

## EMDR and Panic Disorder

- Presented by Carl Nickeson, PhD at the EMDRIA 2010 Annual Conference, Minneapolis, Minn.
- EMDRIA Approved Consultant
- EMDR Institute Facilitator
- Private practice at 1635 E. Robinson St., Orlando, FL 32803. Phone: 407 898 8544
- Website: [WWW.CarlNickeson.com](http://WWW.CarlNickeson.com)

1

---

---

---

---

---

---

---

## Description of a Panic Attack (From the DSM)

- A panic attack is a discrete period of intense fear or terror with four, or more, of the following symptoms which develop abruptly:
- Palpitations, pounding heart, accelerated heart rate
- Sweating
- Trembling or Shaking
- Sensations of shortness of breath or smothering

2

---

---

---

---

---

---

---

## Panic Attack Description, Continued

- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Derealization or depersonalization
- Fear of losing control or going crazy
- Numbness or tingling sensations (paresthesias)
- Chills or hot flushes

3

---

---

---

---

---

---

---

### DSM Diagnostic Criteria: PD without Agoraphobia

- Recurrent unexpected panic attacks
- Persistent concern about having additional attacks
- Worry that the attack is signaling something dire: For example, losing control, having a heart attack, or going crazy.
- Significant behavior changes and accommodations related to the attacks and fear of recurrence.

4

---

---

---

---

---

---

---

### Description of Agoraphobia

- Anxiety about being in places or situations from which escape might be difficult or help not available
- These situations and places are avoided or only endured with marked distress or require the presence of a companion.

5

---

---

---

---

---

---

---

### Diagnostic Criteria: PD with Agoraphobia

- The same symptoms as noted on Slide 4 plus the presence of agoraphobia.

6

---

---

---

---

---

---

---

### Classic Book

- Watzlawick, P., Weakland, J., and Fisch, R. (1974). *Change: Principles of the problem formulation and problem resolution*. New York: W. W. Norton and Company.
- Fundamental fact: In all anxiety disorders the person is failing to distinguish between real and imaginary danger.

7

---

---

---

---

---

---

---

### Second-Order Change

- A breakthrough which may be unaccounted for and unexplainable by pre-existing theories and assumptions
- But, in retrospect, the “new” solution seems obvious.
- An example of such a cure for PD

8

---

---

---

---

---

---

---

### EMDR is *NOT* “Just Exposure”

- McNally’s ditty: “What’s new about EMDR doesn’t work and what works about EMDR isn’t new.”
- Rogers, S. & Silver, S. M. (2002). Is EMDR an exposure therapy? A review of trauma protocols. *Journal of Clinical Psychology*, 58(1), 43-59.
- EMDR is better tolerated by clients than exposure therapy, and it may be better overall as well.

9

---

---

---

---

---

---

---

### Contrasts between EMDR and CBT

- CBT clinicians contend that the irrational thinking is the cause of the symptoms; EMDR clinicians view the irrational thinking as an effect, not the cause.
- In addition to exposure, CBT relies on using positive self talk as a primary active ingredient.
- EMDR is an experiential therapy.

10

---

---

---

---

---

---

---

### Summary Article of Research on EMDR and Panic Disorder

- de Jongh, A., & ten Broeke, E. (2009). EMDR and the anxiety disorders: Exploring the current status. *Journal of EMDR Practice and Research*, 3(3), 133-140.

11

---

---

---

---

---

---

---

### Research: EMDR and Panic Disorder

- The few published case reports and controlled studies show mixed results. Clients varied greatly in the severity of their symptoms.
- There is a high correlation between successful treatment and the inclusion of an extended preparation phase.
- Depending on symptom severity, and whether or not the client is agoraphobic, the length of needed treatment seems to range widely.

12

---

---

---

---

---

---

---

### Preparation Phase Tasks

- Immediate interventions.
- Biological/medication considerations.
- Explanation of the dynamics of panic disorder.

13

---

---

---

---

---

---

---

### Stress Control Practice

- *Diaphragmatic Breathing.*
- Calm Place, RDI work, etc, the things you would do with any presenting problem.
- Later we will discuss why some clients have panic attacks when they focus on their breathing.

14

---

---

---

---

---

---

---

### Preparation Phase Issue: Biology

- Differences in temperament are present at birth.
- But biology is not destiny. Research on anxiety disorders tells us that only between 30 and 50% of the vulnerability to an anxiety disorder is accounted for by genetics.

15

---

---

---

---

---

---

---

### Medication Issues in Panic Disorder

- Is a combination of medication and psychotherapy the best treatment?
- I am not seeking to debate whether or not drugs reduce anxiety: Clearly, xanax is effective at producing a state change.

