Panic safety behaviours

Consider what each behaviour does. Keep medical care, accessibility support and genuine safety precautions.

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

Habit and feared outcome	Effect now	Later cost / blocked learning

Care, support and precautions to keep

Change to agree in therapy

Prediction, safeguards and review date

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Using this resource

Panic safety behaviours

What this helps with

When panic feels dangerous, carrying out a particular action can seem essential. Some actions provide brief relief but make it harder to discover what would happen without them, or keep attention fixed on danger. Whether a behaviour serves this function depends on its purpose and context. This worksheet helps you assess that with your therapist. It does not label all coping, support, accessibility adjustments or medical treatment as a problem.

How to use it

1. List a few things you do because you believe they prevent a panic catastrophe.
2. Write what you think each action prevents and the relief it brings.
3. Consider whether it also changes sensations, attention or what you can learn.
4. With your therapist, choose one low-risk change and a clear prediction to investigate. Preserve genuine safety and care.

A fictional worked example

Alex always stands beside a shop exit because he believes he would collapse if he could not leave quickly. This reduces anxiety briefly but keeps the exit central to each trip. He and his therapist distinguish this from carrying his prescribed inhaler, which is part of medical care and stays unchanged. They plan a small experiment in a familiar shop: browse one shelf away from the exit while following the agreed medical plan. They will review what happens, including whether scanning for escape continues mentally. The purpose is to examine a belief, not prove bravery or remove every source of support.

Keep in mind

Never stop medication, discard prescribed equipment or ignore necessary precautions to test a safety behaviour. Do not change driving, water, height or other hazard precautions. Fainting history and medical conditions need assessment. Plan reductions collaboratively, and retain support that enables appropriate, safe participation.

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).

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