# PSYCHOGENIC NON-EPILEPTIC SEIZURES

MANUALIZED TREATMENTS:
EVIDENCE-BASED AND NEW FRONTIERS

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# WHEN, HOW, WHO?

- Treatment should start as soon as diagnosis is confirmed!
- Even if similar treatments were received before (for instance, previous CBT for depression), this time treatment will address a different problem and hence will have a different impact.
- Treatment may happen with an established therapist or a different provider: most important factor is to have a trusting relationship with a therapist who knows you, your condition and its treatment!
- And make sure that different providers are on the same page.

# WHAT DOES IT MEAN THAT A TREATMENT IS MANUALIZED?

- It is based on a manual that follows similar principles throughout the treatment.
- Professionals can get trained on a manualized treatment and replicate treatment as originally intended to be delivered.
- A manualized treatment is easy to study in research, and hence, easy to determine its effectiveness.
- It tends to be short-term (usually 12-15 sessions) – but not set in stone.

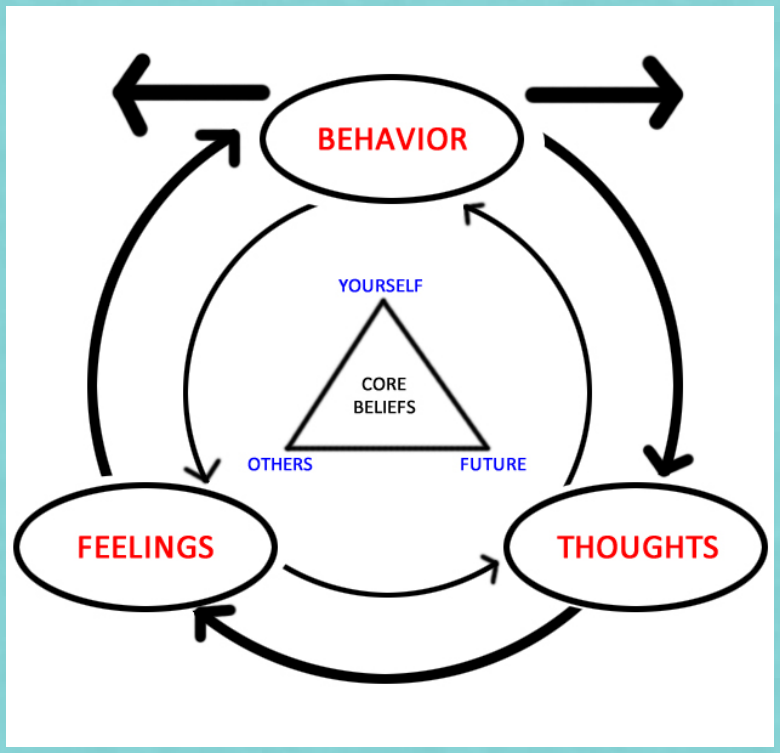
# ARE THERE MANUALIZED TREATMENTS FOR PNES?

- Yes!
- Cognitive-behavioral therapy (CBT) has been the most studied and validated form of psychological treatment in PNES. Some manuals are in the public domain.
- Mindfulness-based therapy (MBT) has been developed and is currently being studied, with some positive findings.

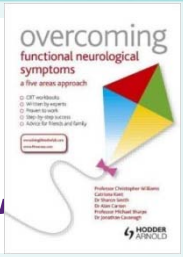
# CBT (COGNITIVE BEHAVIORAL THERAPY): THE BASICS

- Originally developed for depression. Nowadays, widely applied to several mental health diagnoses (depression, anxiety disorders, addiction disorders).

•Problem-focused
•Action-oriented
•Behaviorists focus on changing relationship between stimulus and behavioral response.
•Cognitive therapists focus on conscious thoughts as directing behavior.
•CBT merges both approaches.



