

# DEALING WITH PANIC ATTACKS

**When attempting to address panic attacks or panic disorder clients and therapists must come to accept that avoidance is not the answer.**

A therapist who runs a group private practice in Oregon, experienced her first panic attack when she was 14. She remembers suddenly feeling cold, losing sensation in her hands and her heart beating so rapidly that it felt like it was going to leap out of her chest—all for no readily apparent reason.

“I thought I was dying. That’s what it felt like,” she says. “It was the worst experience of my life up to that point. It felt like it lasted forever, even though it was just a few minutes. Afterward, I was left with a feeling that I had no control.”

When she subsequently experienced more panic attacks, the situation was exacerbated by a close family member who didn’t understand what was happening. The family member suggested that she might be having the panic attacks on purpose, to get attention.

Her life changed for the better in high school, when she began seeing a counselor. She learned not only that her panic attacks were manageable but also that she wasn’t to blame for their occurrence.

Hearing that I didn’t cause this and that it wasn’t my fault set me on the path to get better. It made all the difference. The biggest thing that therapists can do is to validate the client’s experience. What they experience is real and not under their control in that moment — and it’s terrifying.

## **‘Fear of the fear’**

In addition to overwhelming feelings of fear, panic attacks are usually marked by shortness of breath or trouble breathing and a rapid heartbeat. Other physical symptoms can include sweating (without physical exertion), a tingling sensation throughout the body, feeling like your throat is closing up or feeling that you’re about to pass out. Symptoms vary, however. Two different clients never describe it the same way. According to the National Institute of Mental Health (NIMH), an estimated 4.7 percent of adults in the United States experience panic disorder at some point in their lives. The past-year prevalence was higher among females (3.8 percent) than among males (1.6 percent).

Panic disorder is marked by recurring, unexpected panic attacks (or, as NIMH describes, “episodes of intense fear” that are “not in conjunction with a known fear or stressor”). People who experience panic disorder typically worry about having subsequent attacks, even to the point of changing behavior to avoid situations that might cause an episode.

“It’s such a jarring and uncomfortable experience, and it feels so much like a real medical emergency, that they begin to fear the sensations themselves. This fear of the fear is what drives panic disorder. If it gets too bad, clients begin to arrange their life around trying not to experience anything that might resemble or trigger any of those feelings that are associated with a panic attack, and it becomes a vicious cycle.”

At the same time, panic attacks can occur in people who do not have a panic disorder diagnosis. Although panic attacks are often coupled with stress, trauma or anxiety-related issues, they can also occur in clients without complicating factors. One therapist has noted that she has seen clients who experienced their first panic attack in their 50s or 60s.

They can happen even when life is going well and have no apparent reason.... Some people have them for a period of time in life and then never have them again, while others will have them throughout their life. In addition, significant life changes, such as getting married, starting retirement or having a child, can trigger

recurrences in clients who previously were able to manage their panic attacks.

Among clients with mental illness, panic attacks can co-occur with depression, anxiety, bipolar disorders, posttraumatic stress disorder, obsessive compulsive disorder, specific phobias particularly emetophobia (fear of vomiting) and other diagnoses. They can also be associated with a medical or physical issue.

One of the most overlooked problems that can lead to developing panic is chronic sleep deprivation or insomnia since a lack of sleep can over-exaggerate the fearful thoughts related to panic. When treating panic attacks, counselors should ask clients about their sleep habits within the first few sessions. Counselors can also remember the acronym CATS and ask clients about their consumption of caffeine, alcohol, tobacco and sugar — all of which can worsen the feelings associated with panic attacks.

## **Learning coping skills and identifying triggers**

Clients who come to counseling after experiencing a panic attack may start therapy without understanding the complexity of panic attacks or harbor feelings of shame or embarrassment about succumbing to panic seemingly out of the blue.

It is sometimes helpful to explain to clients that during a panic attack, their body is launching into the fight-or-flight mode that is part of their biological wiring. However, in this case, there is no tiger chasing them.

A panic attack is tripping the sensor, like when a leaf falls on your car and the alarm goes off. It trips the sensor, but your car doesn't know that there isn't any actual danger. It also can be helpful to assure clients that "it will never be as bad as those first few times when you didn't know what was happening to you."

To identify triggers, walk clients through the months, days and hours that led up to their first panic attack — but only when the individual is ready to re-live the experience. Some triggers can be easily identified, such as a spike in work-related stress or the loss of a loved one. Other triggers may be less obvious, meaning more work will need to be done to unpack the experience later in therapy.

