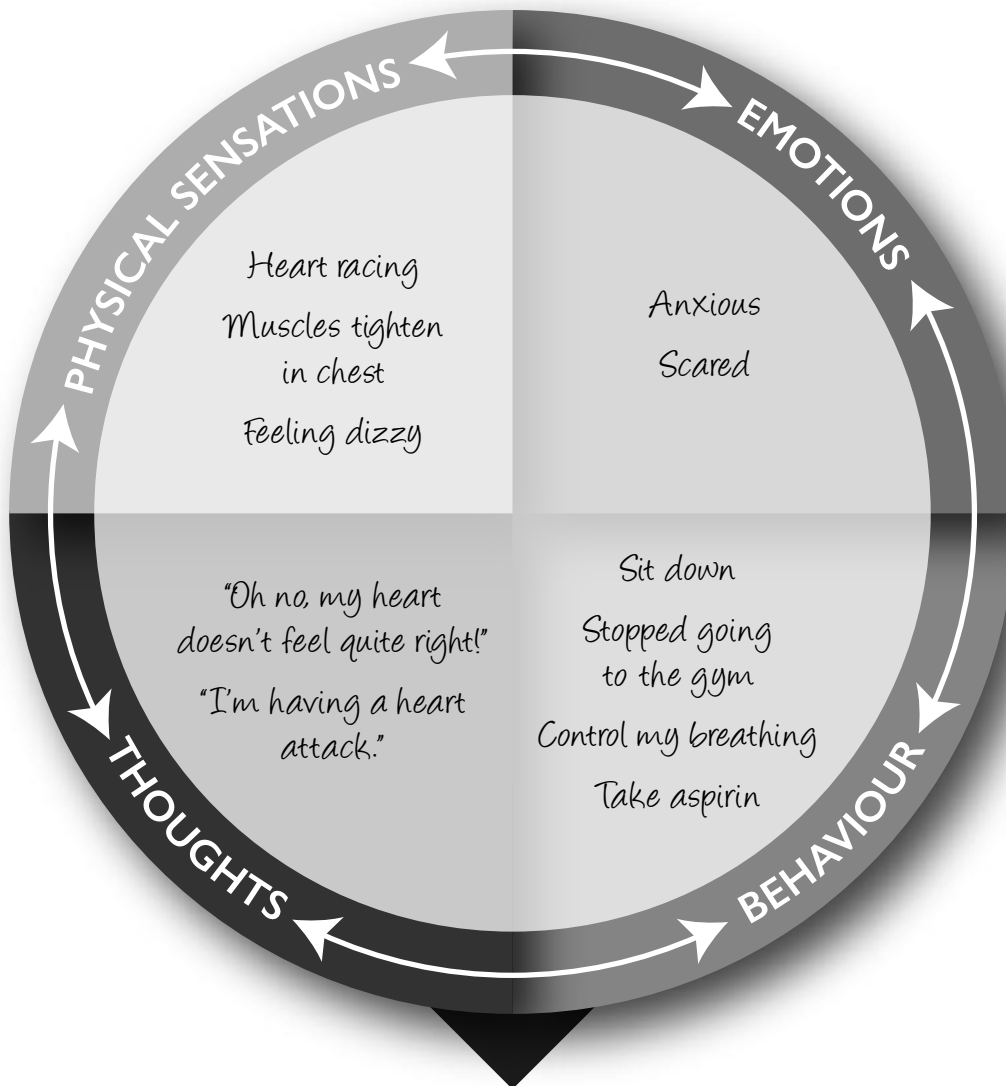
GOAL 1	TODAY'S DATE: _____						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 <small>NOT AT ALL</small>	1	2 <small>SOMETIMES</small>	3	4 <small>OFTEN</small>	5	6 <small>ANYTIME</small>
GOAL 2	TODAY'S DATE: _____						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 <small>NOT AT ALL</small>	1	2 <small>SOMETIMES</small>	3	4 <small>OFTEN</small>	5	6 <small>ANYTIME</small>
GOAL 3	TODAY'S DATE: _____						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 <small>NOT AT ALL</small>	1	2 <small>SOMETIMES</small>	3	4 <small>OFTEN</small>	5	6 <small>ANYTIME</small>
GOAL 4	TODAY'S DATE: _____						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 <small>NOT AT ALL</small>	1	2 <small>SOMETIMES</small>	3	4 <small>OFTEN</small>	5	6 <small>ANYTIME</small>
GOAL 5	TODAY'S DATE: _____						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 <small>NOT AT ALL</small>	1	2 <small>SOMETIMES</small>	3	4 <small>OFTEN</small>	5	6 <small>ANYTIME</small>

