

About Anxiety Attacks

Anxiety attacks, also known as panic attacks, are episodes of intense panic or fear. Anxiety attacks usually occur suddenly and without warning. Sometimes there's an obvious trigger ... but in [some] cases, the attacks come out of the blue.

Anxiety attacks usually peak within 10 minutes, and they rarely last more than 30 minutes. But during that short time, the terror can be so severe that you feel as if you're about to die or totally lose control. The physical symptoms of anxiety attacks are themselves so frightening that many people believe they're having a heart attack.

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Anxiety is a part of everyday living. It is a response to stress, especially stressors that are perceived as upsetting, threatening, and dangerous. When experienced infrequently and to a moderate degree, it is a natural state of being with which most people cope effectively. And it can be a positive motivator.

Circumstances can arise, however, that are so stressful that they produce serious problems and even end up being diagnosed as a mental disorder, such as Panic Disorder, Agoraphobia, Specific Phobia, Social Anxiety Disorder, and Generalized Anxiety Disorder. Our focus here is on anxiety reactions that often are described as panic attacks. Note that only a relatively small number of individuals have repeated attacks and qualify for diagnosis of Panic Disorder. Individuals experiencing panic attacks may also have other problems (e.g., depression, phobias, substance abuse, suicidal ideation).

Anxiety is common at schools. It is experienced by students and staff. Teachers usually are aware of students who appear overly anxious. Particularly evident are students with severe and chronic reactions to stress. Such students usually try to find ways to avoid situations that cause high levels of anxiety.

Fortunately, schools can play a proactive role in preventing anxiety-related problems, responding quickly when a problem arises, and helping address chronic and severe anxiety reactions.

What are Indicators of a Severe Attack?

To an observer, individuals manifesting severe anxiety attacks often seem to react far out of proportion to the situation. Below is a synthesis of frequently described emotional and physical reactions. The cluster experienced by any individual varies.

Emotional Reactions

Feelings of apprehension/dread
 Trouble concentrating
 Feeling tense and jumpy
 Anticipating the worst
 Irritability
 Restlessness
 Watching for signs of danger
 Feeling one's mind's gone blank
 Intense fear of dying, losing control, or losing one's mind

Physical Reactions

Racing/Pounding heart
 Chest pain
 Sweating
 Stomach upset or dizziness
 Nausea
 Numbness or tingling sensations
 Frequent urination or diarrhea
 Shortness of breath
 Dizziness
 Tightness in the throat

Difficulty swallowing
 Faintness
 Chills
 Choking
 Tremors and twitches
 Muscle tension
 Headaches
 Fatigue
 Insomnia

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How It Happens

The literature offers a variety of diagrams illustrating anxiety reactions as a cycle. The problem with viewing such experiences as a simple cycle is that most behaviors are reciprocally determined. That is, they are the result of complex transactions between person and environment. Person factors include assimilated schemata (knowledge, skills, attitudes) and current states of being (physiological sensations, thoughts, emotions, actions); environmental factors include the surrounding physical and social context. Human behavior is so complex because of the continuous transaction of these factors.

In addition to what initially instigates anxiety, once anxiety is aroused it becomes a secondary factor that can exacerbate problems. For example, individuals who have anxiety attacks are fearful about when and where the next attack will occur. At school, this can contribute to attention and concentration problems and produce avoidance behavior, including reluctance to interact with others and aversion to school and school staff. In severe cases, the individual may develop agoraphobia.

All this contributes to poor peer relationships, poor school performance, and other problems.

What Can Be Done?

