

When Panic Attacks

Module 6

Dropping Safety Behaviours

Introduction	2
What are safety behaviours?	2
Dropping safety behaviours	4
Safety behaviours and behavioural experiments	5
Behavioural experiment examples	6
Behavioural Experiment Record	8
Evaluating your progress	9
Module Summary	10
About the Modules	11

This information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statements available at www.cci.health.wa.gov.au regarding the information on this website before making use of such information.

Introduction

At this point in the modules, you have learned what is happening in your body during a panic attack and that while these symptoms are uncomfortable, they are not dangerous or harmful. You have also learned how to identify and challenge unhelpful negative thoughts. We have also focused on how to reduce avoidance. In this module, we will focus on safety behaviours, which we do to try and prevent panic attacks. We will look at how safety behaviours keep panic attacks going in the long term, and why it is essential to drop them.

What are safety behaviours?

Safety behaviours are things you do to try to feel more comfortable and try to prevent your fears from coming true. Suppose you think you might have a panic attack, and you cannot avoid the situation altogether. You might take some precautions to help yourself feel more comfortable and prevent a panic attack. We call these precautions safety behaviours.



It might seem very sensible to do whatever you can to try to prevent a panic attack. Other people (including health professionals!) may even have encouraged you to use safety behaviours to help reduce your anxiety. Unfortunately, while safety behaviours might seem helpful at first glance, they keep anxiety and panic going in the long run. Here are some examples of safety behaviours...

BEHAVIOUR	FEAR THIS BEHAVIOUR IS INTENDED TO PREVENT
Bringing a water bottle everywhere with me	If my mouth gets too dry, I won't be able to swallow, and I will choke
Bringing anxiety medication that I can take "just in case"	If I let myself feel too anxious, I will lose control and go crazy
Bringing a familiar person with me	If I go alone, I will get overwhelmed by anxiety, I won't be able to cope, and no one will be able to help me
Avoiding caffeinated foods and drinks	If I consume caffeine, my heart will start beating too fast and I will have a heart attack
Making sure there is a clear "escape route" from the situation (e.g., sitting close to the door; bringing my car so I can leave when I want to)	If I can't leave the situation when I start to feel anxious, I will get overwhelmed with anxiety and will make a fool of myself
Bringing a book on the bus	If I don't have something to distract me from my anxiety, I will have a panic attack. Everyone on the bus will notice, and they will think there is something wrong with me
Carrying a "lucky charm" or comforting object	If I don't have it with me, I will feel too anxious, have a panic attack and I won't be able to cope
Carrying a fan	If I get too hot, I will collapse
Playing a game on my phone.	If I don't have something to distract me, my thoughts will keep speeding up and I will lose my mind
Doing relaxation or slow breathing	If I don't try to relax, I will feel too anxious, have a panic attack and I won't be able to cope

Safety behaviours may be very different for different people. It is not **what** you do but **why** you are doing it that determines whether something is considered a safety behaviour. For example, someone might read a book on the bus for enjoyment rather than needing to be distracted from their anxiety. It is not the behaviour itself but the *function or reason for* the behaviour that is important. If behaviour is intended to prevent a panic attack or reduce feelings of anxiety, then it is a safety behaviour. Research shows that people with panic disorder tend to use multiple safety behaviours to feel more comfortable and prevent panic attacks.

WHY ARE SAFETY BEHAVIOURS A PROBLEM?

While safety behaviours may help you feel safer and more in control in the short-term, unfortunately they keep panic attacks going in the longer-term for a number of reasons...

