



TREATMENTS THAT WORK

Treating Nonepileptic Seizures

THE THERAPIST GUIDE

W. CURT LAFRANCE, JR.
JEFFREY PETER WINCZE

OXFORD



Treating Nonepileptic Seizures

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Stunning developments in healthcare have taken place over the last several years, but many of our widely accepted interventions and strategies in mental health and behavioral medicine have been brought into question by research evidence as not only lacking benefit, but perhaps inducing harm (Barlow, 2010). Other strategies have been proven effective using the best current standards of evidence, resulting in broad-based recommendations to make these practices more available to the public (McHugh & Barlow, 2010). Several recent developments are behind this revolution. First, we have arrived at a much deeper understanding of pathology, both psychological and physical, which has led to the development of new, more precisely targeted interventions. Second, our research methodologies have improved substantially, such that we have reduced threats to internal and external validity, making the outcomes more directly applicable to clinical situations. Third, governments around the world and healthcare systems and policy-makers have decided that the quality of care should improve, that it should be evidence based, and that it is in the public's interest to ensure that this happens (Barlow, 2004; Institute of Medicine, 2001; McHugh & Barlow, 2010).

Of course, the major stumbling block for clinicians everywhere is the accessibility of newly developed evidence-based psychological interventions. Workshops and books can go only so far in acquainting responsible and conscientious practitioners with the latest behavioral healthcare practices and their applicability to individual patients. This new series, *Treatments ThatWork*, is devoted to communicating these exciting new interventions to clinicians on the front lines of practice.

The manuals and workbooks in this series contain step-by-step detailed procedures for assessing and treating specific problems and diagnoses. But this series also goes beyond the books and manuals by providing ancillary materials that will approximate the supervisory process in assisting practitioners in the implementation of these procedures in their practice.

In our emerging healthcare system, the growing consensus is that evidence-based practice offers the most responsible course of action for the mental health professional. All behavioral healthcare clinicians deeply desire to provide the best possible care for their patients. In this series, our aim is to close the dissemination and information gap and make that possible.

This *Therapist Guide* addresses the treatment of patients with nonepileptic seizures (NES), which frequently present in neurology, psychiatry, psychology, and emergency departments. The disorder has been documented in the medical literature for centuries, and much is known about the phenomenology, ictal semiology, neurologic signs, psychiatric comorbidities, neuropsychological testing, and psychosocial aspects of NES. Until recently, much less was known about the treatment of patients with psychogenic NES; however, new data on treatment are now available.

This *Therapist Guide* is the first treatment manual of its kind for clinicians, providing unique step-by-step strategies for treating patients with this debilitating disorder. It is designed to be used in conjunction with *Taking Control of Your Seizures: Workbook*, which patients should use during treatment. Used together, the *Therapist Guide* and *Workbook* facilitate communication between providers and patients with NES. Therapists who used the principles described in the *Therapist Guide* saw a significant decrease in seizure frequency, improvement in associated

symptoms, and increased quality of life in their patients treated with the *Workbook*.

David H. Barlow, Editor-in-Chief,
Treatments *ThatWork*
Boston, Massachusetts

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Acknowledgments

I am indebted to Joel Reiter and Donna Andrews for giving me permission to use their original *Epilepsy Workbook* in my research on patients with nonepileptic seizures (NES). In so doing, they have opened the door for patients with all types of seizures and related symptoms to “take control.”

Thank you to the agencies who supported the clinical trials, including the American Epilepsy Society, Epilepsy Foundation of America, and National Institute of Neurological Disorders and Stroke. Many thanks to my many collaborators and research staff in the studies, who helped establish the evidence base for treating patients with NES with this intervention. Thank you to our patients and their families who participated in the studies and who provided helpful feedback on the *Workbook*. They have helped to improve the intervention and have taught us about caring for patients with seizures.

Thank you to the mentors who trained me in neurology, psychiatry, neuropsychiatry, neuropsychology, psychotherapy, and research. With a neuropsychiatric approach and perspective, providers are being equipped and patients with NES are being empowered to move out of the borderlands of neurology and psychiatry.

Thank you to the colleagues whom I have trained in this approach and who have made me critically examine the treatment with depth and rigor.

