

Cognitive Therapy for Panic Disorder

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Panic Disorder

- Repeated attacks of anxiety, accompanied by marked bodily sensations
- Marked fear of having attacks
- Some of the attacks come out of the blue
- Not due to a physical cause

Symptoms of a Panic Attack

(at least four required)

- Palpitations
- Sweating
- Trembling, shaking
- Feel short of breath
- Choking
- Chest pain
- Nausea
- Feeling dizzy, faint
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Paresthesias
- Chills/hot flushes
- Fear of dying
- Fear of going crazy, losing control

Differential diagnosis

Panic attacks occur in all anxiety disorders and depression

Diagnosis of panic disorder is restricted to individuals who have *repeated* panic attacks, some of which *come out of the blue*, and the main fear is a fear of having a panic attack and its consequences (fear of fear).

Common Differential diagnoses to consider include:

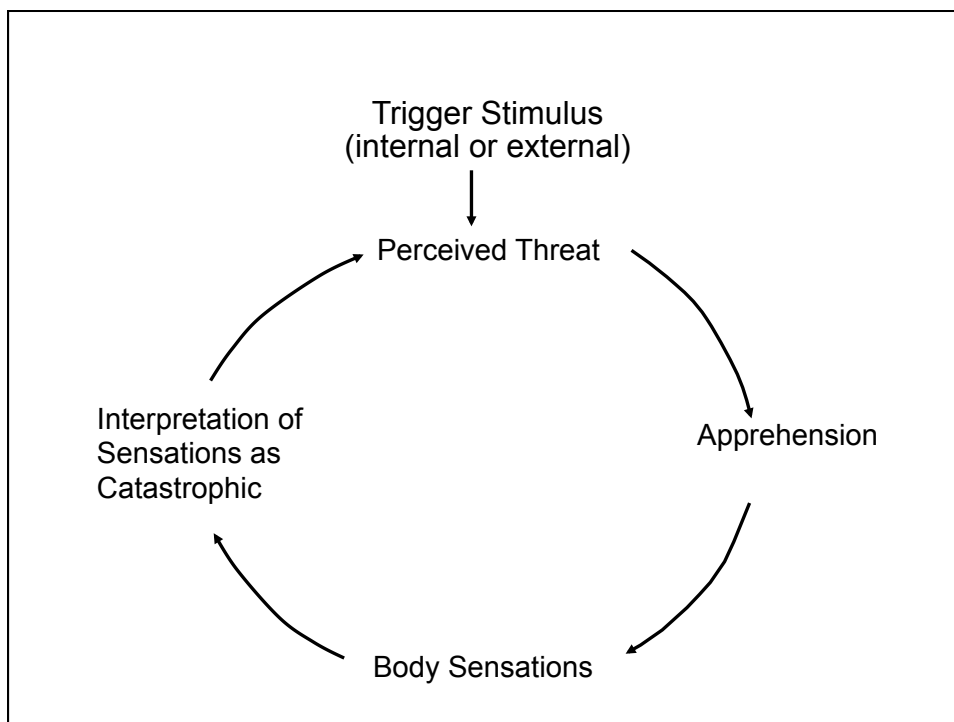
- Social phobia
- PTSD
- Specific phobias
- Depression

COGNITIVE THEORY OF PANIC DISORDER

Individuals who experience recurrent panic attacks do so because they have a relatively enduring tendency to interpret a wide range of bodily sensations in a catastrophic fashion.

The *sensations* that are misinterpreted are mainly those involved in normal anxiety responses (e.g. palpitations, breathlessness, dizziness) but are not always triggered by anxiety in the first place.

The *catastrophic interpretation* involves perceiving these sensations as indications of an immediately impending physical or mental disaster (e.g. perceiving palpitations as evidence of heart attack, or perceiving racing and unusual thoughts as evidence of impending loss of control over thinking and consequent insanity).