1. Safety behaviours get in the way of testing your fears. Although you might be facing the situations you are anxious about, you cannot directly test your fears by using safety behaviours. Your untested fears will continue to come up in the future, leading to further panic attacks.
2. If your fears don't come true, you mistakenly 'thank' the safety behaviour. Even if the situation goes well, you might not learn that the situation was safe. Instead, might believe that the safety behaviours have 'prevented' your fears. As a result, you may become more dependent upon your safety behaviours over time. You might even feel more anxious if they can't be used. Maybe your fears would not have come true even without the safety behaviour. Still, you will never discover this if you continue relying on them.
3. Safety behaviours increase your self-focused attention. Safety behaviours often take your focus off the 'task at hand'. Instead, your awareness might become internally focused (e.g., focused on thoughts, physical sensations and emotions that are being experienced), which can lead to further anxiety. Your attention might also become fixated on using your safety behaviours (e.g., looking for exits, making sure you have your medication). When your attention is skewed towards paying attention to your symptoms or your safety behaviours, the situation feels more threatening and makes you feel more anxious. It is also difficult to pay attention to the situation itself, which makes it hard to enjoy the situation, and hard to notice any evidence that would disconfirm your fears.
4. Safety behaviours can become 'self-fulfilling prophecies.' Safety behaviours can cause the outcomes we try to prevent by using them. For instance, if I carry medication to take "just in case" I feel too anxious, this will lead me to monitor myself for signs of anxiety more closely (so that I know if I need to take the medication or not). This self-focused attention increases the chance of detecting minor physical changes in my body and catastrophically misinterpreting, which may cause me to have a panic attack (the exact outcome I hoped to prevent!). Minor physical changes occur regularly in our bodies and are generally harmless. We often won't notice these physical changes if we aren't looking for them! Safety behaviours increase our awareness of bodily changes and make us more prone to misinterpreting them, which drives further anxiety.
5. Safety behaviours stop us from learning to tolerate anxious feelings. As you learnt in module 1, the "fear of fear" drives panic attacks. When we are fearful of our anxiety, this causes our anxiety to escalate and can lead to a panic attack. Using safety behaviours to block or prevent anxiety reinforces the message that anxiety is dangerous and must be avoided. This attitude towards our anxiety keeps us stuck feeling anxious. Using safety behaviours to try to prevent anxiety blocks us from learning that we can tolerate the feelings of anxiety, and that the anxious feelings are not dangerous.



So, while we might think that safety behaviours help us, they keep our anxiety and panic going in the longer-term. It is therefore important to start to become aware of your safety behaviours, so that you can start to drop them and overcome your anxiety.

IDENTIFYING YOUR SAFETY BEHAVIOURS

Recognising your safety behaviours can be hard to do. Safety behaviours can often be subtle, and sometimes they have been used so long that they are ingrained habits we don't even notice any more.

The list of examples on page 2 might give you some ideas of safety behaviours to look out for. You might also use other safety behaviours that are not on this list. You might also use different safety behaviours in different situations. To start to become more aware of your safety behaviours, think about the following:

When you are worried you might have a panic attack, what do you do try to stop it?

Are there situations that you have approached lots of times, but that you are still anxious about? What do you do in these situations to reduce your anxiety?

Are there any habits of behaviours that you would feel anxious about stopping? Why? What is the function of the behaviour?

You might need to keep adding to this list over time as you become more aware of your safety behaviours.

Dropping safety behaviours

Once you are aware of your safety behaviours, the next step is to stop using them. It can be hard at first, as you may have come to depend on your safety behaviours to manage your anxiety. You might feel a bit more anxious in the short-term when you start to drop your safety behaviours, but in the longer term dropping your safety behaviours will lead to reduced anxiety.

Because safety behaviours get in the way of overcoming your anxiety, the most efficient approach is to stop using any safety behaviours you are aware of right away. If you are not prepared to do that, you could also reduce your safety behaviours more gradually (starting with those that are easiest to drop and working towards those that are harder to drop).



Safety behaviours and behavioural experiments

As we build from the previous module it is important to consider how we apply what we now know about safety behaviours and our behavioural experiments. Remember, it is expected that you will feel anxious and will experience some uncomfortable sensations. Don't distract yourself from the sensations. Pay attention to them – just observe your thoughts, feelings, and sensations without reacting to them. Remember the goal is not to feel calm during the experiment – the goal is to test your fears. You may find that you relied on safety behaviours to get through the experiment you tested in module 5.