# SELF-GUIDED HELP CBT: FIVE AREAS ASSESSMENT MODEL




***Situation, relationship, resources and practical problems***
Good marriage; husband, mother and father supportive; income currently reduced

***Symptoms***
Tremor, pain in arms and legs, tired all the time

***Feelings***
Down, confidence knocked. Annoyed.

***Behavior***
Stopped working, driving and socializing. Searching the Internet to find out what's wrong.

***Thinking***
'People think I'm making this up', 'There's something seriously wrong with me'

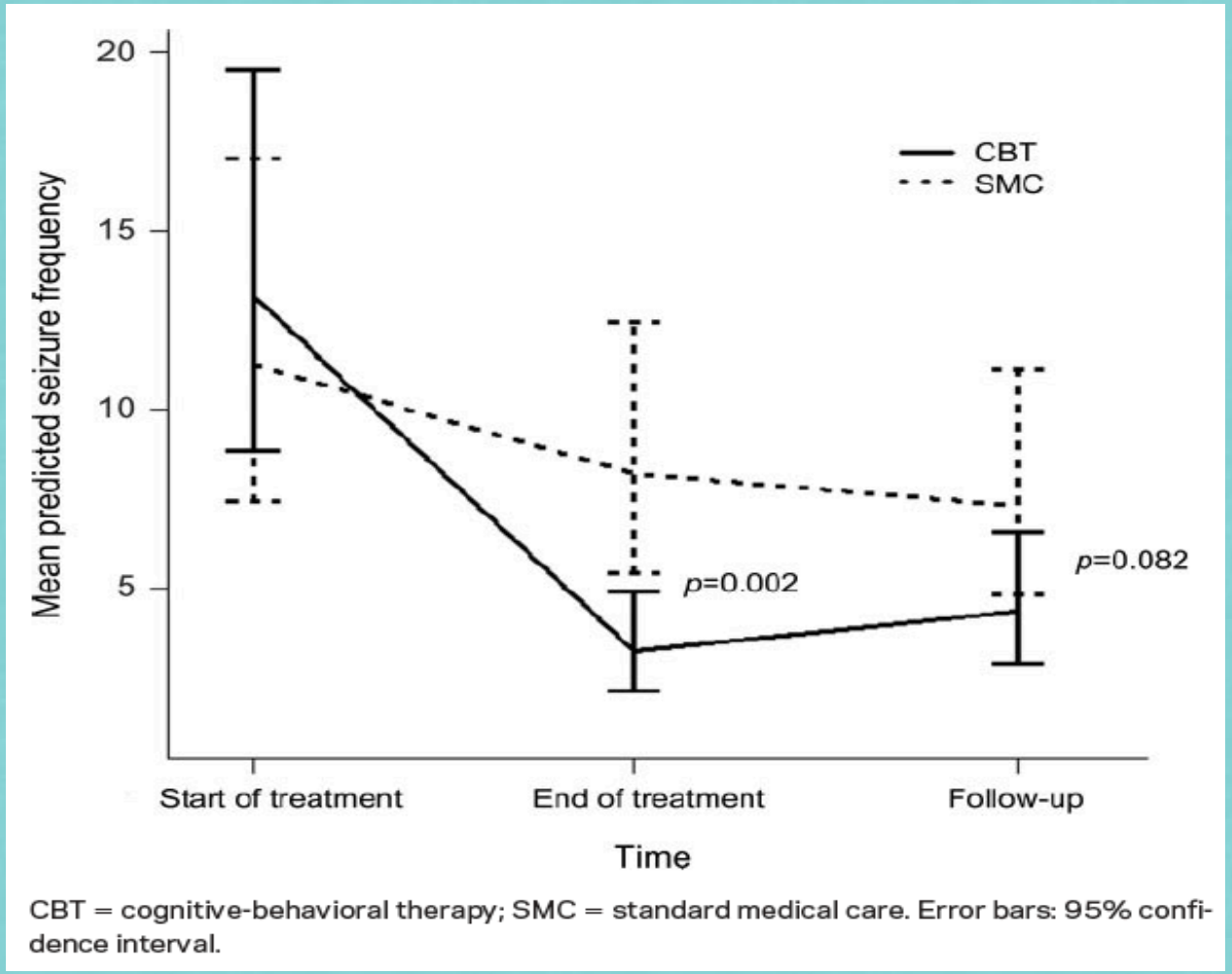
Williams et al, "Overcoming Functional Neurological Symptoms", Hodder Arnold 2011; Kent and McMillan, Advances in Psych Treatment, 2009

