



Panic Stations

Module 10

Coping with Physical Alarms: Exposure Part 2

Introduction	2
Naturalistic Exposure To Physical Alarms	2
Completing Exposure Exercises	5
Situational Exposure	6
Situations That I Avoid	6
Planning Goals	7
Building Steps	8
Module Summary	10
About this Module	11

The information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statement available at <http://www.cci.health.wa.gov.au> regarding the information on this website before making use of such information.

Introduction

In Module 10 we worked through some exposure exercises. This helped to get your body used to the internal sensations that occur when you experience physical alarms. How did you go? Hopefully, you would have gained the evidence you need to challenge catastrophic thoughts about panic sensations. You may want to go through some of those exercises again before working through this module, so that you are more prepared. In this Module, we will be applying the skills from Module 10 to more naturalistic situations. You can also use the skills from these modules and apply them to other feared situations. We'll talk more about that later.

Throughout these modules, we have often talked about how anxiety is maintained through avoidance. People who experience panic attacks often avoid particular activities that bring on panic-like symptoms, such as physical exertion and intense emotional experiences. Remember that through exposure to these sensations, you can break the cycle of anxiety and panic.

Exposure gives you the chance to disconfirm your fears. People with panic disorder think that the likelihood of having a panic attack is very high and interpret the sensations in a catastrophic way, so they continue to avoid these activities and situations. The only way to disconfirm your fears is by experiencing the sensations.

Exposure gives you the chance to get used to the physical sensations. By continuing with more and more exposure tasks, repeatedly confronting situations in a planned and proper way, you will become used to them. It might not feel like it at first, but it does happen. After a while, your body will learn to respond to the situation more calmly and the situations will lose their power to bring on as much anxiety as before.

Exposure gives you the chance to use your skills. The first step is enduring the activity or situation for long enough that your body can get used to it. Then you can use the strategies you have learnt so far to help you challenge anxious thoughts.

Naturalistic exposure to physical alarms

The exercises in Module 10 would have given you some practice in getting used to the sensations associated with physical alarms. Now we can start working towards getting used to these sensations in everyday activities that you may have been avoiding. For the moment, we'll just focus **on naturalistic exposure to activities** that produce physiological arousal (eg exercise, drinking coffee). Later, we will look at **situational exposure** to places where you expect that panic and anxiety will occur and that are difficult to get help or escape from (eg catching buses, walking through a shopping centre).

As in Module 10, we'll start with activities that you feel least anxious about and work up the list. Remember that by taking it step by step getting through the smaller challenges will help you gain confidence to approach bigger challenges.

ACTIVITIES THAT YOU AVOID

Think about the kinds of activities and tasks that you avoid. You might not have thought much about these kinds of activities, so this exercise will help to increase your awareness about what you avoid. You might have mentioned a few in the thought diaries that you would have been completing, so you may wish to look at those. We'll be using these activities when we look at building the list of tasks, so try to list a few different ones. You can write these on the next page.

PANIC STATIONS

Some common activities that people with panic disorder avoid include:

- Vigorous physical activity or exercise
- Running up stairs
- Eating foods that make you feel full or hot
- Taking hot, steamy showers
- Watching horror or suspense movies
- Driving with the heater on and windows closed
- Drinking coffee
- Drinking alcohol
- Arguing or getting angry
- Sitting in stuffy rooms

Think about the kinds of activities that produce physical sensations that you fear and avoid.

1. Write down the activities/tasks in “Activity or Task” column
2. In the “SUDS” column write down your distress rating for each of the activities.
 - *0: Relaxed:* You feel absolutely no distress, you feel calm.
 - *25-49: Mild.* You can still cope. You might feel like you’re more alert or nervous.
 - *50-64: Moderate.* Becoming difficult to cope. Distracted by anxiety, might use safety behaviours.
 - *65-84: High level of distress .* Dfficult to cope. Difficulties concentrating, looking to escape.
 - *85-100: Severe to extreme.* Cannot cope. Your body response is so overwhelming that you think you can’t possible stay in the situation any longer.

ACTIVITIES THAT I AVOID

Activity or Task	SUDS

COMPLETING EXPOSURE EXERCISES

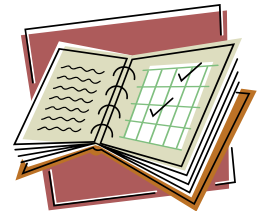
Module 10 described a number of hints that would help you complete the exposure exercises in the most successful way. Let's revise them briefly, as they are just as useful when completing naturalistic and situational exposure. For more detail, it may be useful to revise the relevant sections from Module 10.

Precautions

- Always use common sense in regard to any physical limitations that you may have. Exposure to physical sensations may be uncomfortable but they are not supposed to be painful. If you have any worries about the impact of exposure on your physical health, talk to your doctor before you continue.
- If you are concerned about your progress through the exposure exercises, please seek professional advice.