Typical fearful thoughts during a panic attack

- I will die
- I am having a heart attack
- I will faint
- I will go crazy
- I will lose control
- I will stop breathing
- This anxiety will kill me
- I will collapse

Additional concerns when agoraphobia is also present

- I will be ignored, no-one will help me
- I will never get home
- I will embarrass myself, and be ridiculed
- I will be trapped

Different Types of Attack

1. Preceded by a period of heightened anxiety
 - anticipation of attack
 - anxiety produced by other events/worries

2. Not preceded by heightened anxiety
 - daytime attacks
 - night attacks

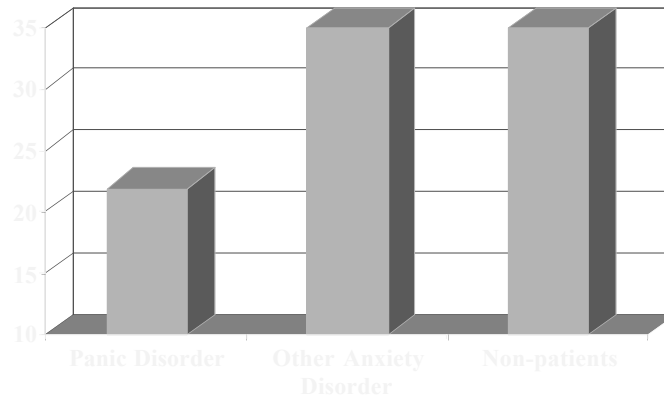
Maintenance of Panic Disorder

Once an individual has developed a tendency to interpret body sensations in a catastrophic fashion, two further processes contribute to the maintenance of panic disorder.

- Selective attention to bodily cues

- Safety behaviours

% Errors Heart Beat Perception (Ehlers)



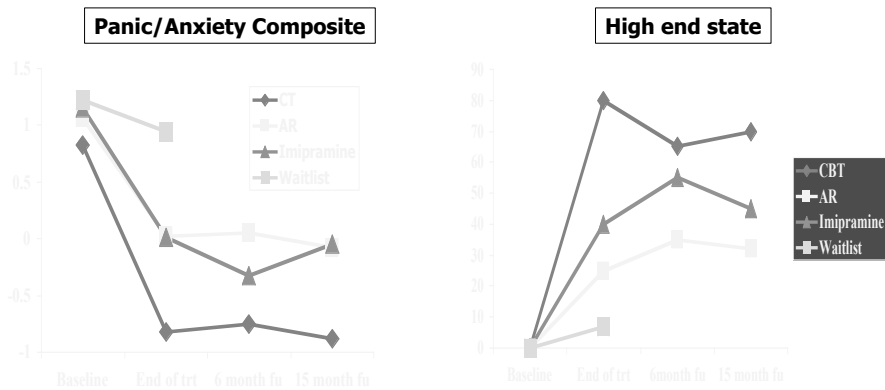
Cognitive Therapy for Panic

Identify catastrophic interpretations of bodily sensation

Generate alternative, non-catastrophic interpretations of bodily sensations

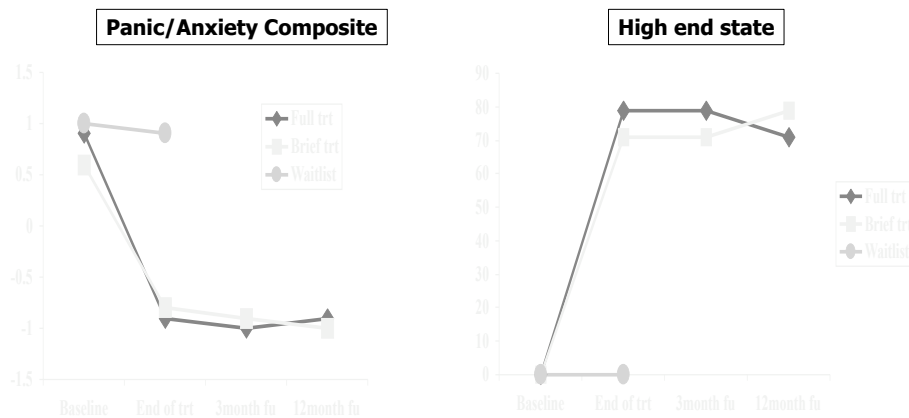
Test out validity of catastrophic and non-catastrophic interpretations by discussion and behavioural experiments.