# CBT PROTOCOL FOR PNES (GOLDSTEIN ET AL, 2010)

- Sessions 1-2) Engagement in Treatment
- Sessions 3-4) Distraction, refocusing and relaxation techniques; graded exposure to avoided situations – BEHAVIOR FOCUS (targets avoidance, hypervigilance)
- Session 5) Cognitive restructuring – COGNITION FOCUS (targets unhelpful thoughts)
- Session 6 – with "carers") Review of tx and agenda for sessions 7-9
- Session 10-11) Relapse prevention and development of discharge plan
- Session 12) Progress evaluation

Goldstein et al, Neurology, 2010

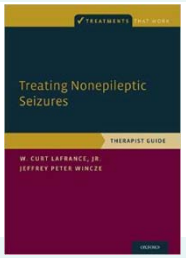
# RANDOMIZED CONTROLLED TRIAL: CBT VERSUS STANDARD MEDICAL CARE




CBT = cognitive-behavioral therapy; SMC = standard medical care. Error bars: 95% confidence interval.

Goldstein et al, Neurology, 2010

# CBT-INFORMED PSYCHOTHERAPY FOR PNES (PUBLISHED 2015)




- Introduction: Understanding seizures
- Session 1: Making the decision to begin the process of taking control
- Session 2: Getting support
- Session 3: Deciding about your medication therapy
- Session 4: Learning to Observe Your Triggers
- Session 5: Channeling Negative Emotions into Productive Outlets
- Session 6: Relaxation Training
- Session 7: Identifying your Pre-seizure Aura
- Session 8: Dealing with External Life Stresses
- Session 9: Dealing with Internal Issues and Conflicts
- Session 10: Enhancing Personal Wellness: Learning to reduce tensions
- Session 11: Other seizure symptoms
- Session 12: Taking control: an ongoing process

LaFrance et al, JAMA Psychiatry, 2014; LaFrance et al, Epilepsy & Behavior, 2009

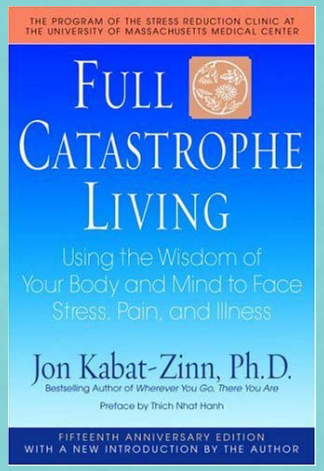
# MULTICENTER RANDOMIZED TRIAL:
## CBT-IP, SSRI, COMBINED TREATMENT, TREATMENT-AS-USUAL

| Arm | N | Slope (SE) | t | p | Post/Pre tx ratio of sz (SE) | % reduction |
|---|---|---|---|---|---|---|
| **CBT-ip** | **9** | **-0.72 (0.3)** | **-2.95** | **.01** | **0.49 (0.1)** | **51.4** |
| **CBT-ip + sertraline** | **9** | **-0.90 (0.3)** | **-2.69** | **.008** | **0.41 (0.1)** | **59.3** |
| Sertraline | 9 | -0.31 (0.2) | -1.78 | .08 | 0.74 (0.1) | 26.5 |
| TAU | 7 | -0.40 (0.3) | -1.32 | .19 | 0.67 (0.2) | 33.8 |

CBT-ip: CBT – informed psychotherapy; TAU: Treatment as usual
LaFrance et al, JAMA Psychiatry, 2014

# MINDFULNESS: THE BASICS

- Mindfulness defined as "paying attention in a particular way: on purpose, in the present moment and non-judgmentally." (Kabat-Zinn)
- Utilizes concepts from eastern meditation philosophies.
- Mindfulness is the principal therapeutic component of specific psychotherapeutic approaches: dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT).
- Also called 'third wave behavioral therapy' as still rooted in core behaviorism principles.
- Focus is on change to one's relationship to his/her own reality, feelings, thoughts, behaviors.



