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Panic Attacks Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Understanding Your Panic Attacks

2 · Effects of Panic Attack

3 · Safety Behaviors

4 · Diaphragmatic Breathing

5 · Doing The Opposite

6 · Mindfulness Practice

7 · Decatastrophizing

8 · Progressive Exposure

9 · Your Coping Thoughts

10 · Keeping A Panic Diary

11 · Lifestyle Adjustments for Panic Prevention

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

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Understanding Your Panic Attacks

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), “a panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur: (Check off the ones you tend to often experience.)

- ☐ Palpitations, pounding heart, or accelerated heart rate.
- ☐ Sweating.
- ☐ Trembling or shaking.
- ☐ Sensations of shortness of breath or smothering.
- ☐ Feelings of choking.
- ☐ Chest pain or discomfort.
- ☐ Nausea or abdominal distress.
- ☐ Feeling dizzy, unsteady, light-headed, or faint.
- ☐ Chills or heat sensations.
- ☐ Paresthesias (numbness or tingling sensations).
- ☐ Derealization (feelings of unreality) or depersonalization (being detached from oneself).
- ☐ Fear of losing control or “going crazy.”
- ☐ Fear of dying.

1. Write down other symptoms you tend to experience that weren't mentioned above:

2. Where do your panic attacks occur? The following are some common circumstances. Check off the ones you relate to and add ones of your own:

- ☐ While working out
- ☐ On highways
- ☐ Shopping at a mall
- ☐ During meetings
- ☐ Before going on an airplane
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Recall a panic attack you experienced, one that you remember clearly. What did you feared was about to happen to you then?

4. What did you think the consequences of this would be, to you and the people near you? Would the effects been permanent or temporary?

5. What actually happened to you as a result of the panic attack? Did the feared outcomes you described above happen?

6. Use the following chart to show whether your fears happened or not:

Fear	Did it actually happen?	
	Yes	No

Effects of Panic Attack

1. What's the worst thing that a panic attack has ever done to you or made you do in the long term?

The following are some common consequences. Check off the ones you relate to and add ones of your own:

- ☐ I called in sick for a few days
- ☐ I started drinking more
- ☐ I became depressed
- ☐ I stopped driving on highways
- ☐ I rarely leave home anymore
- ☐ I stopped going to the gym
- ☐ I stopped going to malls
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Notice that these problems weren't inflicted on you by the panic itself. Rather these are your attempts to protect yourself from having future panic attacks.

Safety Behaviors

To cope with panic attacks, most people use safety behaviors.

Although those coping techniques seem helpful, they're actually keeping you from facing your fears and breaking free from the panic cycle. The more you avoid, the more you continue to feel afraid.

Moreover, avoiding certain situations or activities can eventually limit your life.

Avoidance

What places, objects, and activities do you tend to avoid?

Escaping

What situations or activities do you tend escape if you start feeling uncomfortable?

Protective rules and rituals

What protective rules or rituals do you tend to use to prevent a panic attack (e.g., Shopping only when the stores are less crowded, avoiding intersections that require a left turn, staying in the right lane while driving, buying fewer than ten items to use the express line, sitting near the exit in theatres or churches, etc.)?

Support people or objects

What support people or objects do you tend to carry with you to help you avoid a panic attack (e.g., water bottles, snack foods, phone, a rubber band, medications, etc.)?

Resisting the fear

What do you tend to do to resist your fear of having a panic attack (e.g. stiffening your body, tightening your muscles, holding your breath, seesawing back and forth, making sounds, distracting yourself from your fearful thoughts, etc.)?

Although we may experience relief when we engage in safety behaviors, the relief is temporary and makes us much more likely to engage in that same safety behavior the next time.

This reinforces two messages in our brain:

1. We validate our fears.
2. We reinforce the belief that we can't handle a panic attack and therefore we must escape it.

The more we validate those beliefs, the bigger our fear grows. This cycle continues onward and grows out of control.

When you cut safety behaviors and instead tolerate the fear, you teach your brain that the fearful thoughts it's sending you, are not real and you stop reinforcing the need to avoid.