The aim for intervention is to prevent problems, respond quickly when a problem arises, and play a role in helping address chronic and severe anxiety reactions. For a school, accomplishing all this involves mobilizing school staff, students, and family members, and if necessary, making referrals to outside professionals. It calls for practices that

- reduce environmental and personal stressors (e.g., making environmental changes and offering personal accommodations to reduce stressors)
- enhance the motivation and capacity of school staff to reduce anxiety provoking situations and provide relief when students' manifest anxiety reactions (e.g., identifying and minimizing factors that are triggering high levels of anxiety and learning how to respond effectively to anxiety attacks)
- enhance students' motivation and capacity for coping with anxiety reactions (e.g., promoting positive student development, including personal and interpersonal problem solving and adopting a healthy life style)
- provide regular social and personal supports (e.g., providing personalized support and guidance in reducing anxiety and helping when an attack occurs; offering counseling to mobilize the student to address personal factors that produce stress, initiate personal and interpersonal problem solving, and adopt a healthy life style)

Clearly, helping students cope with their anxiety is not easy. It requires letting them know the school staff cares, is aware, and can be trusted. Such trust is built on a platform of regular support, active listening, and two-way communication that encourages and enables a student to be receptive to help.

For more on what schools can do, see the Center document entitled:

>*Anxiety, Fears, Phobias, and Related Problems: Interventions and Resources* –
<http://smhp.psych.ucla.edu/pdfdocs/anxiety/anxiety.pdf>

Also see *School-based Interventions* from the Massachusetts General Hospital, School Psychiatry Program and MADI Resource Center –
http://www2.massgeneral.org/schoolpsychiatry/classroom_interventions.asp

And for a student's perspective, see Appendix A.

The considerations discussed above also apply as the school works with the family.

The school also may find it necessary to make referrals to outside professionals. Such referrals may lead to counseling/psychotherapy, prescribed medication, and/or other “alternative, natural, and complementary treatments.” Note that research suggests that counseling/psychotherapy alone or combined with medication can be more effective than medication alone in overcoming anxiety.

About Medication

It is generally acknowledged that medication can relieve some anxiety symptoms but is not a cure or a long-term solution. Medication also has negative “side” effects. For a discussion of specific medications that are used to treat anxiety disorders, their side effects, and drug interactions, see

<http://www.helpguide.org/articles/anxiety/anxiety-medication.htm>

<http://www.medicinenet.com/anxiety/page7.htm>

http://www.rxlist.com/anxiety_medications/drugs-condition.htm

Psychological interventions for addressing anxiety problems focus on helping the individual identify and decrease irrational thoughts and behaviors. Individuals learn to decrease the tendency to pay excessive attention to potential threats and acquire coping skills. Behavioral techniques include relaxation techniques and gradually increasing exposure to anxiety precipitating situations. Anxiety-focused psychodynamic psychotherapy stresses understanding the problem and how to handle emotional factors contributing to symptoms. (See Appendix B for an interview with a psychologist about working with college students’ anxieties.)

Support and guidance for self-care include recommendations to avoid substances that can worsen anxiety (e.g., caffeine, alcohol, illicit drugs) and engage in stress-management techniques (e.g., aerobic exercise, deep breathing, massage therapy, yoga, mindfulness).

Hyperventilation is associated with panic attacks. Many people believe breathing into a paper bag is a way to deal with this. The benefit of doing this may result from the individual’s belief in the tactic (i.e., a placebo effect). But, cautions have been raised that “breathing into a paper bag when one is having trouble breathing can make matters worse when the hyperventilation is the result of conditions of oxygen deprivation, as occurs with an asthma attack or a heart attack.”

Concluding Comments

Research on anxiety problems continues to study factors involved in the development and amelioration of such problems. Among the factors being investigated are brain-behavior relationships, cognitive and emotional factors, hormones, genetics, and infections. The hope is to find a cure and possibly even ways to prevent anxiety problems and disorders.

Currently, schools have a role to play in ameliorating anxiety problems. This is best accomplished by naturally embedding a focus on the matter into school improvement planning to develop a unified, comprehensive, and equitable system of student and learning supports and through continuous outreach to collaborate with families and involved community stakeholders. Ultimately, the aim is to enhance well-being by supporting, guiding, and nurturing all students and buffering their inevitable encounters with harmful experiences.