# WHY MINDFULNESS IN PNES?

- PNES occur as an **automatic** long-term response to accumulated stressors (sometimes obvious, sometimes not).
- Hypervigilance, avoidance and difficulties recognizing and accepting one's emotional reality all have been identified in PNES (and to drive the disease) and are targets of mindfulness.

- By **retraining one's attention** to recognize, accept and respond **more effectively** to one's internal processes, we will **create behavioral choice** and hence change will happen.
- Identification of values is essential to dictate new behavioral choice.

# HOW CAN CHANGE HAPPEN?

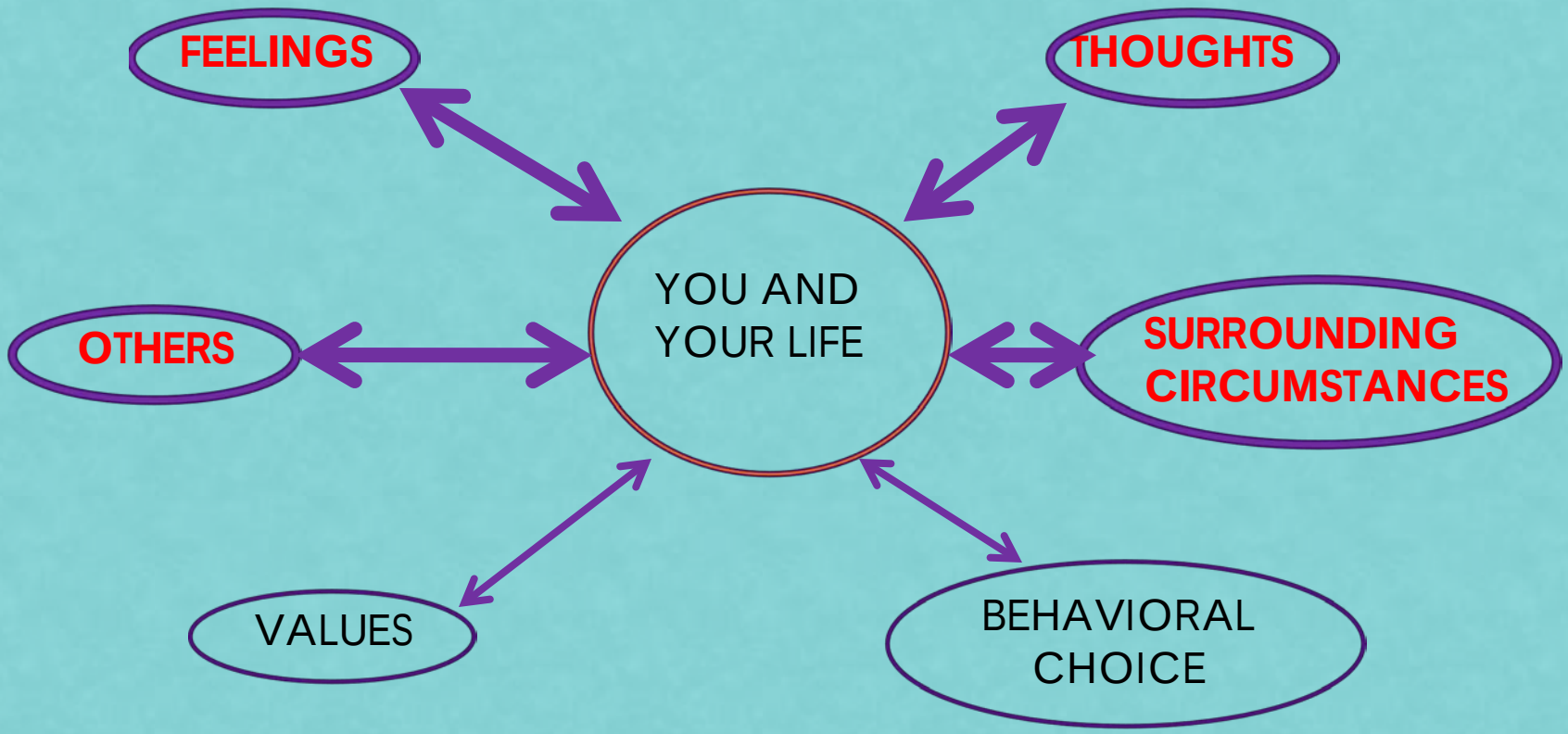
- The **MORE behavioral choice**, the **LESS the chance for automatic behaviors** to just happen.
- This requires **a lot of practice.**
- How do we create "behavioral choice"?