COMPARATIVE STUDY



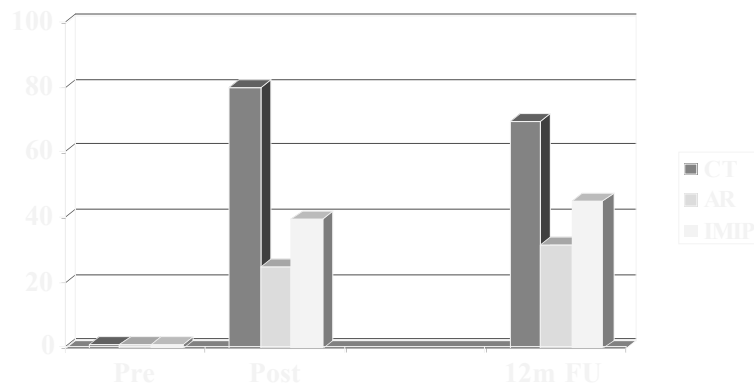
Clark, Salkovskis, Hackmann *et al*, 1994

BRIEF PANIC TREATMENT STUDY



Clark, Salkovskis, Hackmann *et al* 1999

% Patients Achieving High End State Function

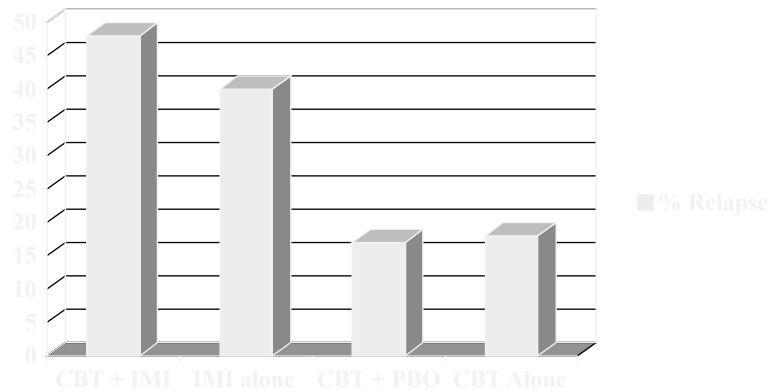


Effectiveness of cognitive therapy (7 RCTs)

	end of treatment	follow-up
% panic free	87%	84%

Mean drop-out rate 3%

Relapse from termination of Panic Disorder Treatment (Barlow et al, 2000, JAMA)



Predicting Long-term Outcome

Panic/Anxiety
at one year
follow-up

BSIQ post

$r = 0.65 ***$

CT (Clark) vs PCT (Barlow)

Many similarities

- Focus on interoceptive fears
- Challenge beliefs & induce symptoms
- Similar outcome (panic)

But some differences

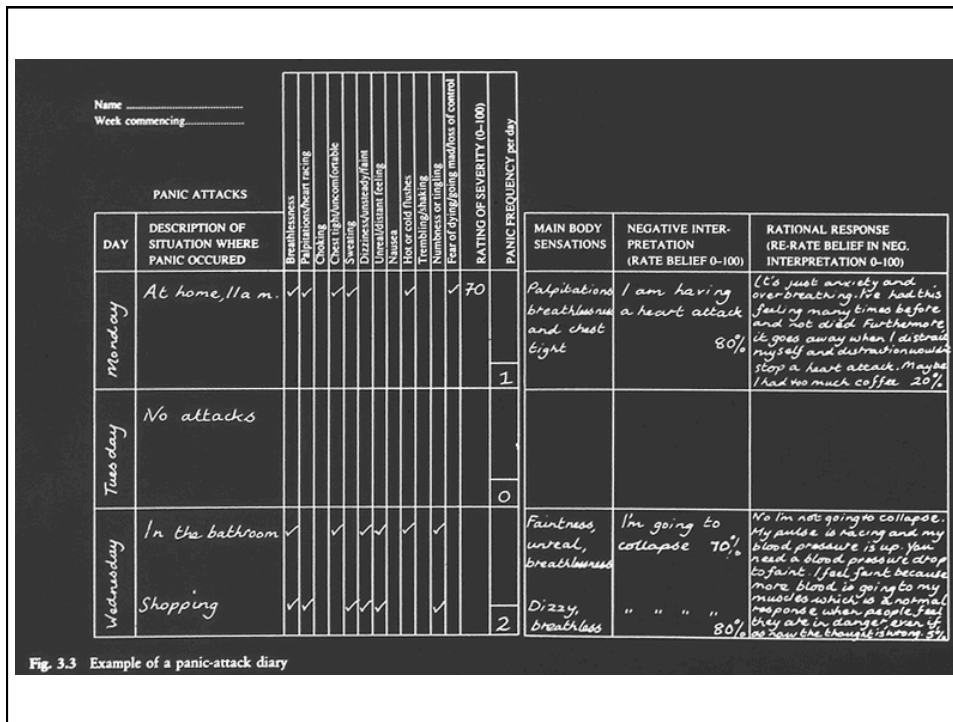
- CT exclusively focuses on panic related beliefs.
PCT broader response pattern matching
- Behavioural experiments (CT) vs exposure (PCT)
- CT easier to abbreviate without loss of effectiveness.

