

CBT-Based Client Guide

# **Panic Disorder**

## Client Workbook

This workbook uses evidence-based cognitive behavioral therapy (CBT) strategies to help you understand and overcome panic attacks. Work through each section with your therapist.

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## What Is Panic Disorder?

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Panic Disorder is characterized by recurrent, unexpected panic attacks — sudden surges of intense fear or discomfort that reach a peak within minutes — followed by at least one month of persistent concern about having another attack, worrying about the consequences of attacks, and/or significant changes in behavior related to attacks (e.g., avoidance).

### DSM-5: Panic Attack Symptoms (4 or more)

Palpitations or accelerated heart rate • Sweating • Trembling or shaking • Shortness of breath • Feelings of choking • Chest pain • Nausea • Dizziness or lightheadedness • Chills or heat sensations • Paresthesias (numbness/tingling) • Derealization or depersonalization • Fear of losing control • Fear of dying. (APA, 2013)

## What Is Actually Happening During a Panic Attack?

A panic attack is your body's **fight-or-flight response** activating when there is no real threat. It is uncomfortable but **not dangerous**. The physical sensations are the result of adrenaline release, which prepares your body to fight or flee. Understanding this is the first step to reclaiming your life from panic.

## The Panic Cycle

The CBT model of panic (Clark, 1986) describes a vicious cycle: (1) A trigger (internal sensation or external situation) → (2) Catastrophic misinterpretation ('I'm having a heart attack') → (3) Increased anxiety → (4) More physical sensations → (5) Further catastrophizing. Breaking this cycle — by changing the interpretation of sensations — is the core goal of treatment.

### Evidence Base

CBT for panic disorder, particularly panic control treatment (PCT), has very strong empirical support. Approximately 80-90% of individuals with panic disorder who complete CBT are panic-free at post-treatment (Barlow et al., 2000; Clark et al., 1994).

## Worksheet 1 - My Panic Profile

*Understanding the specific characteristics of your panic helps guide treatment.*

**My panic symptoms (check all that apply):**

- Racing/pounding heart
- Shortness of breath
- Chest tightness/pain
- Dizziness/lightheadedness
- Tingling/numbness
- Sweating
- Trembling/shaking
- Nausea/stomach upset
- Feeling of unreality
- Fear of dying
- Fear of going crazy
- Fear of losing control

**Current fear of panic level (circle):**

0	1	2	3	4	5	6	7	8	9	10
None		Mild		Moderate			Severe			Worst ever

**Situations I now avoid because of panic:**

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**How panic has affected my life:**

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## Worksheet 2 - Panic Attack Record

Record each panic attack as soon as possible after it occurs. This data helps identify triggers and patterns.

Date & Time	Location & Trigger	Symptoms (list)	Peak Intensity (0-10)	Duration (mins)	Catastrophic Thought	What I Did

**Patterns I notice:**

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## Worksheet 3 - Understanding the Panic Cycle

*Map out your last panic attack using the cycle below to see how the cycle operates for you.*

**Trigger (what set off the panic):**

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**Physical sensation I first noticed:**

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**What I thought that sensation MEANT (catastrophic interpretation):**

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**How that thought made me feel:**

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**What happened to my body next:**

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**What I did (behavior — fight, flee, freeze, safety behavior):**

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### **Key Question**

What would have happened if you had NOT acted on the catastrophic thought and instead waited? Would the sensations have peaked and passed on their own? Panic attacks, by their biology, do not last indefinitely.

## Worksheet 4 · Thought Record for Panic

*Catastrophic misinterpretations of body sensations are the engine of panic. This thought record targets those interpretations directly.*

**Body sensation experienced:**

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**Catastrophic interpretation (e.g., 'I'm having a heart attack'):**

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**Belief in this thought (0–100%):**

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**Evidence FOR the catastrophic interpretation**

**Evidence AGAINST it (e.g., past attacks that passed)**

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**Alternative explanation for the sensation:**

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**Belief in original catastrophic thought now (0–100%):**

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## Worksheet 5 · Decatastrophizing Body Sensations

For each physical sensation you fear, write your catastrophic interpretation and then a realistic, benign explanation based on the fight-or-flight physiology.

### The Fight-or-Flight Response

Adrenaline causes: increased heart rate (to pump blood to muscles) • faster breathing (to increase oxygen) • dizziness (from hyperventilation) • tingling (from blood redistribution) • nausea (digestion slows) • sweating (cooling). Every panic symptom has a survival function. None of them are dangerous.

Body Sensation	My Catastrophic Thought	Realistic Explanation (fight-or-flight)
Racing heart		
Shortness of breath		
Dizziness		
Chest tightness		
Tingling		
Unreality feeling		



## Worksheet 7 · Situational Exposure Hierarchy

*If you have developed agoraphobic avoidance, list avoided situations from least to most feared. Graduated exposure to these situations — without safety behaviors — builds lasting confidence.*

Rank	Avoided Situation	Fear (0-10)	Safety Behaviors to Drop	Date Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Worksheet 8 - Breathing Retraining & Coping Plan

Breathing retraining helps correct chronic hyperventilation that can trigger panic symptoms. Use this plan to prepare for and manage panic.

### Breathing Retraining Protocol

Breathe in slowly through the nose for 4 counts. Pause for 1 count. Breathe out slowly through the mouth for 6 counts. Aim for approximately 8-10 breaths per minute. Practice for 10 minutes twice daily, not only when anxious.

### My personalized coping statement for panic:

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*(Example: 'This is a panic attack. It is uncomfortable but not dangerous. It will peak and pass. I have survived every one before.')*

### My coping steps during a panic attack:

1. Notice the sensation without catastrophizing
2. Remind myself: 'This is adrenaline, not danger'
3. Use slow breathing — breathe out longer than in
4. Stay in the situation (do not flee)
5. Ride the wave — the attack will peak and pass within \_\_\_\_\_ minutes for me

### What I know now that I didn't know before treatment:

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*References: APA (2013). DSM-5. | Barlow et al. (2000). JAMA. | Clark (1986). Behav Res Ther. | Clark et al. (1994). J Consult Clin Psychol.*