Preparation

- **Skills:** Use thought diaries to challenge any unhelpful thoughts
- **Support:** Use your support systems to encourage you to continue to complete the exposure tasks
- **Scheduling:** Make an appointment with yourself and set the date to complete the exposure tasks and make sure you have everything you need to complete the task



Performing the exposure tasks

- **Experience the sensations fully:** Pay attention to them and notice what you are feeling
 - Don't stop the tasks too early – try to complete an activity in full
 - Don't distract yourself from the sensations
 - Don't use safety behaviours or safeguards
- **Use your skills**, such as disputation, to challenge any unhelpful thoughts about the sensations

Persisting with exposure tasks

- **Repetition.** Repeat each task until your SUDS rating has decreased to less than 30.
- **Use your resources.** Talk to a friend about how you are going, and work through unhelpful thoughts with a thought diary.
- **Acknowledge your achievements.** Do something positive and rewarding once you have completed the exposure task. You might like to unwind with a relaxation session.

Situational Exposure

By this stage you would have completed your naturalistic exposure exercises. When your SUDS levels for the activities are below 30, you know that you are more comfortable with the physical sensations associated with panic. Now you can expand these principles to other situations where you fear you might feel intense anxiety or panic, and situations where it might be difficult to get help or escape from.

Just as in the naturalistic exposure exercises, we work through feared situations in a step-by-step manner, starting with the situation with lowest SUDS level. Let's start by looking at the situations that you fear a panic attack will occur and situations that you try to avoid. Remember to look at your thought diaries for any examples. Write down your SUDS rating for each of these situations.

SITUATIONS THAT I AVOID

Activity or Task	SUDS	ORDER

After indicating your SUDS rating for each situation, write the order of the situations from the one with the lowest SUDS level to the highest.

As with naturalistic exposure, we want to work through these in order of increasing difficulty. However, because there can be so many factors to consider in each situation (eg, duration, location, support), we need to make them very clear. We can do this by turning them into goals.

PLANNING GOALS

Let's think about how you can turn those situations that you fear and avoid into specific goals that you would like to achieve. When you're planning goals it helps to make them **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound.



SPECIFIC. Goals need to be specific so that you have a very clear target for what you want to achieve. By saying, "I will catch the bus from home to the local shopping centre" rather than "I will use public transport", you will be able to better identify what you need to do.



MEASURABLE. Creating measurable goals means that you, or another person, can easily check whether you've achieved it. "I will be able to go into public places" is quite general and it's difficult to know whether you've achieved it or not. Creating action-based goals like, "I will stay in stores furthest from the exit in the local shopping centre for at least 30 minutes", allows you to accurately assess whether you've reached that goal.



ACHIEVABLE. Goals need to be achievable and realistic for you at the moment. For example, expecting not to feel any anxiety is not realistic, as we all feel some anxiety at times. Similarly, taking a day-long train ride to a distant destination might not be affordable, and therefore not achievable.



RELEVANT. Choose goals that are most relevant to you at the moment. If your anxiety is interfering in your ability to use public transport and this is an important method of travelling for you, then it is a useful goal for you to achieve at the moment. If you choose goals that are personal and relevant, you will be more likely to put in the effort to achieve them.



TIME FRAME. When you create a goal, have an end date for when you want to complete it. As we discussed in naturalistic exposure, by scheduling a task and giving yourself a time frame you will be prompted to do something by that time, rather than just continuing to plan it.

To start with, you might want to just choose just a few situations to turn into goals, rather than trying to do it all at once.

- Choose situations that you want to change, rather than planning goals that are not very important to you.
- Choose situations over a range of different SUDS levels so that you can set some easier, less distressing goals, but also include the more difficult, distressing goals.

Based on the situations that you listed under "Situations That I Avoid", write down the specific goals you would like to achieve below. It is also useful to rate your SUDS level for each goal as it may have changed from when you were thinking of it as a general situation.

BUILDING STEPS

Now that you have a list of situations that you have turned into clear goals, it can help to further break down each goal into smaller steps. In this way, it is a little like climbing steps towards that goal. Try to think of a set of exposure tasks that start with less anxiety provoking situations, then build up in intensity until you reach your main goal. The number of steps depends on how much distress is associated with the particular goal. A high-challenge exposure situation (SUDS: 80+) will need more steps than a medium-challenge exposure situation (SUDS: 40-60).



Let’s use the example of public transport. Some people who have panic attacks avoid public transport because they are afraid a panic attack will occur and they won’t be able to escape or get help. Your specific goal might be to catch a bus into the city, which is 15 km away. This might be quite a difficult goal, with a SUDS rating of 85. You can break this goal into smaller steps by changing WHO is there, WHAT you do, WHEN you do it, WHERE you do it, and HOW long you do it for. Below is an example of building a stepladder. On the next page is some space for you to complete the steps for your own goal.