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Links to Some Additional Resources

See the UCLA Center's Online Clearinghouse Quick Finds on

>Anxiety: <http://smhp.psych.ucla.edu/qf/anxiety.htm>

>Post-Traumatic Stress: <http://smhp.psych.ucla.edu/qf/ptsd.htm>

Each Quick Find provides links to resource materials from our center and links to other centers that offer a variety of resources and references.

Anxiety and Depression Research Center (ADRC) at UCLA –
<http://anxiety.psych.ucla.edu/>

American Academy of Child and Adolescent Psychiatry – <http://www.aacap.org>

American Counseling Association – <http://www.counseling.org>

American Psychiatric Association – <http://www.psych.org>

American Psychological Association – <http://helping.apa.org>

>Answers to Your Questions about Panic Disorder.

<http://www.apa.org/topics/anxiety/panic-disorder.aspx>

Anxiety and Depression Association of America – children and Teens –
<http://www.adaa.org/GettingHelp/FocusOn/Children&Adolescents.asp>

Healthy Place America's Mental Health Channel

>Anxiety-Panic Information – <http://www.healthyplace.com/anxiety-panic/>

Massachusetts General Hospital, School Psychiatry Prog. and MADI Resource Center –
http://www2.massgeneral.org/schoolpsychiatry/classroom_interventions.asp

National Anxiety Foundation – <http://www.lexington-on-line.com/naf.html>

National Association of Social Workers – <http://www.naswdc.org>

National Mental Health Association – <http://www.nmha.org>

National Panic/Anxiety Disorder News, Inc. – <http://www.npadnews.com>

Appendix A: *A Student's Personal Reflection*

From what I can recall, I first started experiencing (or at least becoming aware that what was happening to my body was irregular) symptoms of panic attacks towards the end of my high school career. I know for certain I'd get them during senior year, but I think they may have started a bit before that. I most certainly did not realize at the time why they were happening, but I've since done a HUGE amount of reflection and underwent therapy to understand why and I believe I now have a basic level of understand for why they started. And I believe this rationale is true.

At the time, when I first started feeling these symptoms, I brushed them aside. But they became worse over time. What were these symptoms? I've since researched the list of symptoms, and of those, I experienced hyperventilation, hot flashes, and tingling and numbing sensations among other things. But the worst physical symptoms of them all was my breathing. I remember when I first reached out to people about what I was feeling, I was at a complete loss of words to express what was going on. Over time, I've refined my answer to this: there seemed to be this giant rock or boulder or anchor, something extremely heavy that lived in my chest. It only existed there. It lived there. Because at certain moments, it'd feel like the bowling ball dropped and then I felt so heavy, I felt like I was drowning, and especially like I was suffocating. Once I felt this weight, I'd start gasping for air, and at times I'd feel like I was choking. But I say this weight lived in my chest because even when it didn't reach these really bad moments, and I would simply be walking, I still felt it. It was lodged there and stuck, and I couldn't get rid of it. Sometimes I'd feel "lighter" and my airways feel like they're more free. But in the back of my mind, always, this weight just never went away.

I would simply go through periods of feeling weighed down to feeling a little lighter, and then suffocating again. The suffocating moments seemed to happen unexpectedly at the time. For example, I once was in the middle of taking a shower and all of sudden started gasping and had to sit down in the tub with the water running down on my head for at least 7 or 8 minutes. But why? Why was I getting these episodes of panic? Again, I couldn't figure it out at the time, but I do have more concrete understandings now. Honestly, it was a combination of stresses, but one of the biggest factors was just that college decisions/my future was coming up. It was my senior year and everything seemed to culminate to that. That was a great deal of pressure on me, and I don't feel that I had the proper support system at the time around me to help me handle that stress in a mature and wiser manner. So I felt like everything was happening too fast and everything was going to collapse because I couldn't handle all of it on my own.