What could you do during a panic attack that would give you the most long-term freedom from fear?

Diaphragmatic Breathing

Shortness of breath is the most common of all panic symptoms.

Diaphragmatic breathing or belly breathing is the opposite of the short and shallow breathing you experience during a panic attack, and can help you calm down.

Exercise: Belly Breathing

1. Place one hand on your belly and the other on your chest. Your hands will simply tell you what part of your body you are using to breathe.
2. Sigh as if someone had just disappointed you. The goal isn't to completely empty your lungs, but to relax the muscles of your upper body relax.
3. Slowly inhale through your nose while pushing your belly out. Inhale as much air as you comfortably can.
4. Pause briefly then exhale through your mouth while pulling your belly in.

How to Stop Hyperventilating?

Hyperventilating or over breathing (breathing quickly and shallowly) decreases the levels of carbon dioxide in your body and causes dizziness and light-headedness.

To counter that, slowly breathe into a paper bag or cupped hands in a way that allows you to rebreathe the air you've just exhaled, restoring the carbon dioxide levels in your body to normal and stopping the hyperventilating.

Panic tricks you into thinking that you're in danger and that you should protect yourself. This keeps you stuck.

The best way to overcome your fears is by doing the opposite of your instinct to avoid and run away, and give it time to pass.

1. Think about your recent panic attack. What gut instincts did you have?

2. How do these responses affect you?

3. What would be the opposite of your gut instincts?

4. How might these responses change the way you feel?

Mindfulness Practice

Mindfulness is the practice of observing your inner experience, including your thoughts, feelings, and bodily sensations. It can help you stay present and grounded when you're experiencing anxiety-provoking thoughts and emotions and sensations.

Take a few minutes to check in with yourself and answer the following questions:

List 5 things that you can see	1. 2. 3. 4. 5.
List 5 things that you can hear	1. 2. 3. 4. 5.
List 5 things that you can feel	1. 2. 3. 4. 5.
List 5 things that you can smell	1. 2. 3. 4. 5.
List 5 things that you can taste	1. 2. 3. 4. 5.

Decatastrophizing

Catastrophizing is when you predict the worst outcome for the future.

Situation: _____

1. What's the worst that can happen?

2. How terrible you believe it would be on a scale from 0 to 10? _____

3. What is the likelihood of the catastrophe occurring?

- Has this ever happened to you before in the past?

- How frequently does this happen in real life, in general?

4. If the worst scenario happened, how can you cope?

- If a similar situation occurred in the past, what have you done to cope?

- What strategies or people could you turn to for support now?

5. What would you tell a friend in the same situation, having these same thoughts?

6. Having reviewed the risk and your ability to cope, how do you now feel about the situation?

Progressive Exposure

Exposure is regarded as the most effective treatment available for panic attacks.

Exposure means safely allowing yourself to experience panic and staying in place with the fear until it passes, without relying on safety behaviors.

1. Create a list of activities and situations you fear:

2. Rank these fears from least panic-provoking to the most panic-provoking fear:

3. Start with the least panic-provoking situation or activity and construct a list of exposure goals by doing the following:

Fear:_____

Expected outcome (what do you fear will happen if you allow yourself to face this fear?):_____

- Make a list of every single thing you'd have to do if you were to face your fear.

- Arrange the items beginning with the least feared item at the bottom and ending with the most feared item on the top.

*Consider adding a few steps if the fear seems too difficult, such as **looking at pictures of what you fear, imagining yourself in the feared situation, or talking about your fear with other people.***

4. What was the actual outcome of facing your fear? Compare the actual outcome with what you expected.

Your Coping Thoughts

Coping thoughts are positive self-statements that remind that you can handle your emotions.

Here are some examples of good coping thoughts Check the ones you can use and add ones of your own:

- ☐ It's okay to make a mistake.
- ☐ I've gotten through this before.
- ☐ I can do it
- ☐ I can handle this
- ☐ It will be over soon.
- ☐ I am strong for my family.
- ☐ Anxiety comes in waves—it always recedes eventually.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Keeping A Panic Diary

Keep a panic diary during your panic attacks. This will help you observe your panic attack better and record important information that you may otherwise forget later.