It is good to make sure clients have really solid coping skills before they work on the underlying stuff that might be contributing to their panic attacks, such as trauma. Spend the first few sessions identifying what's been going on. Once they're confident and capable of managing and getting through an attack, then ask about what might be contributing to the attacks occurring.

Outside of session, counselors can encourage clients to devote time to Journaling, relaxation, deep breathing and counting exercises that can boost self-reflection and change negative thought processes.

Counselors can also equip clients with coping mechanisms such as mindfulness to help them remain calm and feel more in control in the event of a panic attack. One therapist often gives her clients a small stone to carry with them and hold in their hand when a panic attack strikes.

She tells them to focus on the stone and describe it to themselves — is it rough, smooth, cold, heavy? This can help divert their attention from the panicky sensations. The same technique can be followed using car keys, a coffee mug or whatever else clients can hold in their hands that wouldn't readily draw undue attention from others.

Clients can also develop mantras to remind themselves in the moment that even though a panic attack feels all-consuming, it is a finite experience. Among the phrases a client can use to help weather an attack are:

- "I've gotten through this before."
- "This is only temporary."

- “Even though this feels like it’s going to last forever, it will end; it always does.”

However, once the panic attack gets to a certain point, these things don’t work. You have to accept it for what it is when you’re in the middle of an attack. You have to ride the wave, accepting that it will be temporary and it will go away.”

Sometimes, even getting angry at the panic attack can help. When some clients allow themselves to accept that anger, it takes away some of the power of the attack itself. Admit that it stinks but it’s something you can get through.

## **Uncomfortable but not dangerous**

Thinking that a panic attack can be halted or avoided by using breathing or relaxation techniques is a misconception. These methods are often the first choice of well-meaning practitioners, but it sends a subtle message to the client that what you’re experiencing is dangerous and we need to do something to prevent it.

The first thing you need to do is teach clients that what they are experiencing is uncomfortable but not dangerous. It’s your avoidance of the uncomfortable feelings, and trying to stop it, that has unintentionally made it worse. When it comes to symptoms of panic, trying to suppress or avoid those symptoms is the exact opposite of what you want to do.

Diaphragmatic breathing and other relaxation techniques can be helpful to manage anxiety but they won’t stop the symptoms of a panic attack altogether. The only way to truly stop it is to become accustomed to the feelings and to understand that a panic attack is not dangerous.

The DARE method developed by author Barry McDonagh can be particularly helpful. The technique focuses on overcoming panic with confidence rather than employing futile attempts to calm down. The four tenets of DARE are:

- **Diffuse:** Using cognitive diffusion, counselors can teach clients to deflect and disarm the fearful thoughts that accompany panic attacks. The thoughts that flood people’s minds during these episodes are just that — thoughts — and are not dangerous.

Teach them to say ‘so what?’ to their thoughts: ‘What if I embarrass myself or pass out or throw up? So what?’ Take the edge off that thought by not only demoting it but separating ourselves from the thought: ‘It’s not me. I didn’t put it there.’ Teach clients to say to themselves, over and over, ‘This sensation is uncomfortable but not dangerous.’ Think of it like a hiccup. It’s uncomfortable but not dangerous. There’s nothing medically wrong. The more you focus on it, the more uncomfortable it gets.

- **Allow for psychological flexibility:** It is more important that individuals allow and become comfortable with their negative associations than it is to try to get rid of them.
- **Run toward the symptoms:** Moving toward feelings of discomfort is antithetical to human instinct, but in the case of panic attacks, it can actually be an effective tactic. It is useful to teach people who deal with panic attacks to tell their bodies to “bring it on”. Ask your heart: ‘Give me more. Let’s see how fast you can beat.’ One of the fastest ways to stop a panic attack, ironically, is to ask for more and try and make it worse. It’s the resistance to the sensations that makes it stick around.”
- **Engage:** Teach clients to engage in the moment once the panic attack has peaked and is starting to wind down. This is when grounding and mindful exercises can be helpful. What’s important is to focus on right here and right now. That will help you continue to move forward and get unstuck.

## An attachment approach

Cognitive behavior therapy (CBT) is an effective, tried-and-true method to support clients who experience panic attacks by helping them refocus the fearful and over-exaggerated thoughts that accompany the experience.