One of my most stark memories from what I now call my "dark period" was my incredulity at the physicality of what I was feeling. What stuck out to me the most about those panic attacks were just how real they felt. And how specific they were. I had a lot of jumbled up thoughts back then that I'd endlessly try and sort out during late nights, but because so many of them were emotional thoughts and not actual linguistic ideas, it became hard to comprehend them. But with the physical symptoms, they were a lot easier, though still difficult to explain. Furthermore, the people closer to me also became aware of them because I couldn't hide them as easily. With the shower incident for example, my mom knew about it right away. I was so shocked, upset, and unsettled after regaining my breath that I immediately ran to her because I needed her. So in a way, the fact that these attacks were so physical actually pushed me to seek help more so than what was mentally happening to me. At least, this is the way I currently view them. That's also why I "welcome" panic attacks now, because to me, they're just a sign that there's something wrong and I need to go get help. I've since put a spin on the way I view these out-of-control physical symptoms as my body sending me a HUGE RED FLAG that I need to take care of myself. I am not sure if this is the right way to view panic attacks, but for me, it's helped to look at them optimistically rather than fear their arrival as others do. I don't fear the attacks themselves, and I maintain focus on figuring out the actual cause for my distress. I've since tried to explain to some of my friends and peers who have confided in me that they too, have had panic attacks, my way of thinking. For one of them, who at first was not handling them very well, had an extremely positive response once I explained to her my method of looking at panic attacks. The others too seem to appreciate what I've said to them.

The above was a tactic that I somehow discovered all on my own that I feel has been extremely beneficial to me. To me, all it is learning to look at what is causing me fear, anxiety, or stress, in a different light that's perhaps not as harsh and extreme. Oftentimes though, it is very, very hard to do so all on my own. One of my biggest actions that I'm glad I took was asking for help. I've had exceedingly positive relationships with psychologists. I've gone to see 2 different doctors now and every time I walk away from a session, I feel much better. It's because they both showed me new tools and tactics like the one I figured out on my own. The first doctor from San Diego curiously in a lawyer-like maneuver got me to admit that I wasn't as "worthless" as I had perceived myself to be. This is considered mental progress, but it's ironic that the physical indicators showed me the change. I walked away knowing I felt better because after talking to her, I felt SO MUCH more lighter. The weight actually disappeared for a bit. And that made me so happy. It still surprises me, and I wonder if it's the same for everyone, but my physical to mental ties seem to be very strong. The second psychologist from the Bay Area pointed out the cognitive dissonances I had. She explained to me that she was going to have me go through cognitive behavioral therapy, which was actually what my previous psychologist was starting to have me do before school ended. She made me realize that I had too extreme expectations (usually really high or really low) for how things should turn out or how people should behave. The most important thing I learned though, was how temporary, everything is. That was a HUGE weight off my shoulders once again. Once I realized how true that was, things didn't seem to hold that much weight and pressure. I began to stop thinking that everything was a complete disaster or failure for all of eternity and problems were most likely situational and of the current time period. It helped me a lot and the panic attacks actually subsided. I last saw this doctor the summer before coming to UCLA. I still had panic attacks before school started, but I haven't had one for more than a month now. I am currently still working on the techniques taught to me in therapy and trying to apply it to all the areas in my life where I feel stressed out. It is an ongoing process that takes effort, but I feel that it is helping to a great extent with my anxiety and panic.

From Other Students Experiencing Panic Attacks

"I was feeling a bit stressed out and down and I wrote a paper for one of my writing classes in which my feelings apparently leaked into. I didn't think my paper was abnormal or anything like that, but the next thing I know, my professor came up to me to talk to me and asked me if I was okay because my paper worried her. It gave me more anxiety because the thought of a professor knowing about how I felt was weird and awkward. I don't think that teachers or principals should be involved in this, only counselors should. Kids with mental disorders or any kind of mental health-related problem feel ashamed with the social stigma surrounding mental health. If teachers shove themselves into their students' lives or if too many people know about [my panic attacks], that can feel overwhelming and then I might get [a panic attack]. I don't like my life being so open to people that I don't know. I don't even know if I would go see a psychologist, perhaps if it was all anonymous."