UNDERSTANDING THE POWER OF OUR THOUGHTS

You may have already noticed the impact your thoughts are having on how you feel physically, how you behave and your emotions. To help you understand your own **Vicious Cycle of Panic** you're going to complete one for yourself. Before you do however, it can be helpful to first look at Zahara's vicious cycle.

MY SITUATION

I noticed an increase in my heart-rate



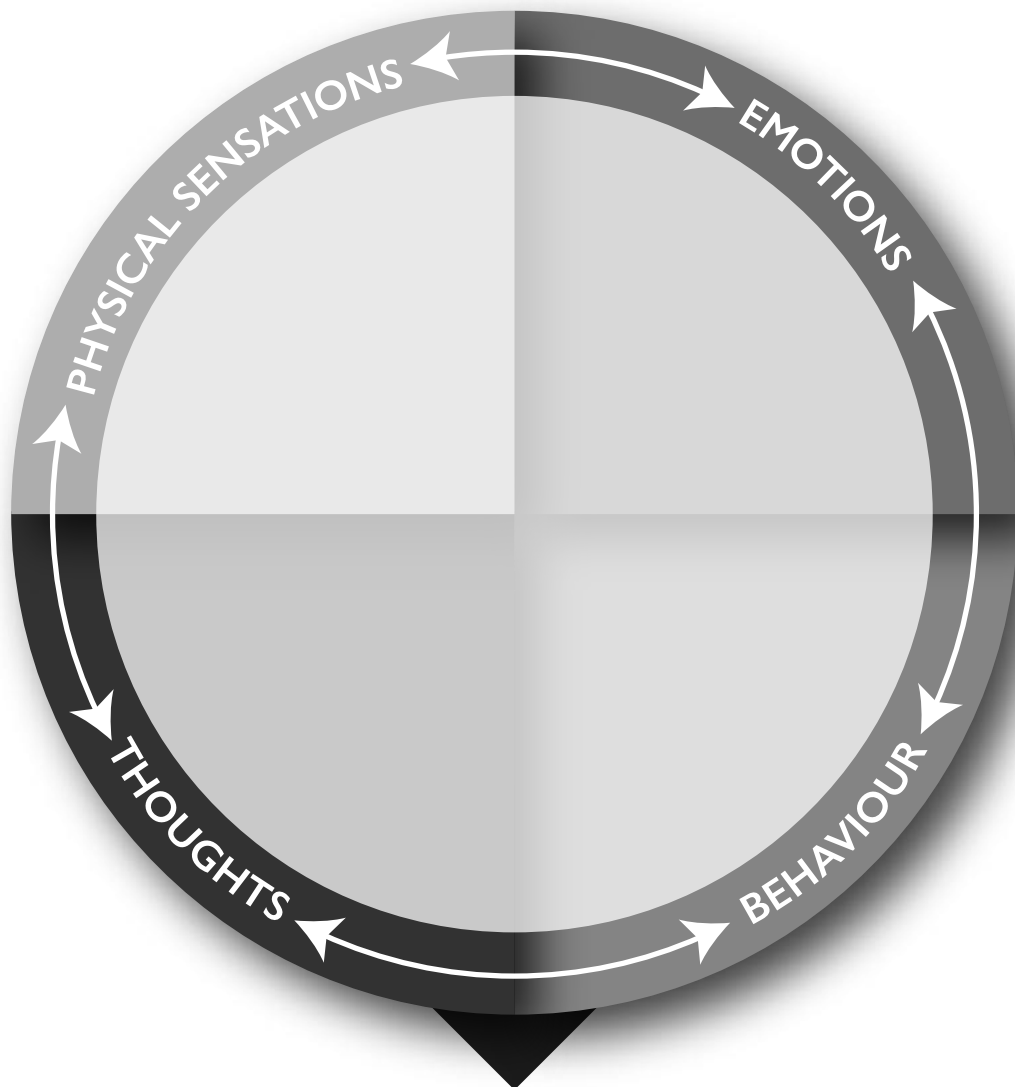
IMPACT

The cycle gains momentum and leads to a full-blown panic attack.