16

---

---

---

---

---

---

---

### Objections To Medication in Panic Disorder

- Medication side effects may cause attrition.
- If medications give improvement, motivation for hard work may be reduced.
- Gains may be attributed to medication rather than personal mastery.

17

---

---

---

---

---

---

---

### Objections, continued

- Drugs may cause learning to become state dependent.
- When medications are withdrawn, relapse rates are high.
- Medications, even when not being used regularly, can become "safety signals."

18

---

---

---

---

---

---

---

### Goal: Empowerment

- The goal of treatment is self-efficacy.
- Gaining a sense of mastery and personal control are best accomplished by psychological methods.

19

---

---

---

---

---

---

---

### Caffein and Other Stimulants

- Do you recommend to your anxiety disorder clients that they avoid coffee or other caffeinated beverages?
- What recommendation is most consistent with the goal of empowerment?

20

---

---

---

---

---

---

---

### The EMDR AIP Model

- We have a built-in information processing system possessing an inherent drive to heal.
- Memory is stored in networks.
- Pathology results from unprocessed negative experiences.
- EMDR jump starts the system to facilitate the resolution of dysfunction.

21

---

---

---

---

---

---

---

### Vulnerability Factors in Panic Disorder

- Danger sensitivity.
- Somatic or interoceptive sensitivity.

22

---

---

---

---

---

---

---

---

### Panic Attacks

- A panic attack may occur for a number of reasons.
- Having a panic attack may, or may not, mark the onset of panic disorder.

23

---

---

---

---

---

---

---

---

### Traumatic Conditioning by Panic Attack

- Razran's demonstration.
- Pavlovian conditioning of interoceptive cues.
- Physiology phobia.

24

---

---

---

---

---

---

---

---

### Contrasts between Physiology Phobia and “Regular Phobias”

- Fear causes adrenaline to flow.
- Unconscious cueing.
- The body cannot be escaped or avoided.

25

---

---

---

---

---

---

---

---

### Summary: The Panic Cycle

- An initial attack ( for whatever reason).
- Installation of “fear of fear.”
- Hypervigilance to and misappraisal of bodily sensations. Onset of “physiology phobia.”
- Increases in felt sensations lead to increased arousal, arousal increases bodily sensations.
- Recurrent panic attacks, i.e., panic disorder.

26

---

---

---

---

---

---

---

---

### Irony for People with Panic Disorder

- Panic disorder can be dangerous to health in indirect ways.
- Suffering repeated, long-lasting states of high anxiety and panic may affect physiological baselines.

27

---

---

---

---

---

---

---

---

### Panic Disorder Protocol

- A treatment method or approach versus a technique.
- EMDR is an eight phase method of treatment.

28

---

---

---

---

---

---

---

---

### Medical Evaluation

- Importance of a recent physical examination.
- Medical conditions can present as panic disorder.

29

---

---

---

---

---

---

---

---

### History Phase: Panic Disorder Protocol

- Standard interview.
- Ask about possible vulnerability experiences.
- Confirm that the client accepts the diagnosis.

30

---

---

---

---

---

---

---

---

### Preparation Phase: PD Protocol

- Psychoeducation.
- Stress control/first aid tools.
- Value in keeping a log.
- Importance of in vivo practice.

31

---

---

---

---

---

---

---

---

### Contents of the log

- Write down a description of every panic attack.
- Record at the end of each day the average level of anxiety experienced, depressed mood, and worry about having an attack. Use the 0-10 scale to rate the intensity of each.

32

---

---

---

---

---

---

---

---

### Assessment Phase: PD Protocol

- Typical negative cognitions in panic disorder:
- Lack of safety.
- Lack of control.
- Personal defectiveness.

33

---

---

---

---

---

---

---

---

### Desensitization Phase: PD Disorder

- The three prongs of the protocol.
- The therapist's role.
- Stop short of a panic attack.
- Cognitive interweaves.

34

---

---

---

---

---

---

---

---

### Targets: Past Prong

- Life events contributing to vulnerability.
- The first panic attack.
- The worst panic attack.
- The most recent panic attack.

35

---

---

---

---

---

---

---

---

### Targets: Current Triggers

- Places, situations, and other external cues associated with panic attacks.
- **Bodily sensations and interoceptive cues.**

36

---

---

---

---

---

---

---

---

### Future Templates

- Prepare the client for what he may encounter in the future.
- Shapiro's videotape procedure.

37

---

---

---

---

---

---

---