One of the goals for our behavioural experiments is to make sure we are not using safety behaviours (or if you do, plan to eliminate them over time). For example, you might experiment with a familiar person for support at first, then do it by yourself next time. Refer back to the list of situations you avoid (page 4 of Module 5) and your list of safety behaviours (page 4 of this Module) – keep going with your behavioural experiments until you have approached all of these situations without safety behaviours. It is normal and okay for this process to take some time – just keeping working through step by step until you get there.

Over the next two pages, we will revisit Paul and Jade's examples and start to integrate how we would focus on eliminating safety behaviours in their behavioural experiments. We have a blank form for you to use to plan a behavioural experiment that will help you test your fears – without your safety behaviours!

Behavioural Experiment Example - Paul

Paul is anxious about catching the train. He is concerned that he will have a panic attack, be unable to get off the train, and will go crazy. If he has to catch the train, he brings extra medication “just in case” and sits by the door so he can escape quickly if needed. Paul has decided to use a behavioural experiment to test his fears about catching public transport.

Prediction <i>Specifically, what are you afraid will happen?</i>	Experiment <i>How will you test your prediction?</i>	Safety Behaviours to Drop <i>How will you drop these?</i>	Evidence to Look For <i>What will I/others observe if the prediction is true?</i>	CONDUCT THE EXPERIMENT	Results <i>What actually happened? Stick to the objective facts</i>	Conclusions <i>What have you learned?</i>
<p>If I don't get off the train, I will become so overwhelmed that I will lose control and go crazy.</p> <p>Anticipated anxiety: 90%</p> <p>Belief in these predictions: 100%</p>	<p>I will catch the train, and I won't get off even if I start feeling anxious. I will stay on the train and see what happens.</p>	<p>Having medication in case I start to feel anxious will defeat the purpose of the experiment. Knowing I have it will bring my anxiety down, and I won't actually get to find out what happens if I get too anxious. I won't bring any extra medication.</p> <p>Sitting near the doors will keep me focused on escaping and would reduce my anxiety. I will sit further from the door and find out once and for all what happens if I get really anxious on the train.</p>	<p>If I get so overwhelmed with my anxiety that I lose control, I will be really red and sweaty, I will struggle to breathe. I will be trying to shout for help, but my words won't make sense, and everyone will just stare at me.</p> <p>Other people around me will be scared of how I am acting. Eventually the police will get called to deal with me.</p>		<p>I did feel really anxious and panicky, but it only got to about 70%, not as bad as I thought it would get.</p> <p>I did not lose control or start shouting for help. I felt hot and felt like I was breathing too loudly, but no one seemed to notice or stare. No one called the police.</p> <p>The anxiety stayed intense for about 5 minutes and then started to come down. It had reduced to about 40% by the time I got off the train, and I felt a bit tired and drained.</p> <p>Actual Anxiety: 70%</p>	<p>My anxiety wasn't as intense as I expected.</p> <p>I did experience anxiety, and it was hard. Even so, I was able to manage it without my safety behaviours and the anxiety started to go down by itself.</p> <p>No one seemed to notice my anxiety except me.</p> <p>I might have been underestimating myself.</p> <p>Belief in initial predictions: 40%</p>

Behavioural Experiment Example - Jade

Jade is anxious about driving. She is concerned that she will start to feel stressed, and this will lead to a panic attack which will cause her to faint and crash her car. If she has to drive, she tries to go when there is less traffic and takes the quieter back roads wherever possible. She listens to calm music and rubs her keyring in her fingers to distract herself from her anxiety. She will usually ask her partner Julie to come with her, so that Julie can keep her calm and take over the driving if needed. Jade has decided to test her fears about driving by using a behavioural experiment.