Cognitive Therapy for Panic

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Generate alternative, non-catastrophic
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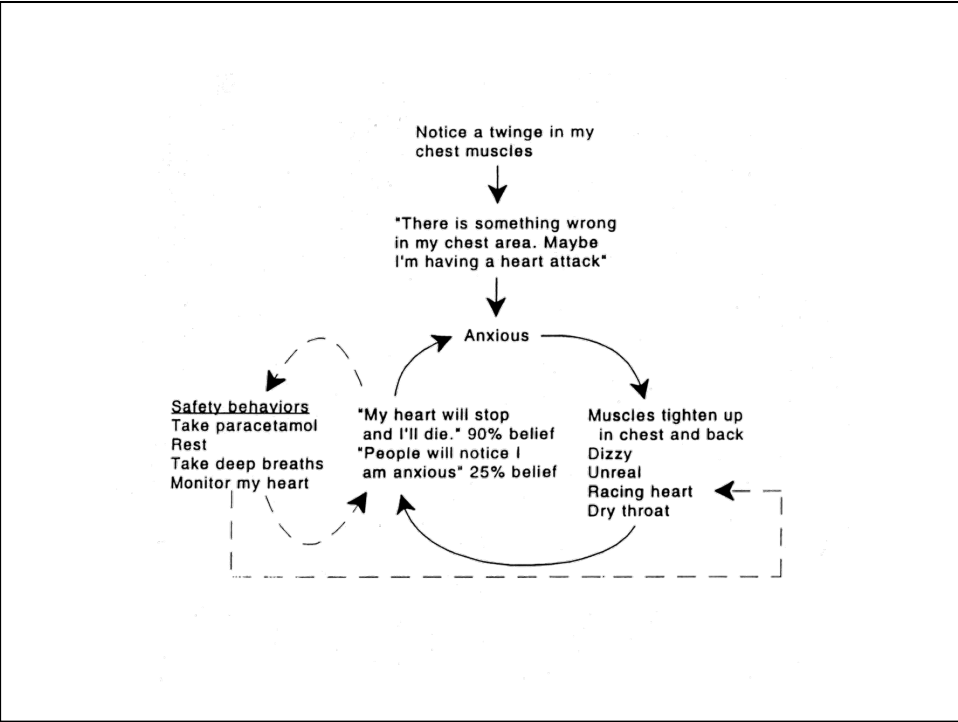
Test out validity of catastrophic and non-
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Assessment