NOW IT'S YOUR TURN

Having learned a bit more about panic, you may find it helpful to understand your own difficulties. Remember, if you're being supported by someone, they can help.

MY SITUATION



IMPACT

WHAT KEEPS PANIC GOING?

An additional difficulty with panic attacks is that people can't pinpoint a particular reason to trigger Fight-Flight-Freeze. It feels like the panic attack came out of the blue and this can actually make it even scarier. Let's try to understand Zahara's experience.

- People who struggle with Panic Disorder have learned to scan their bodies for any physical sensations they're having. We call this **'hypervigilance'**, and it can keep the panic going. In the case of Zahara, was she not looking out for any change to her heart beat, however small, she may not have misinterpreted it and have an alarming thought *"Oh no, my heart doesn't feel quite right!"*
- People with Panic Disorder may start to engage in activities to reduce fear that the unwanted physical sensations are causing harm. Zahara stopped going to the gym to 'protect her heart'. **'Avoidance behaviour'** may be thought to be helpful in the short-term, as it reduces the number of panic attacks and this gave Zahara a bit of relief. However, in the long-run it feeds into the problem. By stopping the activity and Zahara's heart rate dropping, she began to have more belief that something was actually wrong with her heart: *"I haven't had a heart attack, but only because I stopped going to the gym"*. By not going to the gym once or twice, Zahara also began to feel a bit better, making it more likely that she wouldn't go to the gym again.
- Someone who is worried about the impact of panic may also start to engage in certain behaviours aimed at reducing the physical sensations or preventing the imminent tragedy the person believes may happen. Zahara sat down, controlled her breathing and took an aspirin. These are called **'safety behaviours'** because they are thought to be helpful in the short-term. But in the long-term they maintain the problem by strengthening the belief that something is seriously wrong and reducing the belief that the physical sensations, albeit unpleasant, are related to Fight-Flight-Freeze.



Fight



Flight



Freeze

IT'S TIME TO GET ON TOP OF YOUR PANIC

It may sound a little daunting, but remember, you're in control of how much you do at any time. Sometimes progress will be slow and setbacks can happen. This is perfectly normal and to be expected.

Remember: If you find yourself facing difficulties and are being supported, make sure you mention the problems you're having.

STEP 1: THE PANIC DIARY

Use the **PANIC DIARY WORKSHEET** to keep a record of your panic attacks as they occur by filling in the following sections:

■ **Date and Situation:**

As soon as possible after you've had a panic attack, record information about where you were and what you were doing. This information may help you identify patterns or triggers to your panic attacks or situations where they are more likely to occur.

Be as specific as possible and complete as soon as possible after the attack to avoid relying on your memory.

■ **Intensity of Panic:**

Write down the intensity of the panic attack on a scale of 0–100% where 0% is no anxiety at all, and 100% is the worst it could be.

■ **Physical Sensations:**

Note any physical sensations you experienced during this panic attack.

■ **Terrible Thought:**

Write any terrible thought that went through your head at the time you experienced those unwanted physical sensations. Write down how much you believed the thought on a scale of 0–100%. 0% is not at all, 100% you totally believe the thought.

■ **Behaviour:**

Note down any changes in your behaviour. Did you do, or stop, doing anything as a consequence of these physical sensations?

Complete the **PANIC DIARY WORKSHEET** every time you have a panic attack.

To get you comfortable completing this worksheet you may want to complete it for the most recent panic attack you had. This may help you discuss any potential difficulties completing the worksheet at your next support session.

