Panic setback plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

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

What I have learned

e.g. I could stay in an agreed situation while anxious.

If I notice...	A small response I can use	Support / when to review
e.g. Avoiding ordinary queues again.	e.g. Return to an agreed manageable practice.	e.g. Review in therapy.

Helpful habits to keep

e.g. Practice from my individual treatment plan.

Medical advice and when to seek assessment

e.g. Follow medical advice; seek assessment for new, severe or changing symptoms.

Support contacts and review date

e.g. Record my support contacts and agreed review date.

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Using this resource

Panic setback plan

What this helps with

After progress, a return of familiar panic sensations can feel discouraging. A written learning plan can help you recognise the old cycle and choose a useful response without declaring that treatment has failed. Base the plan on your own experiments and what they taught you. Keep medical advice separate and clear: learning about panic does not mean that all future symptoms should be treated as anxiety.

How to use it

1. Write the main panic prediction you worked on and the experiences that changed your understanding.
2. Identify early signs such as body scanning, escape planning or giving up activities.
3. Plan one manageable practice and how you will review it if fear returns.
4. Record your medical advice, support contacts and signs that mean you need renewed assessment or therapy.

A fictional worked example

After a stressful fortnight, Callum notices a familiar racing heart and the urge to avoid his commute. He reviews what previous experiments showed: familiar panic did not stop him completing ordinary journeys, and repeated pulse checks kept attention on danger. His plan is to resume a manageable journey and review the prediction with his therapist if needed, while continuing his usual medical care. He also notes that new, severe or changed symptoms require appropriate assessment. Instead of reading the plan repeatedly until certain, he reads it once and chooses the next action. His goal is returning to life, not guaranteeing that anxiety never appears.

Keep in mind

Do not use this plan to dismiss new, severe or changing symptoms. Seek suitable medical advice and emergency help for emergencies. If avoidance or distress is increasing, ask for further support. Young people aged 16-17 need a plan adapted with an appropriately qualified professional.

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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