

CBT with Panic

Panic is devastating for those who suffer from it, and the techniques for dealing with it are specific to it and very effective.

A 3-day course for 6-15 people (2-day version also available).

Executive Summary:

Panic is an intensely distressing disorder for the sufferer, which few people can imagine unless they have experienced it themselves. Characterised by symptoms such as blurred vision, an inability to breathe, dizziness, a feeling of being unable to control oneself, it is quite different from the everyday use of the word 'panic'. Frequently it leads to a feeling that one must not venture far from 'safety' and so there is often associated agoraphobia which may persist even when the panic disorder itself has been successfully treated. Panic is traditionally a disorder that is very difficult to treat, but the latest thinking described here enables therapists to treat panic with a good degree of success.

The aims of the course:

This course aims to (a) familiarise delegates with the nature of panic disorder and associated agoraphobia, (b) to introduce delegates to the theoretical models of panic currently prevailing and (c) introduce delegates to treatment methods for panic in a way that they should be able to use subsequent to the course.

The course covers the following:

- A description of panic. 'Panic' is a word that people commonly use to mean 'sudden intense anxiety'. People who suffer 'panic attacks' know that what they suffer is in a different league from this everyday experience. The DSMIV description of panic, and associated agoraphobia.
- What 'panic attacks' imply about the patient's underlying mental state.
- Clarke's 1986 vicious circle model of panic. Subsequent variants on that model, including the concept of a 'short circuit' to panic.
- The factors that maintain panic. 'Panic' tends to be intractable; without treatment it can persist forever. So it is important to understand the factors that maintain it: Misinterpretation of situations; too much attention to physical sensations; the misinterpretation of 'symptoms'; a failure to challenge this misinterpretation; an avoidance of situations that induce panic; safety behaviours.
- The treatment of panic. Fortunately the understanding and treatment of panic disorder has progressed greatly in recent years: NICE guidelines including psychological therapy, pharmacological therapy, and self help; socialising people to the cognitive model: introducing it and matching their own experience with it.

- Modifying fearful cognitions, especially using logical evidence based reasoning.
- The use of synthesising questions and symptom contrast.
- Tackling the perceived inability to breathe and the apparently paradoxical role of 'deep breathing'.
- Early attenders. It is worth differentiating between early and late 'attenders' - people who come for treatment early on or late on. Early attenders have not yet acquired the 'short circuit' where the fear of a panic attack can be instrumental in triggering one.
- The cycle of panic; the role of hyperventilation, the concept of an 'amygdala hijack'. The role of the information sheet (provided on the course).
- Key, stock phrases to use with early-attenders.
- Late attenders. Late attenders have typically built up a pattern of behaviour which is unhelpful to resolving their panic attacks. Typically it will involve agoraphobia, avoidance, and safety behaviours.
- Changing fear inducing behaviour: The use of graded exposure, and the development thereof of the three exposure options. Safety behaviours. Coping strategies.
- The use of stress inoculation training in handling stressful situations and attacking agoraphobia.
- The use of other CBT approaches such as imagery, distraction, reframing, and relaxation.
- The measurement of progress: collecting evidence about progress is always a central tenet in CBT.
- Objective and subjective measures. Risk assessment.

Delegates' Feedback

Average presentation rating: **97%**



Average relevance rating: **97%**



Written Feedback:

"Amazing... loved it! Very well put together. Excellently delivered. Soooo informative."

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