Prediction <i>Specifically, what are you afraid will happen?</i>	Experiment <i>How will you test your prediction?</i>	Safety Behaviours to Drop <i>How will you drop these?</i>	Evidence to Look For <i>What will I/others observe if the prediction is true?</i>	CONDUCT THE EXPERIMENT	Results <i>What actually happened? Stick to the objective facts</i>	Conclusions <i>What have you learned?</i>
<p>I will get stressed on the road and this will build up into a panic attack. Once I panic, I will collapse or faint, and this will make me crash my car.</p> <p>Anticipated anxiety: 80%</p> <p>Belief in these predictions:80%</p>	<p>I will go for a drive.</p>	<p>I will need to go for a drive at a time when there will be some traffic and take the streets that I feel less comfortable on – otherwise I won't be feeling anxious enough to test out my prediction.</p> <p>I won't use calm music or fiddle with my key ring because these are distractions that I use to try to block my anxiety. I won't bring Julie – I will go by myself.</p>	<p>Do I faint / collapse?</p> <p>Do I crash my car or have a near miss?</p>		<p>I did feel quite stressed driving in traffic.</p> <p>I didn't faint or collapse. My vision felt a bit blurry, but it cleared when I blinked.</p> <p>I started to feel hot so I turned the air conditioner up really high which helped (<i>maybe this was a safety behaviour? I can try to do it without the air conditioner next time</i>).</p> <p>I didn't crash or have any near misses with other cars.</p> <p>After a while, I actually started to enjoy the drive.</p> <p>Actual Anxiety: 65%</p>	<p>I did get some weird feelings in my body, but I didn't faint, collapse, or crash my car.</p> <p>It was actually easier to concentrate on my driving without fiddling with my keyring or having the calm music going.</p> <p>It felt good to do this by myself.</p> <p>I think I noticed a new safety behaviour (air conditioning).</p> <p>Belief in initial predictions: 20%</p>

Behavioural Experiment Record

Prediction <i>Specifically, what are you afraid will happen?</i>	Experiment <i>How will you test your prediction?</i>	Safety Behaviours to Drop <i>How will you drop these?</i>	Evidence to Look For <i>What will I/others observe if the prediction is true?</i>		Results <i>What actually happened? Stick to the objective facts</i>	Conclusions <i>What have you learned?</i>
<p>Anticipated anxiety (0-100):</p> <p>Belief in these predictions (0-100):</p>				CONDUCT THE EXPERIMENT	<p>Actual Anxiety (0-100):</p>	<p>Belief in initial predictions (0-100):</p>

Evaluating your progress

Before moving on to the final module, we have included the ‘Monitoring your panic attacks’ record form from Module 2 here again – you may choose to complete this over the next week to compare your experience of panic attacks when you started these Modules to your experience now.

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N	<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
Describe trigger: e.g., Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Sweating	<input type="checkbox"/> Tingling or numbness
		<input type="checkbox"/> Trembling/ shaking	<input type="checkbox"/> Hot flushes or chills
		<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Thoughts of losing control/ going crazy
		<input type="checkbox"/> Choking sensations	<input type="checkbox"/> Fear of dying
		<input type="checkbox"/> Chest pain/pressure/discomfort	<input type="checkbox"/> Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body
		<input type="checkbox"/> Nausea/stomach problems	

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N	<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
Describe trigger: e.g., Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Sweating	<input type="checkbox"/> Tingling or numbness
		<input type="checkbox"/> Trembling/ shaking	<input type="checkbox"/> Hot flushes or chills
		<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Thoughts of losing control/ going crazy
		<input type="checkbox"/> Choking sensations	<input type="checkbox"/> Fear of dying
		<input type="checkbox"/> Chest pain/pressure/discomfort	<input type="checkbox"/> Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body
		<input type="checkbox"/> Nausea/stomach problems	

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N	<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
Describe trigger: e.g., Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Sweating	<input type="checkbox"/> Tingling or numbness
		<input type="checkbox"/> Trembling/ shaking	<input type="checkbox"/> Hot flushes or chills
		<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Thoughts of losing control/ going crazy
		<input type="checkbox"/> Choking sensations	<input type="checkbox"/> Fear of dying
		<input type="checkbox"/> Chest pain/pressure/discomfort	<input type="checkbox"/> Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body
		<input type="checkbox"/> Nausea/stomach problems	

