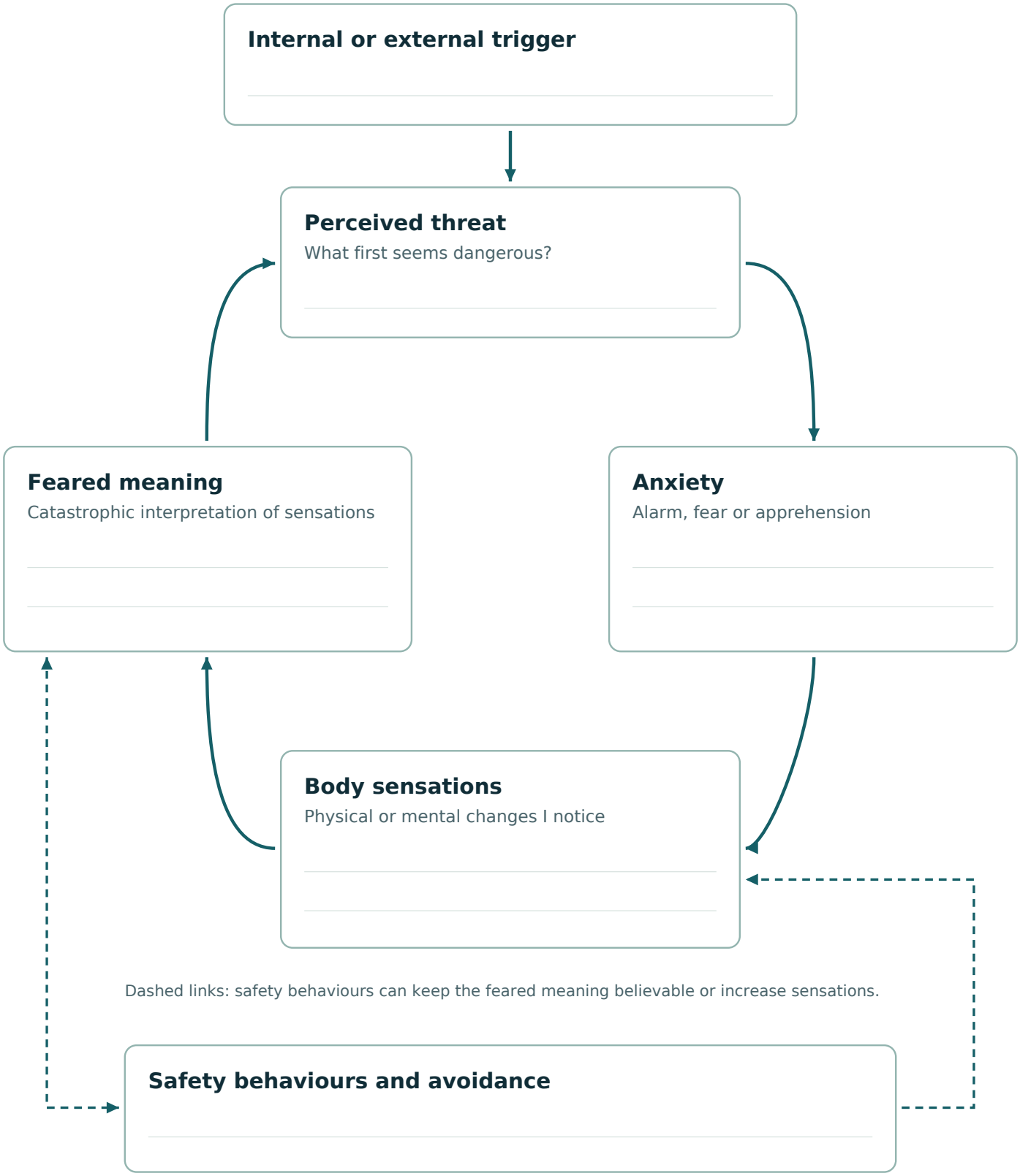
Panic model

Start with the trigger. Follow the main loop, then consider the dashed links to safety behaviours.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.



Clark (1986); safety-behaviour links informed by Salkovskis, Clark & Gelder (1996).

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Using this resource

Panic model

What this helps with

Panic can escalate when bodily changes are interpreted as signs of an imminent catastrophe. Fear may then increase those sensations and narrow attention towards the body. This worksheet applies Clark's cognitive model to one episode, while keeping open the need for medical assessment. It helps distinguish the sensation itself from what you feared it meant. Panic attacks can occur in different difficulties; this map does not establish a diagnosis of panic disorder.

How to use it

1. Choose one episode after you have settled. Start with an internal trigger, such as a sensation, or an external situation.
2. Write what first seemed dangerous in the perceived-threat box.
3. Follow the loop clockwise: anxiety, sensations, feared meaning, then renewed threat. For example, a racing heart is a sensation; "I am about to collapse" is a feared interpretation.
4. Add avoidance or safety behaviours below the loop. The dashed links show how they may preserve the feared meaning or sometimes add to sensations. Not every link will fit every person.
5. Discuss uncertain links and one useful question with your therapist. The diagram helps explore a pattern; it cannot establish the cause of physical symptoms.

A fictional worked example

Daniel notices a faster heartbeat while queuing. He thinks something may be wrong, feels anxious and notices more racing and light-headedness. He interprets these sensations as "I am about to collapse", which strengthens the threat and starts the loop again. He checks his pulse and leaves. He later believes leaving prevented collapse, so the feared meaning stays untested. Having discussed recurring symptoms with his GP, he brings the map to therapy. The worksheet cannot decide whether symptoms need medical review.

Keep in mind

Do not assume new, severe, changing or unexplained physical symptoms are panic. Seek appropriate medical assessment; call emergency services for a medical emergency. This map is not an instruction to bring on symptoms, stop medication or remain in an unsafe situation.

Sources and attribution

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Salkovskis, P. M., Clark, D. M., & Gelder, M. G. (1996). Cognition-behaviour links in the persistence of panic. Behaviour Research and Therapy, 34(5-6), 453-458.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management (CG113).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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