EXAMPLE:

GOAL: To catch the bus on my own into the city	SUDS (0-100)
	85

	STEP	SUDS
1	Stand at a bus stop where few buses pass by (at least 2 minutes)	25
2	Stand at the bus stop during peak hour until a bus stops at the stop	35
3	Catch a bus with my sister (at least one stop)	45
4	Catch a bus with my sister to the park (5 stops)	55
5	Catch a bus on my own (at least one stop)	65
6	Catch a bus on my own to the park (5 stops)	70
7	Catch a bus to the city with my sister	75
8	Catch a bus on my own to the city	85

Remember, your stepladder might have more or fewer steps depending on how difficult the situation is (how high the SUDS rating is). You can also include more ‘in-between’ steps if you think the jump between one step and the next is too big.

Be sure to follow the hints listed in the section on “Completing Exposure Exercises”.

Situational Exposure: Steps

GOAL:	SUDS

	STEP	SUDS

Break the goal into smaller steps by changing
WHO is there
WHAT you do
WHEN you do it
WHERE you do it
HOW long you do it for

Module Summary

By experiencing physiological sensations in activities and tasks through naturalistic exposure, you can further develop your coping skills in regard to physical alarms. This process includes

- Identifying which activities you fear and avoid
- Working through the activities from the one with the lowest SUDS level to the one with the highest

To further develop your skills in coping with physical alarms, you can apply the skills to situations in which you fear you will have a panic attack, and situations that you might avoid because it is difficult to get help or escape. You can do this by

- Identifying which activities you fear and avoid
- Ordering them from the lowest SUDS rating to the highest SUDS rating
- Turning situations into goals that you want to achieve by making them SMART: Specific, Measurable, Achievable, Relevant and Time-bound
- Breaking down the goals into a series of steps that you can work through systematically and sequentially in order of SUDS rating.

Remember that when completing your naturalistic exposure activities and your situational exposure steps to follow a number of hints and guidelines

- Precautions, such as keeping in mind any physical limitations, and talking to your doctor if you have any concerns, are important **BEFORE** beginning any exercises
- Prepare for the exercises by using your skills, such as thought diaries, your support, and by scheduling your exercises
- Perform the exercises by experiencing them fully, and using your skills
- Persisting with exposure tasks by repeating them until your SUDS rating decreases, using your resources to work through any setbacks or tough times, and acknowledging your achievements.

In the next module
we will show you how
you can reduce your
general levels of
anxiety through
breathing

Coming UP...

About This Module

CONTRIBUTORS

Paula Nathan (MPsych¹)
Director, Centre for Clinical Interventions
Adjunct Senior Lecturer, School of Psychiatry and Clinical
Neuroscience, The University of Western Australia

Dr Helen Correia (MApp Psych¹; PhD)
Centre for Clinical Interventions

¹Masters of Psychology (Clinical Psychology) ²Doctor of Psychology (Clinical)

Some of the material in this module was taken from

Nathan, P.R., Rees, C.S., Lim, L., & Smith, L.M. (2001). *Mood Management – Anxiety: A Cognitive Behavioural Treatment Programme for Individual Therapy*. Perth: Rioby Publishing.

BACKGROUND

The concepts and strategies in this module have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for panic disorder is a type of psychotherapy that is based on the theory that panic disorder is a result of problematic cognitions (thoughts) and behaviours. There is strong scientific evidence to support that cognitions and behaviours can play an important role in panic disorder, and that targeting cognitions and behaviours in therapy can help many people to overcome panic disorder. Examples of this evidence have been reported in the following:

Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Panic Disorder and Agoraphobia. (2003). Australian and New Zealand clinical practice guidelines for the treatment of panic disorder and agoraphobia. *Aust N Z J Psychiatry*, 37(6), 641-56.

REFERENCES

These are some of the professional references used to create this module.

Barlow, D.H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic (2nd Edition)*. London: Guilford Press

Craske, M.G., & Barlow, D.H. (2001). Panic disorder and agoraphobia. In D.H. Barlow (Ed.), *Clinical Handbook Of Psychological Disorders, Third Edition*. New York: Guilford Press.

FURTHER READING

There have been many other information resources written for people with panic attacks and panic disorder.

Barlow, D. H., & Craske, M. G. (2000). *Mastery of your anxiety and panic (3rd edition)*. San Antonio, TX: The Psychological Corporation. (ISBN: 0127850783)

Royal Australian and New Zealand College of Psychiatrists. (2003). *Panic Disorder and Agoraphobia: Treatment Guide for Consumers and Carers*. Available: <http://www.ranzcp.org/publicarea/cpg.asp> (click on "Panic Disorder and Agoraphobia"). Accessed Feb. 2004.

Zuercher-White, E. (1998). *An End To Panic: Breakthrough Techniques For Overcoming Panic Disorder (2nd Edition)*. Oakland, CA: New Harbinger Publications. (ISBN: 1567313760)

"PANIC STATIONS"

We would like to thank Uta Juniper for the title of the InfoPax that this module forms part of:

Nathan, P., Correia, H., & Lim, L. (2004). *Panic Stations! Coping with Panic Attacks*. Perth: Centre for Clinical Interventions.

ISBN: 0-9751985-8-0 Created: June, 2004.