ZAHARA'S PANIC DIARY WORKSHEET

Date and situation Where, when, with whom		Intensity of panic Rate from 0-100	Distressing physical sensations List	Terrible Thought What thought went through my head when having distressing physical sensations? Rate your belief in that thought from 0-100%	Behaviour What did I do?
When:	Monday PM	90%	Heart racing Chest tight Tense muscles Breathless Sweaty	I've put too much strain on my heart, I'm about to have a heart attack - 100% I'm going to die - 80% There's nobody here who can help me - 100%	Stopped playing with Ellana Sat down Tried to control my breathing Phoned Dan
What:	Playing with Ellana				
Where:	At home				
Who:	Me and Ellana				
When:	Wednesday AM	100%	Heart racing Chest tightness and pain Tense muscles Breathless Shaky Dizzy	I shouldn't have walked so fast, I'm about to have a heart attack - 100% Everybody is going to look out of the office window and see me having an attack - 80%	Sat on a bench Tried to control my breathing Counting my heartbeats
What:	Going into work and running late				
Where:	Outside office				
Who:	On my own				
When:	Thursday AM	100%	Heart racing Chest tightness and pain Tense muscles Breathless Dizzy Feeling sick	Oh God, I have to go outside the house again, I had an attack just yesterday and I'll have another one - 90% I'm so stressed out, my heart can't cope anymore, and it's giving up - 100%	Stayed at home. Phoned Dan and asked him to get medication on the way home from work Lied down on the bed Tried to control my breathing Phoned Dan
What:	Having to pick up Ellana's medication from the Pharmacy				
Where:	At home				
Who:	On my own				
When:	Saturday PM	75%	Heart racing Chest tight Breathless Sweaty	My heart is racing so fast, it's about to explode - 100% I'm going to die - 60% I can't do anything anymore - 90%	Called Dan for help Sat down Tried to control my breathing Went inside and left Dan to finish the job
What:	Putting some boxes in the garage				
Where:	At home				
Who:	Dan and me				



MY PANIC DIARY WORKSHEET

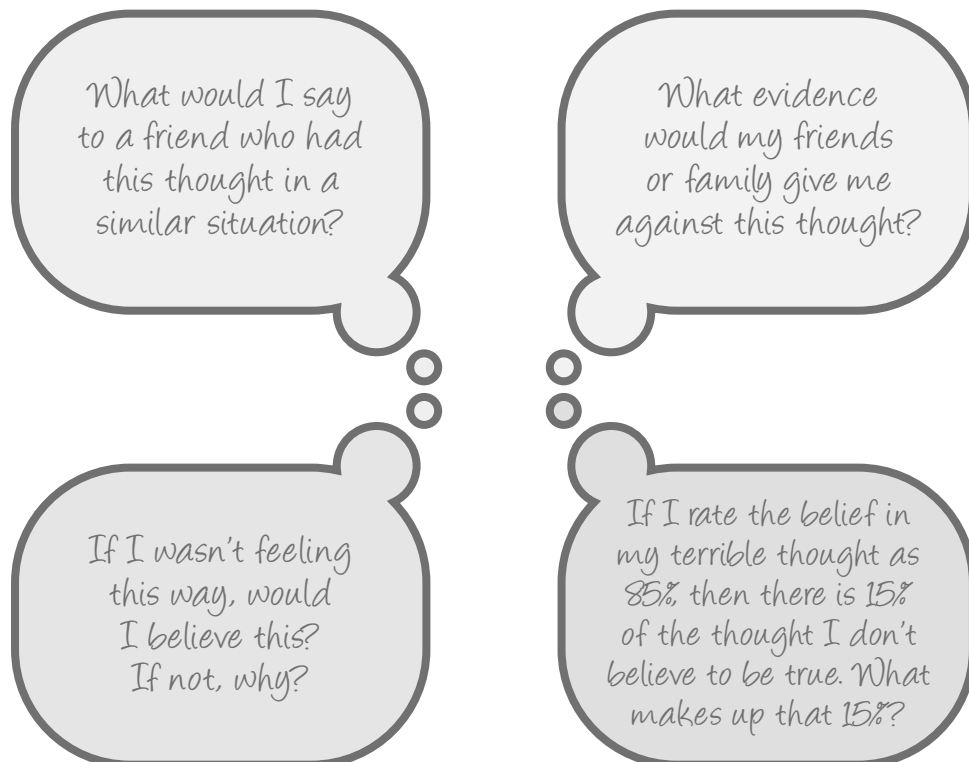
Date and situation Where, when, with whom		Intensity of panic Rate from 0-100	Distressing physical sensations List	Terrible Thought What thought went through my head when having distressing physical sensations? Rate your belief in that thought from 0-100%	Behaviour What did I do?
When:					
What:					
Where:					
Who:					
When:					
What:					
Where:					
Who:					
When:					
What:					
Where:					
Who:					
When:					
What:					
Where:					
Who:					
When:					
What:					
Where:					
Who:					