Date: _____

Time panic began: _____ Time panic ended: _____

Panic intensity: 0 1 2 3 4 5 6 7 8 9 10

Symptoms:

Physical sensations

Emotions

Thoughts

Behaviors (e.g. safety behaviors, distractions, protective rituals, etc.)

What happened before the panic attack?

What do you fear would happen as a result of this panic attack?

Are you using belly breathing?

What was the worst thing that happened because of the panic attack?

Did the initial feared outcome happen?

What would you like to do differently next time?

Lifestyle Adjustments for Panic Prevention

1. Daily Routine Modifications

- What changes can you make to your daily routine to reduce stress? (e.g., regular sleep times, meal times)

- How can you incorporate regular physical activity into your day?

- Are there relaxation techniques that you can practice daily? (e.g., deep breathing, meditation)

2. Nutrition and Diet

- Are there foods or beverages that you notice increase your anxiety or panic symptoms? (e.g., caffeine, sugar)

- What healthy foods can you incorporate more into your diet to help stabilize your energy and mood?

3. Social Interactions

- How do your interactions with others affect your anxiety levels?

- Are there supportive people you can spend more time with?

- How can you set healthy boundaries in relationships that cause stress?

4. Sleep Hygiene

- What is your current bedtime routine?

- Are there activities or habits you need to change to improve your sleep quality? (e.g., limiting screen time before bed)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Panic disorder; panic attack specifier · A panic attack alone is not a disorder; panic disorder requires the full syndrome.
- ICD-11 CDDR: 6B01 Panic disorder · Formal diagnosis.
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 4, 9, 11, 14, 20, 21, 22. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Confirm recurrent unexpected attacks plus sustained concern/behavior change and impairment; exclude substances, medication, cardiopulmonary/endocrine/neurological causes, and other anxiety/trauma disorders.

Document-specific corrections

- Pages [2, 4, 20] · Frame ·Panic Attacks· using the DSM/ICD status below; add duration, impairment, exclusions, and differentials without reproducing criteria. The title alone must never be treated as a diagnosis.
- Pages [1, 2, 4, 14, 22] · Treat the Panic Attacks ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly.
- Pages [2] · Exposure should follow an individualized hierarchy with informed consent, repeated learning-focused practice, response-prevention guidance, and screening for medical danger, trauma cues, dissociation, fainting risk, panic-related medical mimics, and substance effects; avoid reassurance that guarantees safety. Apply this specifically to the workbook's Understanding Your Panic Attacks, Effects of Panic Attack, Safety Behaviors, Diaphragmatic Breathing sections.
- Pages [1, 2, 4, 9, 11, 21, 22] · Review all medical assertions in Panic Attacks with a qualified medical professional; distinguish psychoeducation from individualized advice and add referral thresholds, contraindications, and medication/procedure cautions appropriate to this population.

Measures, scoring, and permissions

- Treat the Panic Attacks ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly. custom/unvalidated unless evidence is supplied confirm no third-party item wording was adapted

Intervention scope and contraindications

- Exposure should follow an individualized hierarchy with informed consent, repeated learning-focused practice, response-prevention guidance, and screening for medical danger, trauma cues, dissociation, fainting risk, panic-related medical mimics, and substance effects; avoid reassurance that guarantees safety.
- Exposure work should be formulation-driven, collaborative, graded, and designed to reduce avoidance and unhelpful safety behavior-not delivered as forced flooding. Screen medical and trauma-related explanations when relevant.

Crisis and current resources

- U.S.: call or text 988; chat at <https://988lifeline.org/>. Immediate danger: local emergency services. International resources must be separately verified for the intended country and dated.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- https://www.ptsd.va.gov/professional/treat/txessentials/prolonged_exposure_pro.asp
- <https://988lifeline.org/>

2026 Clinical Alignment

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- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.nice.org.uk/guidance/cg113/chapter/recommendations>