"I acted differently in school and around my friends because of my panic attacks. People would ask if I wanted to hang out and I'd say no. I would stay home, and end up feeling more and more anxious. It ended up making up things worse. I first opened up to two close girl friends. It was because they empathized instead of sympathizing with me. One of them spoke to me first about her anxiety, and then the other brought up that she shared many similar symptoms. I recognized that I too would have breathing problem and get hot sweats. After that, we realized that we worried over many of the similar things. I didn't feel like they looked down or pitied me in any way. I felt like they understood. After that, I'd speak with my boyfriend about this and that helped a lot too."

Appendix B: *Interview with a Psychologist at a University Counseling Center*

Q. What are similar situations or causes for students that have panic attacks?

A. In some instances, it's more or less clear what the trigger is. An example is if someone has a fear of enclosed spaces, an elevator is a trigger. That's an example where you can tie the panic attack to trigger. For others, it might not be as obvious. Some have them when they wake up. There's no clue for that. I see both kinds of situations. Typically when you work with someone and you understand the struggles and fears they face, you can ultimately tie back to the trigger. Sometimes the trigger is an anxiety symptom. People might misinterpret those bodily symptoms as a heart attack or something else catastrophic and in turn they amplify their anxiety, and they ultimately have a panic attack. This is the vicious cycle that many get caught up in.

Q. What is overall aim of treatment?

A. To decrease one's anxiety about one's anxiety. To help them tolerate the physical sensations, and to learn that their feared outcomes may not pan out. They might think they're going crazy or having a heart attack and we help them learn that those feared outcomes don't actually happen. Also, that they don't need to avoid situations that might bring out those feared outcomes and that they'll be fine.

What we do is a lot of psychoeducation about what panic is. We do corrections about mistaken beliefs about panic. We also help people tune out their physical experience. Often people with panic are hypersensitive and scan their bodies for physical symptoms. We help them let go of this hyperawareness. Ultimately, we help them approach situations that might bring on symptoms they're afraid of. People tend to avoid exercise or some other positive activity, and we help them get reinvolved in those activities. That's ultimately what we do in treatment.

Q. In what way is medication used to help treat individuals?

A. Medication treatments can be an important part of one's recovery. If someone is so flooded with their anxiety that it impairs everything else in their life and CBT isn't helping, then that might be a good time to make a referral to meet with a psychiatrist. It's often part of the treatment, but they can get better without medication as well. It also depends on the severity as well and what other disorders the patient may have in conjunction with anxiety. Say, if a person had depression as well, then that person might need to use medication to help offset some of their mood issues to better engage in CBT. It depends on severity and if there are other comorbid disorders or other conditions.

Q. Do you have suggestions for peers to help friends who struggle with panic attacks?

A. In treatment, we try and ground people in the reality that panic is uncomfortable but it's not dangerous and that can be comforting for people that are in the throws of the attack. It's useful to share that information with friends so they can reassure you of that if you're in the middle of an attack and are having trouble coping. Sometimes I'll instruct my patients to think of one or two people in their lives that they feel like they can bring into the fold. In general, you want to follow the person's lead. If they want space, give them that and approach them, keep an eye on them if they seem more receptive. Asking that basic question, "Do you need help", is good and if they don't want it they'll let you know. Don't be afraid to ask. Trust that they'll let you know what they need.

Q. Do you think anxiety disorders are something the schools should take on more?

A. I'm a firm believer in prevention work. Schools should instill some wellness workshop series. Once a month, they give a talk on emotional health. How do you manage anxiety? Make it accessible to people. Making it so that mental health becomes unstigmatized. Framing it as wellness makes it clear it's something we all deal with as people. Anxiety is the most prevalent mental health concern so it would be nice to give some thought to this in the programming.

Q. What is your overall statement on how people should think about panic/anxiety?

A. Anxiety is a part of life, it shouldn't be your whole life. When people struggle with panic, it feels like it's your whole life. With the right treatment, you can get it to be just a part, and I want to instill hope that it's a very treatable condition. Don't be afraid to ask for help. Don't suffer silently. We are fortunate to have such good treatment and resources. Access them and know that you're not alone.