Panic exposure hierarchy

Choose a meaningful starting point. Difficulty estimates are optional: 0 = least difficult, 10 = most difficult.

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

My goal

e.g. Shop for ordinary items.

Safety and support

e.g. Agree suitability, real precautions and support with my therapist.

Step / activity	Prediction to test	Difficulty 0-10	Learning / next step
e.g. Queue for one item.	e.g. I will lose control.	e.g. 4	e.g. Review the learning.

First step / agreed materials / review date

e.g. Agree the first step, materials and review at my next session.

Plan with your therapist. Do not induce symptoms or change prescribed care on your own.

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Plan and review one step

Panic exposure hierarchy - keep genuine safety precautions and choose a step you agree to.

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

Chosen step / prediction

e.g. Queue for one item. I may struggle with discomfort.

What I will look for

e.g. Record what I actually do and what happens, once after the task.

Habit to change / support to keep

e.g. Vary only the agreed habit or ritual; keep necessary care and support.

When, where and agreed endpoint

e.g. Agree the time, setting and endpoint in therapy before practice.

What actually happened

e.g. Queued and paid while anxious.

Learning / next agreed step

e.g. Review what I learned and agree whether to repeat or adapt the step.

Plan with your therapist. Do not induce symptoms or change prescribed care on your own.

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Using this resource

Panic exposure hierarchy

What this helps with

Avoidance can gradually narrow daily life when you fear another panic attack. A graded plan helps reconnect treatment with what you want to be able to do. Choose steps by their usefulness, feasibility and the prediction they allow you to explore, as well as anticipated difficulty. You do not have to wait for anxiety to disappear before reviewing progress. This sheet works alongside your individual therapy plan and any agreed medical advice.

How to use it

1. Name a valued activity panic has restricted and a realistic destination goal.
2. Break the activity into several manageable steps; rate expected difficulty from 0-10.
3. For the first step, identify the feared prediction, safety behaviour to review and appropriate support.
4. Practise as agreed, record the outcome and learning, then repeat or adapt based on what you discovered.

A fictional worked example

Ruth wants to visit her sister by train again. She and her therapist identify steps: visit the station, take one stop at a quiet time, repeat at a busier time, then build towards the full journey. Each step tests her prediction that she cannot manage panic away from home. They keep ordinary travel planning and any necessary medical arrangements. After the one-stop trip, Ruth records that anxiety rose and she still reached her destination. She notices that constant route checking kept the fear prominent. The next practice focuses on that pattern, rather than simply adding a longer journey before she is ready.

Keep in mind

Plan around physical health, fainting, disability, access needs and actual environmental safety. Do not use driving or other hazardous activities as an unsupervised experiment. Severe avoidance may need more support than a worksheet provides. Adapt the sequence with a therapist; there is no compulsory speed or pass mark.

Sources and attribution

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

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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