STEP 2: THOUGHT CHALLENGING

When we experience terrible thoughts, it can be very difficult to tell they're just thoughts, and not facts. This is because those terrible thoughts can feel very powerful and believable. Challenging your thoughts by examining evidence for and against them can help. Here's how to do it:

- Choose a **Terrible Thought** from your PANIC DIARY WORKSHEET that causes you the most distress and has the strongest link to the emotion you've identified. This is your **Terrible Thought**.
- Where possible, it's helpful to work on a thought with at least 60% belief and panic with at least 60% intensity.
- Write your **Terrible Thought** at the top of your THOUGHT CHALLENGING WORKSHEET with the rating for belief in this thought.
- Next put your **Terrible Thought** on trial, by gathering evidence for and against it. Do this by listing all the evidence in both columns.
- It's important the evidence you record is based on 'fact' rather than 'opinion'.

Asking yourself the following questions can help you identify evidence based on facts.



It's likely you've believed your terrible thought for a while and therefore it's common to find it difficult to challenge at first. However, like all new skills, it will become easier with time.

REMEMBER: If you find yourself struggling with this, raise it with any person that may be supporting you. Or if you're using the workbook on your own, asking for help from someone you trust, like a family member or friend can help.

IT MAY BE HELPFUL TO LOOK AT ZAHARA'S THOUGHT CHALLENGING WORKSHEET

My Terrible Thought:		Strength %
<i>"I'm about to have a heart attack."</i>		90%
Evidence FOR My Terrible Thought	Evidence AGAINST My Terrible Thought	
<p><i>Although the doctors can't find anything wrong, they may have missed something.</i></p> <p><i>The sensations are so intense, they must be doing damage to my heart and body.</i></p> <p><i>The more this keeps happening, the more it's bound to end up being a heart attack.</i></p>	<p><i>No matter how fast my heart was beating, none of my panic attacks have ever resulted in a heart attack.</i></p> <p><i>Doctors have told me my heart is fine.</i></p> <p><i>None of my panic attacks have ever resulted in any damage to my body.</i></p> <p><i>I'm still alive!</i></p>	
<p><i>It took me a little while to realise that these were opinions and not necessarily facts!</i></p>		



NOW HAVE A GO AT CHALLENGING YOUR OWN TERRIBLE THOUGHT

MY THOUGHT CHALLENGING WORKSHEET

My Terrible Thought:		Strength %
Evidence FOR My Terrible Thought	Evidence AGAINST My Terrible Thought	

REVISE YOUR TERRIBLE THOUGHT

Considering the evidence *for* and *against* your terrible thought, it's time to balance the evidence collected to create a Revised, More Balanced Thought.

- Ensure it's a statement that considers all the evidence gathered.
- Write this thought down.
- As a percentage indicate how much you believe this new Revised, More Balanced thought.

ZAHARA'S REVISED, MORE BALANCED THOUGHT WORKSHEET

My Revised Thought:	My Belief in My Revised Thought (0–100%)
<i>"My panic sensations may be very uncomfortable and distressing, but they are not harmful."</i>	50%

IMPORTANT: Try to avoid creating a **Revised Thought** which is too much in the opposite direction. Extreme thinking in either a negative or positive way can be unhelpful, so try to create a more balanced thought instead.

MY REVISED, MORE BALANCED THOUGHT WORKSHEET



My Revised Thought:	My Belief in My Revised Thought (0–100%)

HELP, I'M STILL GETTING DISTRESSED BY MY TERRIBLE THOUGHTS ABOUT THOSE PHYSICAL SENSATIONS!