Using CBT through the lens of attachment theory can be particularly helpful in addressing panic attacks. That holds especially true for clients who struggle with feelings of abandonment or rejection or have experienced attachment trauma, including the loss of a loved one or caretaker. Counselors can identify clients who might benefit from attachment work by asking questions at intake regarding past relationships and loss.

If they are the kind of person who is very relationship-oriented and attachment is very important to them or there is trauma there, that has to be brought into the conversation.

It is suggested that counselors invite someone to whom the client is attached, such as a partner or a spouse, into the therapy sessions (with the client's consent). The practitioner can prompt discussion that helps the client share some of the inherent fears that he or she is harboring. Often the partner's response to this sharing is "I had no idea you felt that way. How can I help?"

From there, counselors can introduce techniques that the client and the client's attachment figure can use together when the client is feeling anxious. Eye contact, hand holding and other physical connections can be particularly helpful. "It's making it about connecting".

Once they understand that their loved one's worry and panic are spurred by issues related to relationships or a fear of isolation, friends and family members can be better prepared to respond differently when the person begins to struggle. If the client is willing, counselors can play a role in training the individual's support system to help with attachment-oriented responses. For example, if a client wakes up in the middle of the night feeling panicked, a spouse or partner could respond by rubbing the person's back or whispering affirmations such as "You're not alone," "I'm here" or "We're going to get through this together".

Attachment-oriented clients may also benefit from learning to do breathing techniques with someone to whom they are attached. For example, a client may start to feel the symptoms of a panic attack while driving. Relying on techniques learned in session, the client would pull the car over and focus on their child in the backseat — holding the child's hand, making eye contact and breathing together. The physical touch can boost oxytocin, a hormone connected to social bonding and maternal behavior.

Trying yoga to help with relaxation and self-control can be helpful. The practice is more beneficial if it involves a social aspect, so it is recommended that clients practice yoga in a class with other people instead of alone at home.

Similarly, helping attachment-oriented clients build a "tribe" or circle of support beyond the counselor can also be useful. This is especially important for those who have lost a spouse or partner and those who are more susceptible to isolating themselves. Counselors can guide clients in finding connections that are personally meaningful to them, whether that is through participation in spiritual or religious activities, volunteer work, or other community groups such as a book club. Focusing on relationships rather than the physical symptoms of a potential panic attack can help clients feel less vulnerable.

One client who struggled so acutely with panic attacks and a fear of losing her loved ones that it kept her from leaving the house for two years. CBT alone wasn't helping, but added attachment techniques to the therapy was helpful. After a substantial amount of in-session exploration, it was discovered that the client's panic attacks were tied to family-of-origin issues. The physical feelings the client experienced during her panic attacks were in the same part of the body where one of her parents had experienced a significant health problem. In addition to conducting one-on-one therapy, including the client's partner in sessions can potentially be helpful. The two can work together on attachment-focused techniques, and, eventually, the

couple will be able to go outside of the home. To prepare, they created note cards with attachment-focused feelings and reminders, such as what their first date felt like. They referred to the note cards throughout the evening and connected consistently via holding hands and making eye contact. After the date, the client reported that instead of thinking of where the exits were in the restaurant, as she would have done previously, she remained focused on the partner in front of her.

Counselors should remain open to adding attachment theory or other complementary methods on top of go-to techniques such as CBT to help reach clients who are experiencing panic attacks. “Expand your toolbox”. “A person’s fear, the fear that is triggering panic, can have multiple origins. Help the client to find the source of their fear, and work on that. ... Broaden your perspective to recognize that human beings have to be attached with people, no matter what the disorder. Ask, ‘How do I make sure the social needs of my client are being met?’

## **Controlled exposure**

One client reported how terrifying a panic attack can feel. He began experiencing anxiety in his teens and early 20s that intensified to the point of daily panic attacks. When things were at their worst, he would often go to the emergency room of his local hospital. He wouldn’t register as a patient but would simply sit in the waiting room, knowing that those uncomfortable, uncontrollable feelings would eventually overtake him again. Sometimes he would go because he was having a panic attack, or other times it was just because he believed that he might have a panic attack. Eventually, he did check himself into the hospital, and a doctor explained that he was going to be OK. That was the life-changing encounter that put him on the path to getting help; he credits medication and therapy for helping him overcome his panic attacks.