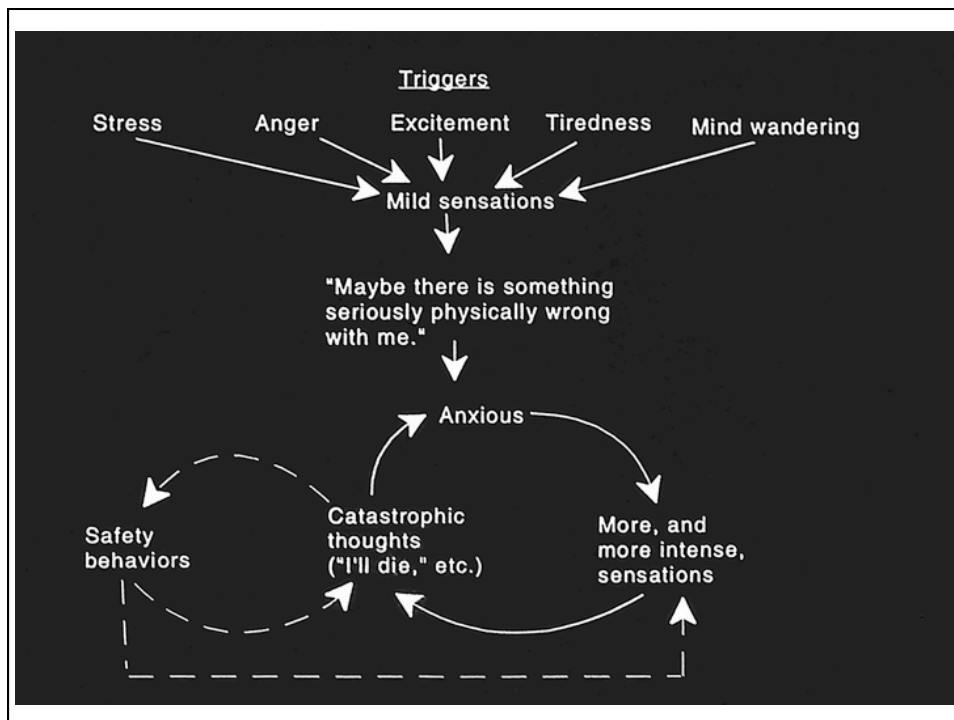
- Identify recent episode
- Set the scene (prime memory)
- What was the first sign of trouble?
- Questions used to identify the sequence
- Frequent use of summaries
- Was this typical?
- If not, then follow up with a different attack
- Draw out sequence
- Check with the patient
- Homework: do own vicious circle from tape

<u>Specific Attack</u>	
<u>Bodily Sensations</u>	<u>Thoughts</u>
Palpitations	I' m having a heart attack
Heart racing	
Breathlessness	
Faintness	I' m going to collapse
Dizziness	
Tingling in fingers	
Unreality	I' m going mad
Racing thoughts	
<p>What was the worst thing that you thought could happen?</p> <p>Did you have images?</p> <p>When you had all of those feelings, what went through your mind?</p>	
Belief ratings	now
	panic



Assessing safety seeking behaviours

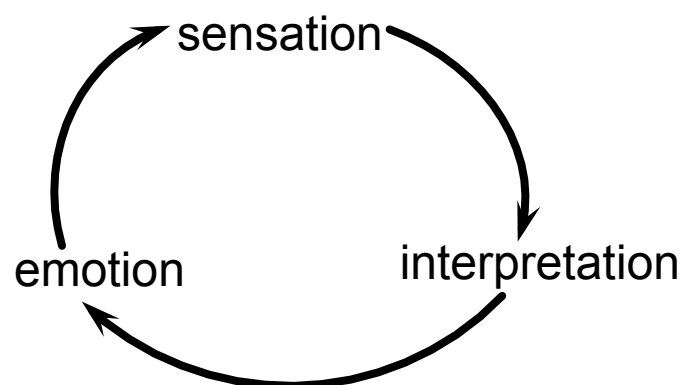
- “At that time, was there anything you tried to do because of the panic”
- “Did you do anything to try to stop (catastrophe) happening”
- “What did you think, at that time, was the worst thing which could happen if you hadn’ t done that?”