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N	<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
Describe trigger: e.g., Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Sweating	<input type="checkbox"/> Tingling or numbness
		<input type="checkbox"/> Trembling/ shaking	<input type="checkbox"/> Hot flushes or chills
		<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Thoughts of losing control/ going crazy
		<input type="checkbox"/> Choking sensations	<input type="checkbox"/> Fear of dying
		<input type="checkbox"/> Chest pain/pressure/discomfort	<input type="checkbox"/> Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body
		<input type="checkbox"/> Nausea/stomach problems	

Module Summary

- Safety behaviours may help you feel more comfortable in the short term, but keep your anxiety going in the longer term.
- Safety behaviours may be different for everyone – there is no definitive list of safety behaviours! To discover your safety behaviours, pay attention to what you do to try to prevent panic attacks. Ask yourself: how anxious would I feel if I could not do this? If you would feel anxious without the behaviour, it is probably a safety behaviour.
- Safety behaviours may have become habitual over time, so you might need to make a conscious effort to notice your safety behaviours. You may discover new safety behaviours over time, so keep adding to your list as you discover them.
- Keep in mind that it is important to drop your safety behaviours as you conduct behavioural experiments. It is best to do behavioural experiments without any safety behaviours if you can. If you don't feel ready for this, you can start your experiments with some safety behaviours in place and phase them out over time.
- It is preferable to drop your safety behaviours as soon as you become aware of them, as this will allow you to overcome your fear of anxiety more quickly. If you are not willing to drop all of your safety behaviours right away, you can gradually phase them out over time.

In the final module we will discuss how you can maintain the gains you have made, and deal with potential setbacks.



About the Modules

CONTRIBUTORS

Dr Adelln Sng (MPsych¹, PhD²)
Senior Clinical Psychologist

Dr Joel Howell (PhD³)
Clinical Psychologist

Melissa Burgess (MPsych¹)
Clinical Psychologist

Louise Pannekoek (MPsych¹)
Clinical Psychologist

Dr Bruce Campbell (DPsych⁴, MPsych¹)
Consultant Clinical Psychologist

¹Master of Psychology (Clinical Psychology)

²Doctor of Philosophy

³Doctor of Philosophy (Clinical Psychology)

⁴Doctor of Philosophy (Clinical)

Some of the materials in the modules of this information package were taken from:

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

BACKGROUND

The concepts and strategies in the modules have been developed from evidence based psychological practice, primarily Cognitive Behaviour Therapy (CBT).

Craske, M.G., & Barlow, D.H. (2014). Panic disorder and agoraphobia. In D.H. Barlow (Ed.), *Clinical Handbook Of Psychological Disorders, Fifth Edition*. New York: Guilford Press.

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

Pompoli, A., Furukawa, T. A., Efthimiou, O., Imai, H., Tajika, A., & Salanti, G. (2018). Dismantling cognitive-behaviour therapy for panic disorder: a systematic review and component network meta-analysis. *Psychological medicine, 48*(12), 1945-1953.

Reddy, Y. J., Sudhir, P. M., Manjula, M., Arumugham, S. S., & Narayanaswamy, J. C. (2020). Clinical practice guidelines for cognitive-behavioral therapies in anxiety disorders and obsessive-compulsive and related disorders. *Indian journal of psychiatry, 62*(Suppl 2), S230.

Stech, E. P., Lim, J., Upton, E. L., & Newby, J. M. (2020). Internet-delivered cognitive behavioral therapy for panic disorder with or without agoraphobia: a systematic review and meta-analysis. *Cognitive Behaviour Therapy, 49*(4), 270-293.

“WHEN PANIC ATTACKS”

This module forms part of:

Sng, A., Howell, J., Burgess, M., Pannekoek, L., & Campbell, B. (2023). *When Panic Attacks*. Perth, Western Australia: Centre for Clinical Interventions.

ISBN: 978 0 9757995 3 6

Created: February 2023