Specialist in treating chronic anxiety and panic often emphasize to clients that feelings of fear and excitement share the same neurological pathways. It’s just our perception that makes them different... You have to be able to ride the waves of panic without resisting it.

In addition to teaching clients to tolerate and deflect the invasive thoughts and physical symptoms that accompany panic attacks, exposure therapy to be a powerful treatment for panic. In fact, exposure, or intentionally bringing on a panic attack in a controlled setting such as the counselor’s office can play a large role in overcoming the episodes.

Clients are not moved by information; they’re moved by what they believe is possible, and they’re moved by new experiences. Just giving them the information, that panic attacks are survivable, is about as good as baptizing a cat. If you give them the experience of exposure work in the office, they walk out a changed person. The focus should not be on staying calm but on knowing that no matter how hard their heart beats or how much they feel a sense of doom, they’re actually safe. It’s just a brain hiccup.

Inducing a panic attack in the safety of a counselor’s office can prove to clients that what they might experience is uncomfortable but far from fatal. When a counselor is doing exposure therapy with a client and inducing panic-like symptoms in the office with them, counselors need first to be confident that a panic attack truly is not dangerous to the client. If they start to panic and then we get scared and try to calm them down, the exposure will fail. Therapists have to be able to stay with it, let the panic attack fully develop and subside on its own, so the client learns that their fear of having a heart attack, passing out or losing control won’t happen. And unless we can really allow them to go all the way through a panic attack and come out the other side, the exposure just won’t work. They will continue to believe that a panic attack is dangerous and continue to try to suppress and avoid them.”

A good amount of therapeutic work may be required before clients are ready for exposure techniques. Once clients are, counselors should begin the experience by asking clients to verbalize the worst thing they can imagine happening to them as the result of a panic attack. Fears that clients typically voice include passing out, vomiting or even having a heart attack. The counselor’s response should be, “OK, are you ready to test that out” in the safety of the counselor’s office?

To induce the elevated heart rate and rapid breathing that accompany panic attacks, the counselor might suggest that the client do jumping jacks, run up and down the stairs or breathe through a straw for an extended period of time. As the panic symptoms swell and peak, the counselor will remain close by to remind the client of the cognitive diffusion and other techniques previously mentioned.

Afterward, the counselor can talk about how the things the client feared happening as the result of a panic attack did not actually come to pass. The moment clients realize that they can endure panic attacks without their worst fears materializing is the moment they can begin to overcome the attacks.

## **Conquering avoidance**

Individuals who have experienced panic attacks will sometimes start avoiding situations or places where a prior attack occurred. Often, this includes public places such as shopping malls. If this inclination is left unchecked, it can spiral into the person missing work and social engagements or engaging in other isolating behaviors. On top of that, avoidance will serve only to make things worse.

That fear of having another panic attack can be crippling. One of the fears a lot of people have is having an attack in front of people or being in a place where they can't escape, such as an airplane or a meeting at work.

When dealing with this subject, it can be framed as taking their power back and not letting panic attacks control their lives. Talk about starting small and taking baby steps, especially if the client has been terrified of a place for a while.

Counselors can begin by having clients visualize in session the place they have been avoiding. Ask them to describe it and talk about how their body feels as they think about that location. This process may need to be repeated several times before clients feel comfortable and confident enough to make a plan to actually go to the places they have been avoiding.

When they do go, make sure the client takes a friend or other trusted person with them for support. Clients should also be directed to stick to the plan they have created and talked through in their counseling sessions. For example, if a client has been avoiding going to a shopping mall out of fear of having a panic attack, a first step in the client's plan might be simply driving to the mall, parking the car and sitting inside it for five minutes before leaving. The client might even need to repeat that step of the process multiple times. After that, the client can move on to walking through the doors of the mall and then leaving immediately. On the next visit, the client might enter the mall and go into a store, and so on. The idea is to continue going until the client no longer associates that place with feelings of fear.

Often, after repeated visits, people will say, 'OK, I don't need baby steps. I *want* to go now'.

## **Above all, compassion**

Counselors can provide a holistic approach to addressing panic attacks that clients might not have experienced previously with medical professionals or other mental health practitioners. Most of all, counselors should offer empathy to clients who are confronting such a distressing, overwhelming and, often, seemingly unexplainable experience. Self-empathy for having panic attacks can also be useful in the process of overcoming the attacks.

Validation is can be the most powerful thing that helps people suffering from panic attacks. Clients get better with the relationship, the validation, and the compassion.