Panic Disorder & Agoraphobia Case Study

Tom, a 29-year-old white male, enters the emergency room after experiencing an episode of extreme chest pain, difficulty breathing, numbness in his arms, and other symptoms. He states the following to the admitting physician:

“I was walking my dog at my neighborhood park earlier when I started sweating. Since it isn’t hot outside, I couldn’t quite understand why… then I started having trouble breathing and really got scared. My heart was pounding so hard I thought it might explode out of my chest. My knees felt weak – it seemed like my whole body was shaking, then my arms went numb. Apparently, the whole thing only lasted a few minutes, but it felt like each second was an hour. Did I have a heart attack? Am I going crazy? I felt like I was going to die.”

Tom is given an EKG, but the test comes back in the normal range, indicating that he did not have a heart attack. His physician believes he may have had a panic attack and refers him to an experienced CBT licensed mental health therapist (that’s you!).

Two months later, Tom arrives at your practice for a scheduled intake appointment. Tom explains his first panic attack experience and trip to the emergency room (as stated above). He states he initially did not intend to see any therapist in the hopes that his panic attack was a “fluke” and would not happen again. However, since his visit to the emergency room he has experienced “over two-dozen panic attacks with similar symptoms.” At this point, his day-to-day functioning is becoming increasingly impaired; he avoids certain activities with family and friends, and some pleasurable activities, like walking his dog. Tom thinks these activities might trigger another attack. He knows intellectually that he is not having a heart attack, but in the moment, his fear of dying/going crazy is very real to him.

[Formal Assessments: See attached “Panic Disorder Severity Scale – Self-Report Form” and “Agoraphobia Scale.” Based on Tom’s referral information you had him complete these assessments before the intake with his other paperwork. You had time to briefly review some of]
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After today’s session and review them with Tom during your next session.

Tom shares that “the last straw” for him finally seeking therapy was last week when he noticed panic symptoms at work for the first time (“one of my last safe places”). Tom explains that while providing a simple presentation at work (“I do them 2-3 times a week”) he experienced his typical panic symptoms. During the episode, he noticed his symptoms got worse the more he thought about them and worried if others were able to notice that he was panicking. Tom finished his presentation under distress, but quickly slipped out and went home a few hours early (told his boss he was not feeling well). You ask what else he may have been thinking after this event and Tom says, “If this affects my work, my colleagues will think I am or weak or incompetent. I will probably get fired… and have more financial struggles.”

Possible Relevant Background Info: After college, Tom got a job working for an insurance agency while pursuing his MBA part-time. Although he worked long days and nights and felt some stress, he did not experience anything close to his current level of anxiety.

You choose to follow-up on Tom’s statement about financial struggles. Tom explains that he has been worrying about money “for at least the past six months.” Tom and his wife, Jane, moved into their first house three years ago; and now have a sizable mortgage. Tom and Jane have a 1-year-old girl, which has been a great joy for both of them, but also very stressful at times. Tom elaborates and shares that by itself these events do not cause much financial distress. However, Jane got a new job about six months ago. She is much happier with her new job, but took a considerable cut in her salary (only makes about 65% her original salary).

Possible Relevant Background Info: Tom and Jane met in college. Soon after college graduation, Jane took a job working for her uncle’s business and made “good money,” but recently has decided to run her own business (this is her “new job”).

You then decide to shift back Tom’s panic attacks and assess his agoraphobia. Tom explains that within a couple days of his emergency room visit he attempted to walk the dog again at his
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neighborhood park (“I wanted to prove to myself that I was okay.”). However, he experienced another panic attack like he did before, but went home instead of going back to the hospital. He states that he then had multiple panic attacks in many other settings (i.e., restaurant, movie theater, mall, grocery store). His panic attack symptoms are consistent across situations. In some cases, he is able to endure his panic attacks under great distress. In other cases, when it draws less attention, he leaves the situation. He eventually noticed that soon after he leaves the distressing situation, he experiences much relief as his panic symptoms significantly decrease relatively fast. Presently, more times than not, Tom flees any situation when he begins to notice even the slightest of panic symptoms. Furthermore, because Tom is so fearful of having any future panic attacks, he avoids any place where escape would be difficult. Thus, there are still places where Tom can go by himself (e.g., work), but his options of “safe places” are dwindling over time. Tom is quick to point out how understanding and helpful his wife and mother have been. For example, his wife walks his dog and his mother will do a few errands for him. Tom also proudly states that he can go to the grocery store and mall if his wife comes with him (“I always feel safe with her.”). Finally, Tom reports some additional distress about not being able to exercise like he used to. He no longer engages in activities that elicit similar symptoms to his panic attacks (“I don’t like how my heart beats in my chest and how fast my lungs breathe.”)