  * Retraining our mind to be in the present;

  * Becoming more aware of our values to guide our choices;

  * Relate more effectively to our internal processes: acknowledge them, accept them, AND "not let them be in the driver's seat"

# HOW MINDFULNESS WORKS: BEFORE MINDFULNESS TRAINING



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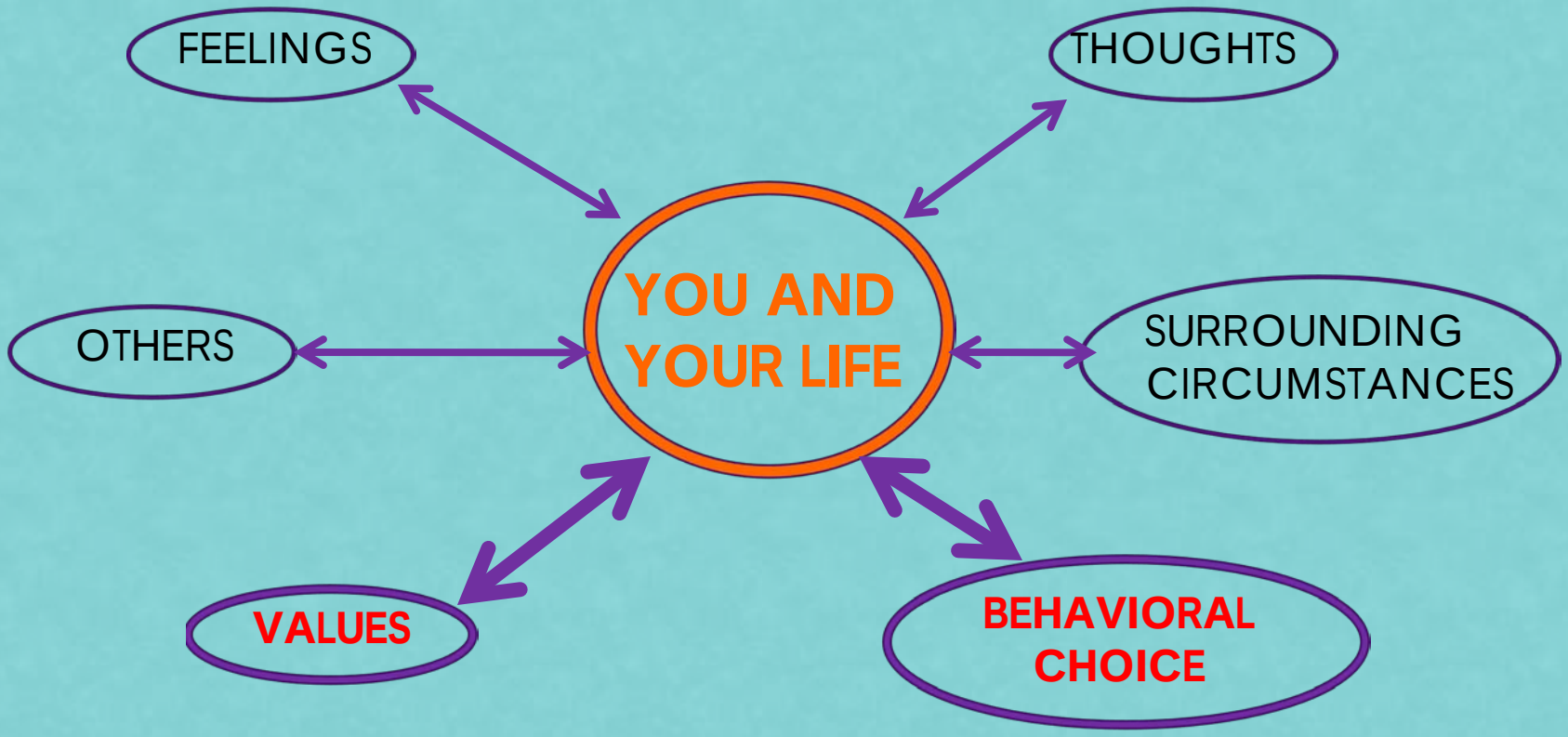

