

MESH Blog- May 2017

Tracey Gaslin PhD, CPNP, FNP-BC, CRNI

Walking Through a Panic Attack

It's a sunny day at camp and you are headed off to the fishing dock before the heat of the day arrives. As you round the corner of the cabin, there is Janie. She is breathing fast, pacing the area, and unwilling to talk with you. A quick look at your notes reminds you that Janie has a history of panic attacks. You want to effectively intervene and are now glad that your camp practiced a simulation of someone having a panic attack during orientation.

You remember that there are two specific things happening now:

1. Janie has a change in her breathing patterns which is causing her to release too much carbon dioxide (CO₂). This can decrease blood flow to the brain with the potential of fainting, dizziness, and confusion.
2. Janie is experiencing intense fear. During fearful episodes, a part of the brain, the amygdala, is not able to translate messages effectively from one area to another. This may cause altered sensory responses to the environment and irrationality regarding the event.

Being a trained and prepared counselor you take the first steps quickly: you stay with the camper, you remain calm, and you move Janie to an area of low stimulation and distraction. Most importantly, you remain predictable. Predictability is accomplished by telling Janie every step you are making:

"Janie – I am calling for assistance right now"

"Janie – I am walking you to a different location"

"Janie – I am not leaving you, I am setting my backpack down"

What would seem to be rationale activities that would not require explanation, often do require verbal description during a panic attack. In her current state of fear, Janie needs clear communication in her efforts to reestablish control.

You know that one of the keys to calm and organized intervention are your words and your tone. In a heightened state of fear, individuals often need verbal reinforcements and not attempt to decipher nonverbal cues. Keeping the voice low, slow and steady can begin to introduce control for Janie. You share statements such as:

"You can get through this"

"Tell me what you need now"

"What you are feeling is scary, but it is not dangerous"

"I am proud of you. Good Job"

"This will not last long. Concentrate on _____"

Two steps are often taken to help the individual regain control:

1. Work on controlled breathing – As the counselor you begin breathing with Janie and working on a slow organized pattern of inhalation and exhalation. You quickly draw a rectangle on a piece of paper and hold it for Janie to see. You tell her that both of you are going to inhale on the short side of the rectangle, and exhale on the long side of the rectangle. As you begin the exercise, you run your finger slowly down each side to help guide the pace of the breathing.



2. Repetitive Activity – To release anxiety, offering a distraction for the hands can be helpful. You walk over to your backpack (no running or unpredictability), and pull out some string. Give Janie the string to twirl, twist, wad, and manipulate in a variety of ways. By having a kinesthetic distraction, Janie is provided a physical release for her energy and anxiety while regaining focus in the moment.

In about 10 minutes, Janie begins to calm. You know that most panic attacks last about 8-12 minutes and your role is to demonstrate patience and praise. Janie seems to be recovering and you feel that this experience can lead to learning about Janie’s potential triggers and helping her identify those triggers to help marginalize potential future events. Your confidence grows in your ability to create control over confusion for this sweet camper. As you take Janie to her next activity, you praise her recovery efforts and validate her concerns and feelings. Good Job Counselor – Now to fishing we go!