But I don't really believe anything will happen when I have them

Sometimes we may *rationally* know something is very unlikely to happen, but things still don't *feel* right. When this happens, unwanted behaviours may continue.

For example, someone may logically know nothing bad will happen if they walk under a ladder. But they still walk into the road to avoid walking under it!

If this is the case for you when you experience those distressing physical symptoms it can be helpful to test your revised thought out.

If you're being supported, it's likely the person supporting you will help you identify **opportunities** you have to do this. Otherwise, maybe asking a family member or friend can help you problem solve.

Getting support is important, as it's very likely you'll need to test your revised thought outside of the support session.



STEP 3: TESTING THOUGHTS OUT

Although we may be able to create a Revised, More Balanced Thought, sometimes it may be difficult to fully believe it due to a difference between what we logically know to be true and what we feel in our hearts. There are three stages to test thoughts and strengthen our belief in them:



Stage 1

Plan a way to test your revised terrible thought



Stage 2

**Do – carry out
your plan and test**



Stage 3

Review

Keeping your healthcare professional informed of the treatment you're receiving is important to ensure you receive the best care. You may have already spoken to them to ensure there isn't an underlying physical cause for the physical sensations you've been having. They may have given you some reassurance this is the case. If you haven't however, consider if you feel it would be helpful to get in touch to check whether any additional investigations are needed.

Stage 1: Plan A Way to Test Your Revised Terrible Thought



- **Thought to Be Put into Action:** Write your Revised, More Balanced Thought to test and rate the belief you have in it (0–100%).
- **Test the Thought:** Complete the 4 W's to plan how you're going to test your new revised thought.
- **Predict the Worst:** Write down the worst thing you think could happen and rate how much you believe it (0–100%).
- **Predict an Alternative:** Predict an alternative outcome and rate how likely you think it will happen (0–100%). Ensure it's at least slightly different from your worst prediction.
- **Consider** any barriers that may get in the way and the resources you can use to overcome them. You may want to consider both internal and external barriers, as well as resources.

Internal

Barriers *within ourselves*, such as thoughts, attitude, beliefs (e.g. low self-confidence) and physical sensations (e.g. poor concentration, fatigue). Conversely, some of these may be identified as resources (e.g. high self-confidence, good energy levels, feeling motivated) that can be drawn on if needed.

External

Barriers and resources *outside of ourselves* that can get in the way of successfully testing the thought out. These could be environmental, financial, people-related, technological, time etc. Conversely, there may be opportunities to receive help from a supportive friend or partner to testing the thought out.

See the table on the next page for some examples, and remember, you can always ask the person supporting you for help.

ZAHARA'S TESTING MY TERRIBLE THOUGHT WORKSHEET

Thought to be Put into Action	
The thought I want to put into action is:	I believe this thought (0–100%)
<i>"My panic sensations may be very uncomfortable and distressing, but they are not harmful."</i>	<i>50%</i>
Designing the Experiment	
I am going to test this thought by:	
What?	<i>Use the exercise bike for 20 minutes.</i>
Where?	<i>At home.</i>
When?	<i>Saturday morning</i>
Who?	<i>On my own, although Dan and Ellana will be in the house.</i>
Predicting the Worst	
I predict the worst that will happen is:	I think this will happen (0–100%)
<i>The exercise will put too much strain on my heart and I'll have a heart attack.</i>	<i>60%</i>
Predicting an Alternative	
	I think this will happen (0–100%)
<i>My heart rate will go really high and I'll feel uncomfortable, but nothing bad will happen to my heart..</i>	<i>30%</i>
Barriers and Overcoming Them	
The following things may get in the way:	
Internal:	
External:	<i>Dan might need help with Ellana and that will take priority</i>
I might overcome any problems by:	
<i>Make sure Ellana is fine before I start and maybe ask Dan to take her out so they don't distract me.</i>	



NOW IT'S YOUR TURN TO PLAN A WAY TO TEST OUT YOUR REVISED THOUGHT!

