



Taking Control: Panic Disorder & Phobias



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HEALTHY ANXIETY

- Anxiety helps with
 - Survival
 - Being successful
 - Preparation
 - Developing motivation to get out of bed



ANXIETY IS A PROBLEM WHEN...

- Impairment
 - Avoiding social situations
 - Being overwhelmed
 - Difficulty with concentration
 - Cannot leave the house
 - Difficulty sleeping



WHAT IS PANIC?

- Rapid heartbeat, perspiration, dizziness, trembling, uncontrollable fear such as; the fear of losing control and going crazy the fear of dying and hyperventilation. Other symptoms are sweating, shortness of breath, sensation of choking, chest pain, nausea, numbness or tingling, chills or hot flashes, faintness and some sense of altered reality. In addition, the person usually has thoughts of impending doom



PANIC ATTACK VS. ANXIETY ATTACK?

- Panic attacks have a sudden or out-of-blue cause that lasts shorter with more intense symptoms, as opposed to Anxiety attacks having stressors that builds to less severe reactions and can last for weeks or months
- Anxiety Attack is not Defined in DSM
- Clinician should focus on problem, not label
- <http://panicdisorder.about.com/od/understandingpanic/a/anxvspanic.htm>



WHAT IS A PHOBIA?

- Phobias commonly result from panic disorder
- A type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding, typically disproportional to the actual danger posed, often being recognized as irrational. In the event the phobia cannot be avoided entirely the sufferer will endure the situation or object with marked distress and significant interference in social or occupational activities.
- Bourne, Edmund J. (2011). *The Anxiety & Phobia Workbook* 5th ed.. New Harbinger Publications, pp. 50-51



CAUSES OF PANIC AND PHOBIA

- Abuse
- Classical Conditioning
- Genetics



PEOPLE WITH PANIC AND PHOBIAS SEEK HELP WHEN...

- Substance abuse
- Somatic problems
- Relationship problems
- Mood disorders



ASSESSMENT

- Mental health assessment is commonly used for diagnosis
- Rule out medical condition
 - Hyperthyroidism
 - Heart problems
 - Adrenal problems (Pheochromocytoma)
 - Respiratory conditions
 - Inner-ear problems

**ASSESSMENT**

- Malpractice
 - If we will make an error, it will be assuming the client has a psychological problem when there is a medical problem present

**MEDICATION OR THERAPY?**

- Therapy helps to
 - Change thinking patterns (CBT)
 - Teach coping skills
 - Develop insight into maladaptive behavior

**MEDICATION**

- Meds can treat co-occurring mood disorders and anxiety
 - Antidepressants
 - Anti-anxiety
 - Benzodiazepines have potential for addiction and should be used for the short term.
- If client only takes medication and does not change thoughts, behaviors or lifestyle, results will be limited

• (Carol Ott Clinical Assistant Professor of Pharmacy Practice at Purdue University)



CO-MORBIDITY

- PTSD
 - ½ of your clients will have PTSD
- Depression
- Bipolar
 - Mania
- Substance Abuse
 - Self medicating
 - About 30% of people with panic disorder use alcohol and 17% use other psychoactive drugs
- Other forms of Anxiety
 - Obsessive-Compulsive Personality
 - Hypochondria



CBT

- Positive self talk
- Monitoring feelings
- Change environment when appropriate
- ...as simple as exposing yourself to sunlight
- CBT achieves reported panic-free status in 70-90% of clients

Choy Y (February 1, 2008). ["Treatment Planning for Panic Disorder"](#). *Psychiatric Times* 26 (2)

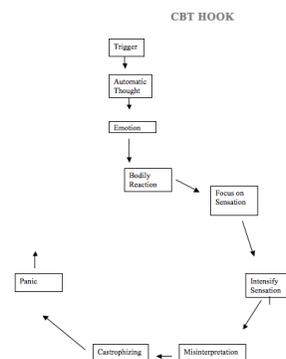


FOCUS ON SOMETHING POSITIVE

- Focus on something else
 - Focusing on emotional symptoms will make them worse
 - anticipatory attacks (DSM-IVR)



CBT HOOK



“A PANIC ATTACK THAT HAS NOT BROKEN THROUGH”

- Be careful how you talk with a client who has anxiety



EXPOSURE THERAPY

- Any intense fear/phobia
 - Thunderstorms
 - Fear of needles
 - Public speaking



EXPOSURE THERAPY

- Pair relaxation techniques while introducing the fear
- If fear is too intense, therapy will not work

- Youtube videos of thunderstorms while discussing the fear
- Walking in the rain while discussing fears and practicing relaxation techniques
- Practicing relaxation techniques in the office during a thunderstorm (difficult timing...but we were lucky enough for this to happen)
- Its still OK if you are not comfortable.



“I EXPECT YOU TO FUNCTION WELL”

- Use solution language
- Don't make it medical



ACT- ACCEPTANCE AND COMMITMENT THERAPY

- Acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility
- Essentially
 - Learning to accept the problem
 - Commitment is to give up the war of denying or fighting one's history and emotional states and find opportunities for empowering behaviors

○ <http://contextualpsychology.org/act>



ACT- ACCEPTANCE AND COMMITMENT THERAPY

- **FEAR:**
 - Fusion with your thoughts
 - Evaluation of experience
 - Avoidance of your experience
 - Reason-giving for your behavior
- ACT
 - Accept your reactions and be present
 - Choose a valued direction
 - Take action

http://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy



ACT- ACCEPTANCE AND COMMITMENT THERAPY

- ACT commonly employs six core principles to help clients develop psychological flexibility^[5]:
 - **Cognitive defusion:** Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories
 - **Acceptance:** Allowing them to come and go without struggling with them.

http://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy



ACT- ACCEPTANCE AND COMMITMENT THERAPY

- **Contact with the present moment:** Awareness of the here and now, experienced with openness, interest, and receptiveness.
- **Observing the self:** Accessing a transcendent sense of self, a continuity of consciousness which is unchanging.
- **Values:** Discovering what is most important to one's true self.
- **Committed action:** Setting goals according to values and carrying them out responsibly.

http://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy



STRESS REDUCERS

- Change your lifestyle and reduce your panic
 - Exercise
 - Hobbies
 - Learning Communication Skills
 - Journaling
 - Relaxation techniques



REBT

- What is the worst that could happen?
- Handout on self talk

○ Albert Ellis



FOOD AND ANXIETY

- Food is medicine
 - Fast food
 - Processed food
 - Sugar
 - Caffeine
 - Any substance abuse



CONSIDER THERAPY WHEN...

- Impaired functioning
- Suspicion of mood disorder



CONTACT INFORMATION

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