[Possible Relevant Background Info: Tom describes himself as introverted, but has a few friends that he hangs out with to watch sports, play video games, and talk family stuff. He is quiet at work, but gets along with his colleagues and appears to be well liked.]

You ask Tom to share what he recalls he is thinking during his panic attacks: “I can feel it coming. I knew this was going to happen again. Now my heart is racing and I’m breathing too fast. Everybody can see what a fool I look like.” He also shares a few thoughts after his panic attacks: “Why do I have to be so weak. I can’t believe I let something like shopping for groceries get me all worked up. I’m so embarrassed – what did I look like in front of others?”

You notice some possible patterns in his thinking and decide to follow-up on Tom’s history of anxiety beyond basic intake information. Tom shares that he has always been an anxious person, but never “this bad.” While in college, he was stressed out about his grades and what he would
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do after graduation. He went to the college counseling center during his junior year because he was fearful that he was “not strong enough” to finish college and get a job. He vaguely remembers his therapist saying he might have generalized anxiety disorder. However, he did not continue therapy beyond 3-4 sessions because he stopped going once his grades improved and, consequently, he started feeling better.

[Potential Relevant Background Info: Tom met all developmental milestones within normal limits. He describes his adolescence as “typical” – got good grades, played sports, had friends and dated “here-and-there.” As far as he knows, he does not have any significant medical complications. He socially drinks and rarely gets drunk. In fact, “it’s been a few years” since he “drank too much.” He has never used drugs or abused over-the-counter medications. Tom has an older sister who is very successful – she went to medical school and is now a dermatologist in California (not much contact now).]

You also decide to explore possible origins of Tom’s anxiety. Tom shares that for whatever reason he always had an underlying feeling of not being good enough or strong enough. He recalls having a good relationship with his mother, but his relationship with his father was more ambiguous. He remembers feeling pressure from his father to be strong because “life is hard and you always have to do your best or you might fail.” Tom also has multiple memories about his parents arguing over money and paying bills on time. Tom’s father also often criticized others as “weak” and if someone did not succeed it was because they “did not put in enough effort.”

Tom remembers one particular event during early adolescence when his grades were struggling and he was stressed about playing sports. His father gave him a long lecture about needing to be strong, which only comes from great effort. Tom remembers this because his father did not speak to him much at great length. Also, although his father’s talk made him a little anxious, he also found it helpful because he did succeed in both school and sports. However, as he looks back on this event (and similar patterns) he no longer considers it as positive as initially thought. Tom’s father passed away seven years ago. Tom also briefly shares that his high school soccer coach was similar to his father, but does not elaborate.
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Before the intake is over, Tom states that he has never been on medications for anxiety. The on-call psychiatrist at the emergency room provided him a prescription for a benzodiazepine, but he decided to not fill the script. However, he is now reconsidering trying medications and wants to know what you think.

Tom does not know much about CBT, but has heard it can be helpful. He says that he hopes that it will be different than his therapy experience in college (“I don’t remember doing much in therapy. We would just shoot the shit about the past week.”). Tom states that he wants to take care of this problem as soon as possible. Both his wife and mother have expressed their desire to help Tom work through his “anxiety issues.” He realizes that he will have to put work into getting better and wants to show you that he can do it. At the same time, he is glad that he has found an “expert” who can tell him what to do. He appears to show some optimism for getting better. Tom’s goal for therapy is to be able to do the things he used to do and no longer to be anxious.

[Presentation During Intake: Tom appeared well dressed and groomed. He was easy to talk to; perhaps a little eager to please at times. His motor activity, speech, and memory were all within normal limits. Tom showed overall good insight; at times his insight about behaviors reinforcing his anxiety may be lacking, but typical for others under similar distress. His affect was of full range, while his mood fluctuated from mildly anxious to calm, including some smiling and laughter.]