TESTING MY TERRIBLE THOUGHT WORKSHEET

Thought to be Put into Action	
The thought I want to put into action is:	I believe this thought (0–100%)
Designing the Experiment	
I am going to test this thought by:	
What?	
Where?	
When?	
Who?	
Predicting the Worst	
I predict the worst that will happen is:	I think this will happen (0–100%)
Predicting an Alternative	
	I think this will happen (0–100%)
Barriers and Overcoming Them	
The following things may get in the way:	
Internal:	
External:	
I might overcome any problems by:	

Stage 2: Do

Now it's time to carry out your plan and test out your revised thought in everyday life.



Stage 3: Review

Fill in a **TESTING MY TERRIBLE THOUGHT REVIEW WORKSHEET** as soon as possible after you've tested your thought. This can help ensure you remember as many details as possible.



- Write your **Thought to be Put into Action** into your **Review Worksheet** and rate how much belief you had in that thought prior to testing it out.
- Write down your initial prediction and record how much you believed it.
- Note down what actually happened when you tried to put the Revised Thought into action.
- Indicate what you've learned from testing your thought and write it in the **My Learning** section. As a result of what you've learned from testing your thought, perhaps you are able to change it? Write down your new thought in the **Revising My Original Terrible Thought** column and also rate how strongly you believe in your original thought.
- Based on your new thought, or on your belief in the **Revised, More Balanced Thought** increasing, it can be helpful to think about how you might do things differently in the future. Note this down in the **Changing Behaviour** column.

You can see Zahara's **TESTING MY TERRIBLE THOUGHT REVIEW WORKSHEET** on the following page.

ZAHARA'S TESTING MY TERRIBLE THOUGHT REVIEW WORKSHEET

Thought to be Put into Action			
The thought I want to put into action is:	I believe this thought (0–100%)		
<i>"My panic sensations may be very uncomfortable and distressing, but they are not harmful."</i>	<i>50%</i>		
My Original Prediction			
I predicted the following would happen:	I believe this thought (0–100%)		
<i>The exercise will put too much strain on my heart and I'll have a heart attack.</i>	<i>60%</i>		
The Results			
What actually happened was:			
<i>My heart was really beating fast throughout the experiment. I felt very panicky at one point, but nothing bad happened and I didn't have a heart attack. After the experiment finished my heart rate returned to normal and I was fine.</i>			
My Learning			
From this Behavioural Experiment I have learned:			
<i>Just because my heart rate goes up, it doesn't mean I'm in danger of having a heart attack. Loads of people do exercise and nothing happens to their heart. The doctors have told me there is nothing wrong with my heart and this experiment supports that.</i>			
Revising My Original Thought			
I would now change my original thought to:			
<i>When I experience sensations of anxiety/panic, they are not a sign that anything is wrong with me and aren't going to result in a heart attack.</i>			
I believe this new thought (0-100%)	<i>85%</i>	I believe my original thought (0-100%)	<i>10%</i>
Changing Behaviour			
Based on my new thought I'm going to do the following differently:			
<i>I'm going to try and do more with Ellana, as well as get back into the gym, seeing my friends and living my life again basically!</i>			
Next Steps			
Other Activities I may want to get back to doing again			
<i>To do some exercise outside of my home. To meet up with my friends in a bar or restaurant.</i>			



TESTING MY TERRIBLE THOUGHT REVIEW WORKSHEET

Thought to be Put into Action	
The thought I want to put into action is:	I believe this thought (0-100%)

My Original Prediction	
I predicted the following would happen:	I believe this thought (0-100%)

The Results
What actually happened was:

My Learning
From this Behavioural Experiment I have learned:

Revising My Original Thought	
I would now change my original thought to:	
I believe this new thought (0-100%)	I believe my original thought (0-100%)

Changing Behaviour
Based on my new thought I'm going to do the following differently:

Next Steps
Other Activities I may want to get back to doing again

STEP 4: MAINTAINING PROGRESS

Hopefully all your hard work is paying off and you're beginning to notice the frequency of your panic attacks reducing.

It may now be tempting to stop putting the effort in. But it's important to ensure the approach used in this workbook becomes part of your daily life.

Simple steps can help you do this.