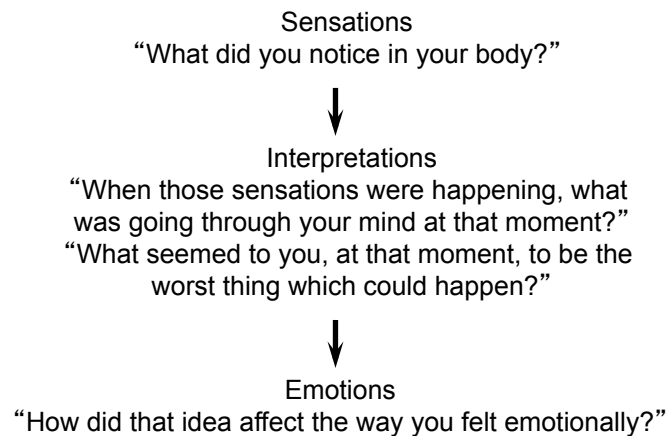
Emotions

- Use of emotion as opportunity to access key appraisals
 - what is going through your mind right now?
- Accompany patient to a situation where problem usually occurs

The panic vicious circle



Deriving a vicious circle: key questions



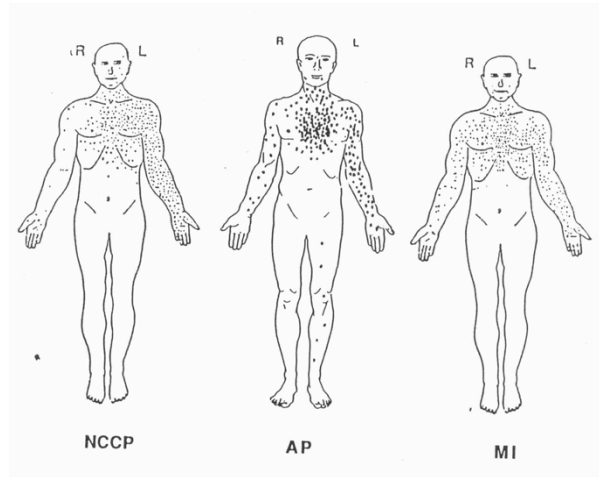
AS CIRCLE DEFINED: WHAT DID THAT DO TO.....

Discussion Techniques for Panic

1. Idiosyncratic observations
2. New information
3. Understanding the significance of old information
4. Images

Utilising the assessment
interview

Education



IMAGES

REPETITIVE, STEREOTYPED

Change by

- a) Finishing out
- b) Restructuring

Discussion

- Aim is to loosen up the belief enough to try new strategies / behaviours and to test out beliefs through behavioural experiments.
- Don't challenge the thought until you have the meaning of the catastrophe
- First elicit evidence FOR the beliefs
- Examine the evidence.
- Then elicit evidence against their belief (= evidence for more adaptive alternative *less threatening* belief).
- Be explicit about the alternative belief.
- Take belief ratings.

Drawing together evidence

Theory 1	Theory 2
These palpitations mean I'm going to die	These palpitations lead to me believing I'm going to die (but they are sensations...)
If I think about it I'll have a nervous breakdown	If I think about it I believe I'll have a nervous breakdown
Everyone is looking at me	I believe / feel as though everyone is looking at me

- Which does past experience fit better? Closely examine examples.
- How can we find out what is actually the case?
(sets up behavioural experiment)

Behavioural Experiments for Panic Disorder

- A. Reproducing sensations to demonstrate their cause
 - breathe as in a panic (hyperventilation)
 - paired associates
 - chest pain
 - focus of attention
- B Testing consequences of feared sensations
 - drop safety behaviours
 - exposure to avoided situations/activities
- C. Testing idiosyncratic beliefs (running out of air, etc).

Breathless – Suffocate

Chest tight – Heart Attack

Palpitations - Dying

SAFETY BEHAVIOURS

1. Prevent patients from disconfirming their negative predictions
2. Sometimes also produce symptoms which are taken as evidence for negative beliefs

EXPOSURE

Aims to disconfirm patient's negative predictions

Before

1. Specify the worst that could happen (lose control, collapse, die) and obtain belief ratings.
2. Evaluate evidence for and against predicted catastrophe
3. Use flash cards to remember evidence against catastrophe before entering situation
4. Identify safety behaviours (holding on to objects, resting, trying to control mind) and drop

