**HOW TO DETECT AND RESPOND TO PANIC ATTACKS IN RESEARCH CANDIDATES**

**by Simon Moss**

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| **Introduction** |

Occasionally, your candidates might experience a panic attack. A panic attack is a sudden burst of fear, terror, or apprehension—but a response that is not proportional to the circumstances. As a consequence of these bouts, the individuals fear they might experience another panic attack. Therefore, they tend to shun the locations in which they might experience these attacks. They may even avoid activities, such as exercise, that can generate sensations that are similar to these attacks.

In any year, about 3% of adults will experience a panic attack. Over their life, over 25% of adults will experience a panic attack. If panic attacks recur and coincide with persistent worries about these attacks and their consequences, the individual may be diagnosed with panic disorder.

Sometimes, a specific event might incite this panic attack—such as an impending presentation. On other occasions, no tangible event might incite this attack. As a supervisor, you should be aware of how to detect and respond to these attacks. Perhaps skim this document now; then print this document so the principles are accessible when needed.

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| **Signs of panic attacks** |

Usually, if candidates are experiencing panic attacks, their behavior will seem unusual or awry. But, you might not realize they are experiencing a panic attack. The following table presents some of the manifestations of these attacks.

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| Behavior | Description |
| Sweat | They seemed to be sweating signficantly more than expected |
| Trembling | Their hands, legs, or voice seem to be trembling or shaking |
| Breathless | They seem to be panting and breathless |
| Bodily complaints | They might complain of chest pain, stomach problems, dizziness, and a fear of no control |
| Pulse | Their heart rate is very rapid |
| Suddenness | These symptoms appear to materialize suddenly |

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| **How to respond to an apparent or possible panic attack** |

Panic attacks do resemble some medical conditions, such as heart attacks. So, you need to be sensitive to both the emotional and medical needs of the person. The following table presents some initial principles you should consider.

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| Behavior | Description |
| Organize physical comfort | Invite the person to sit in a comfortable position |
| Check a medical alert or bracelet | If the person is wearing a medical alert bracelet or necklace, follow the instructions on the alert or call Security on 1800 646 501. Security can offer First Aid. |
| Medical symptoms | If the person exhibits other medical symptoms, such as pain or loss of consciounsness, call Security on 1800 646 501 or 000 |

If the person is healthy or concedes they experience panic attacks, you can be quite certain these manifestations indicate a panic attack now. In these circumstances, consider the actions in the following table.

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| Behavior | Description |
| Remain calm | People inadvertently emulate your mannerisms or behavior. If you show signs of panic, their panic is magnified. |
| Maintain a reassuring voice | Speak in a gentle but firm, clear manner. Use short sentences |
| Orient their attention to external objects | Express statements like “Just for a moment, can you focus your attention on this flower”. As their attention shifts from their bodily sensations, the panic may subside marginally |
| Consult them | Ask the candidates what they feel could help. Do not be too presumptuous. |
| Provide empathy but hope | You could express statements like “I can imagine you are feeling very strong feelings now. But you are safe; these feelings will gradually subside”. You can also indicate that panic attacks can be treated effectively. |

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| **Did you know?** | Focussing on breathing helps some people who experience panic attacks but can amplify symptoms in other people. |

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| **Recommendations for the future** |

Unless you are trained in this field, you should not treat the panic attacks. Nevertheless, you could tell candidates that you have heard that many practices have been shown to diminish the likelihood of panic attacks. The following table summarises some of these practices (e.g., Ciuca et al., 2016).

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| Practice | Description |
| Calming suggestions called autogenic training | * Repeat several times, “My right arm feels heavy”. Do not force your arm to feel heavy. Simply repeat this phrase and observe the feelings in your arm. Repeat this procedure with your other arms and legs * Repeat several times “My right arm feels warm”. Again observe rather than control the feelings in your arm. Repeat this procedure with your other arms and legs * In the future, gradually add other suggestions, such as “My heartbeat is calm and regular”, “My stomach feels warm”, and “My forehead is cool” * Practice this sequence of procedures often, perhaps several times a week * Then, in the future, when you feel stressed, repeat some of these phrases to yourself |
| Positive psychology practices | * Occasionally, attempt some practices that have been shown to evoke positive emotions * For example, consider three positive events that unfolded during the day, even if trivial * Identify two or three of your strengths as well as contemplate how you could apply these strengths more often |
| Gradual exposure to unpleasant settings | * Gradually expose yourself to the circumstances you tend to avoid. For example, if you avoid social gatherings, perhaps eat at a park alone. The next week, eat at a café alone. The next week, attend a function in which you do not need to speak to anyone, and so forth. |
| Gradual exposure to unpleasant emotions | * Identify the bodily sensations you tend to avoid, such as a rapid heart rate. * Expose yourself to a situation that slightly increases your heart rate, such as mild physical exercise * The next week, expose yourself to a situation that increases your heart rate slightly more, and so forth |
| Attention training | * When stressed, learn to shift your attention to objects outside rather than bodily sensations or private thoughts |
| Acceptance and commitment therapy | * Learn to observe and accept some discomfort—rather than deliberately suppress or avoid unpleasant sensations (Carrascoso 1999; Gloster et al., 2015) |
| Visual Kinaesthetic Dissociation | * Expose the person to a situation they tend to avoid—situations that remind the person of panic attacks * As soon as they experience minor symptoms of panic, shift their attention to a calming object in their surroundings. Attempt to shift their attenion to the present and to a different sensory system * Invite the client to imagine watching a movie about a pleasant event in their life in the past * Imagine they can watch themselves in the theatre—perhaps in the booth in which the projector is located * Now, while in this booth, imagine the image on the screen is now the event that evokes panic, in black and white * Consider how the person, you in the theatre, is feeling while watching this image * Repeat until this image does not evoke discomfort * Gradually, ask the person to imagine entering the theatre as the movie becomes colored and more intense (see Simpson & Dryden, 2011) |

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| **Other insights about panic attacks** |

Here are some interesting insights about panic attacks

* Antidepressants—and specifically SSRIs—diminish panic attacks. These panic attacks are unlikely to return even after the medication is withdrawn (Van Apeldoorn et al., 2013)
* People who are very sensitive to bright light—and, for example, must wear subglasses even when sunlight is limited—are more susceptible to panic attacks (Bossini et al., 2013).
* The brain region that is central to fear—the amygdala—is not central to panic attacks. If the amygdala is damaged, fear but not panic attacks subside.

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