Identify Your Warning Signs

Write the content of the vicious cycle you completed earlier into the MY WARNING SIGNS WORKSHEET.

MY WARNING SIGNS WORKSHEET



My Distressing Physical Sensations
My Terrible Thoughts
My Emotions
My Behaviours

Doing this can help you recognise warning signs that may indicate you are experiencing Panic Disorder again.

Staying Well Toolkit

Write down activities, strategies and techniques you've found helpful whilst using this workbook. If you find yourself struggling with Panic Disorder again you may find these useful.

MY STAYING WELL TOOLKIT WORKSHEET



What activities helped me feel better?

--

What skills have I learnt working through this workbook?

--

What helped me put these activities, skills and techniques into practice?

--

Checking-in with How I'm Doing

As you finish this workbook it can be helpful to find a regular time to check-in and see how you're doing. If you think having a **weekly check-in** would be helpful, complete the worksheet and use it over the coming weeks or months.



MY CHECKING-IN WORKSHEET

I will check-in with myself about the emotion that has been troubling me every
 over the next weeks.

Since starting this workbook:

	Yes	No
Am I experiencing physical sensations again and getting distressed by them?		
Am I having those terrible thoughts again about my physical sensations?		
Have I started doing more or less of those unhelpful behaviours?		
Am I struggling with my emotions again?		

If I think my difficulties are returning again, what sorts of things could I do to help me overcome them again?

Remember: We discussed earlier how experiencing a range of physical sensations is perfectly normal if you experience them for a short time. They can be helpful, keeping us safe from things in the environment that may be of danger.

AUTHORS

Aleksandra (Lexi) Hristova is a Lecturer within Clinical Education, Development and Research (CEDAR); Psychology at the University of Exeter, specifically responsible for the MSci Applied Psychology (Clinical) programme. The clinical training programme prepares students for a career as a Psychological Wellbeing Practitioner. Prior to this Lexi worked as a Psychological Wellbeing Practitioner, and previously had a variety of other roles within primary, secondary and tertiary mental health services. Her main clinical interests are supporting people with long-term conditions and common mental health problems and group work. Outside of work, Lexi enjoys yoga, travelling and music.

David Johnson is a Lecturer within Clinical Education, Development and Research (CEDAR); Psychology at the University of Exeter, specifically responsible for the MSci Applied Psychology (Clinical) programme. Prior to this, David worked as a Psychological Wellbeing Practitioner, along with experience working in secondary and tertiary mental

health care and child and adult learning disability services. He has an interest in inclusivity and equity of mental health services. David enjoys cooking, sport and music.

Professor Paul Farrand is Director of the Low-Intensity Cognitive Behavioural Therapy portfolio within Clinical Education Development and Research (CEDAR); Psychology at the University of Exeter. Based upon his research and clinical practice with people experiencing physical health problems, Paul has developed a wide range of written CBT self-help interventions and is editor of *Low-Intensity CBT Skills and Interventions: A Practitioner's Manual*, to enhance the competency of a practitioner level mental health workforce. Related to these areas, he is a member of the Expert Advisory group for the NHS Improving Access to Psychological Therapies (IAPT) programme, developing a broader psychological therapies workforce and at an international level concerning worldwide developments in LICBT.

Copyright © University of Exeter [2021] (acting through CEDAR; Psychology Department). All rights reserved.

Except as set out below, no part of this publication may be reproduced, translated, stored or transmitted in any medium by electronic means or otherwise, without the written permission of the owner. You may download a copy of the publication for your personal use and/or for your individual clinical use only, provided you acknowledge the source. Please be aware you will need a separate license if your organisation requires use of this publication across its entire service. This publication does not replace therapy, and is intended to be used by qualified professionals, to supplement treatment and is not a replacement for appropriate training. Neither the copyright holder, the authors, nor any other party who has been involved in the preparation or publication of this publication warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or the results obtained from the use of such information.

Acknowledgements

This workbook has been informed by the cognitive model of panic by Professor David M. Clark (1986). The authors acknowledge the contribution of Dr Marie Larford (GP Registrar) for commenting on areas associated with seeking medical advice.

[Version 1: March, 2021]