Exposure continued

During

Focus on whether catastrophe occurs, not on anxiety level

After

1. Review whether feared event occurred, if not, why not?
2. Plan further, more convincing test if necessary

Behavioural experiment vs. exposure

- Testing predictions **not** habituation
- Doesn't have to be long duration
- Emphasis on dropping safety behaviours
- Use record sheet for noting behavioural experiments

Setting Up

- Clearly articulate belief to be tested / explanation to be confirmed
 - Take ratings of belief not anxiety
- Identify what needs to be done to test the belief (including safety behaviours to be dropped)
- Identify other changes necessary for good data collection (i.e. focus of attention)
- Specify in advance what outcomes would confirm or disconfirm a belief / explanation

Belief / explanation	%	Add / drop	? outcome wld confirm / disconfirm	Outcome & new %	Next experiment

Situation	Prediction	Experiment	Outcome	What was learned
Travelling on tube in rush hour.	I'll pass out if I get really anxious (85%)	Test belief as fully as possible by standing up away from the doors without drinking water or distracting myself. (letting go of safety behaviours – 'taking my hands off the wall')		

Situation	Prediction	Experiment	Outcome	What was learned
Travelling on tube in rush hour.	I'll pass out if I get really anxious (85%)	Test belief as fully as possible by standing up away from the doors without drinking water or distracting myself. (letting go of safety behaviours – 'taking my hands off the wall')	I got very anxious but didn't pass out	Belief dropped to 50%. Safety behaviours may not be necessary... but it wasn't that crowded and I was mentally holding on...

Afterwards

- Review outcome of experiment and assess change in belief – take ratings
- If belief hasn't changed
 - What was unconvincing?
 - Were safety behaviours dropped?
 - Plan follow-up more convincing test
- Discussion and experiment interweaved

Common beliefs and their solution

- Fainting
- “Have you previously fainted?": identify situations.
 - Were you panicking?
 - Identify symptoms and compare with panic
- What has to happen for you to faint?
- How does that compare to what actually happens in a panic attack?
- What's so bad about fainting? Evidence? Decatastrophizing.

Common beliefs and their solution

- Heart attack
- Chest pain:
 - Chart it
 - Pressure between ribs
 - Inhalation and hold
 - Examine relationship with exercise
 - Experiment with exercise and pain
- Try to cause a heart attack

Common beliefs and their solution

- Going insane, losing control of behaviour
 - What is the effect of monitoring your own sanity
 - Discuss how this will happen
 - What would others see?
 - Try to keep control: see what happens
 - Trying to lose control
 - Screaming and losing control: what does it feel like?
 - Derealisation: staring at spot, back of hand
 - Visual grids

Common beliefs and their solution

- Collapsing
 - What will it mean?
 - How do you counteract it?
 - What is the effect of that?
 - Relax legs, wobble, try to fall over
 - Actually fall over to see how easy it is
 - Fall over to examine consequences

Common beliefs and their solution

- Being sick, losing control of Bladder and bowels
 - Discuss the effect of trying not to
 - Try effects of tensing up
 - If the cost of getting better was that it happens once per year; is that worth it?
 - Drinking/eating and examining effects
 - Holding on to see what happens

Common beliefs and their solution

- Choking
 - How the throat works: reframing choking as anti-choking
 - Repeated swallowing
 - Trying to let water down “the wrong way”
 - Demonstration of the effects of coughing

Common beliefs and their solution

- Suffocating
 - Swimming underwater example
 - Effects of fighting for breath
 - Is this a good way of committing suicide?
 - Breath holding: do you suffocate
 - What actually happens?
 - Why does this happen?

Common beliefs and their solution

- Anxiety kills/stresses you to the point of death
 - How does stress work?
 - Is this the way we are designed?
 - Effects of adrenaline
 - How would we train soldiers: what would the effect of a year's worth of rest be?

Preventing Relapse

1. Check residual belief. If problematic, reduce.
 - List all doubts
 - Reverse role play/point-counterpoint
2. Anticipate future negative events
 - Deal with perfectionism re: panic and other assumptions
 - No lose strategy
 - Predict relapse
3. List everything learnt about what panic is and how to deal with it