# MINDFULNESS-BASED INTERVENTION

**MODULE I: UNDERSTANDING YOUR DISEASE AND YOUR TREATMENT**

- **Session 1: Understanding Your Illness**
- **Session 2: Identifying the function of the symptom**
- **Session 3: Identifying values**

**MODULE II: STRESS MANAGEMENT STRATEGIES**

- **Session 4: Understanding the stress cycle**
- **Session 5: Mastering a stress management skill**

**MODULE III: MINDFULNESS**

- **Session 6: Introduction to mindfulness**
- **Session 7: Incorporating mindfulness into everyday life**

**MODULE IV: EMOTION MANAGEMENT**

- **Session 8: Emotion Recognition**
- **Session 9: Emotion Acceptance**
- **Session 10: Regulation of emotion-driven behavior**

**MODULE V: REWORKING COGNITIONS & RELAPSE PREVENTION**

- **Session 11: Reworking cognitions**
- **Session 12: Relapse Prevention**

Baslet et al, *Clin EEG Neurosci*, 2014

# Case Series: Mindfulness-Based Protocol

| | Baseline - Weekly events | 6th session - Weekly events | 12th session – Weekly events | Weeks for 12 sessions |
|---|---|---|---|---|
| Patient 1 | 2.5 | 1.5 | 0 | 43 |
| Patient 2 | 8.5 | 7 | 5 | 15 |
| Patient 3 | 2.125 | 0 | 0 | 22 |
| Patient 4 | 0.25 | 0 | 0 | 37 |
| Patient 5 | 70 | 5 | 2 | 20 |
| Patient 6 | 24.5 | 0 | 11 | 21 |
| **Avg** | **17.98** | **2.25** | **3** | |

Baslet et al, *Clin EEG Neurosci*, 2014

# FINAL THOUGHTS

- **Identifying a therapist** you are willing to work with is most important.
- There are emerging **manualized treatments** showing efficacy for PNES.
- CBT has strongest evidence; mindfulness-based therapy also offer some benefit (based on a small scale case series).
- CBT emphasizes behavioral and cognitive change; mindfulness emphasizes relational change between oneself and thoughts, feelings, others, values, etc.
- Ultimately, **openness to create change** is most important regardless of specific type of therapy.

# TREATMENT MANUALS AND GUIDES

- LaFrance WC and Wincze JP. Treating non-epileptic seizures: Therapist Guide. Oxford University Press; 2015.
- Myers L. Psychogenic Non-Epileptic Seizures: A Guide. North Charleston, SC: CreateSpace Independent Publishing Platform; 2014.
- Reiter JM, Andrews D, Reiter C and LaFrance WC. Taking control of your seizures: Workbook. Oxford University Press; 2015.
- Williams C, Kent C, Smith S, Carson A, Sharpe M and Cavanagh J. Overcoming functional neurological symptoms: a five areas approach. London, UK: Hodder Arnold; 2011.