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WCL



Treating Nonepileptic Seizures

Development of This Treatment Program and Its Evidence Base

Patients with psychogenic nonepileptic seizures (NES) frequently present in neurology, psychiatry, psychology, and emergency departments. The disorder has been documented in the medical literature for centuries, and much is known about the phenomenology, ictal semiology (i.e., seizure characteristics), neurologic signs, psychiatric comorbidities, neuropsychological testing, and psychosocial aspects of NES. For centuries, much less had been known about the treatment of patients with psychogenic NES; however, new data on treatment are now available from clinical trials, following the publication of the multidisciplinary-authored edition of *Gates and Rowan's Nonepileptic Seizures* (Schachter & LaFrance, 2010).

The aim of this *Therapist Guide* is to equip physicians, psychologists, therapists, nurses, and other clinicians with a validated treatment for psychogenic NES that will improve the lives of patients with this prevalent and disabling disorder.

This *Therapist Guide* is designed to facilitate communication between treating clinicians, consultants, patients with NES, and family members. It provides specific step-by-step guidelines for helping patients take control of their seizures and their lives. This “taking control” concept refers to the fact that many people with seizures, particularly those whose seizures are not fully controlled by medications, feel that their lives are “out of control.” They may feel helpless, dependent, inadequate, and incapable of living a full and productive life. Treatment research studies using the *Workbook* and the authors’ clinical experience in developing the treatment approach described in this *Therapist*

Guide have shown that positive results are possible when patients with seizures are offered a comprehensive program for improving seizure control and learning to take control of their lives.

The *Workbook* is a clinician-administered intervention in which the patient with psychogenic NES is assigned a chapter “Session” for each therapy appointment. The *Workbook* is designed to be used in conjunction with the *Therapist Guide*, and to facilitate communication between treatment provider and individual patients with NES. Included in the *Workbook* are step-by-step guidelines that will enable patients to take control of their seizures and their lives.

The author’s clinical experience with NES and research in developing the treatment approach for NES directly informed the *Workbook* and treatment model. Patients treated with the intervention described in the *Therapist Guide* and *Workbook* have demonstrated improvements in seizures, comorbid symptoms, functioning, and quality of life. The author’s work in training other clinicians to use the model directly informed the *Therapist Guide*.

The companion *Workbook* for this *Therapist Guide* was initially published as *Taking Control of Your Epilepsy: A Workbook for Patients and Professionals* by Joel Reiter, MD, Donna Andrews, PhD and Charlotte Janis, FNP. In 2002 Dr. LaFrance approached the Andrews / Reiter Epilepsy Research Program for permission to use the materials for patients with psychogenic nonepileptic seizures. Dr. LaFrance then tailored the original workbook to the issues specific to patients with NES and has treated patients with NES in clinical trials to assess its effectiveness. *Taking Control of Your Seizures: Workbook* is a collaborative project with the original authors.

Data from an open label trial for NES (LaFrance et al., 2009) and from a multi-site pilot randomized controlled trial (LaFrance et al., 2014), headed by the author, testing the treatment reveal a significant reduction in seizures *and* improvement in comorbid symptoms, including depression and anxiety, along with improved quality of life. The author personally provided the treatment while testing the *Workbook*, which is divided into 12 sessions (see Table of Contents for specific areas of focus), each with specific goals, obstacles, assignments, and tools. Patient acceptance of the intervention has been high, and feedback from patients and clinicians trained in the model has been used

to modify the original epilepsy text to apply specifically to the needs of patients with NES.

This intervention will be appropriate for all clinicians who treat patients with psychogenic NES. Each patient is to purchase his or her own *Workbook* and use it to complete the weekly reading and assignments. The material is then reviewed in the scheduled therapy appointment with the clinician, who will use the *Therapist Guide* to discuss the weekly sessions.

The *Workbook* may also be of use to clinicians who treat patients with somatoform or other conversion disorders. The *Workbook* also has been used to treat patients with psychogenic movement disorders (PMD) with success (LaFrance & Friedman, 2009). Treatments of other chronic conditions are also being developed.

Training for seizure counselors is available through supervision. Interested professionals should contact Dr. LaFrance at Rhode Island Hospital, 593 Eddy Street, Providence, Rhode Island, USA, 02903. Phone 401-444-3534. Email: william_lafrance_jr@brown.edu.

Outline of This Treatment Program

Introduction for Clinicians

Training in this intervention involves becoming well versed in the content and experienced with the process. To be properly trained in the intervention is best accomplished by the following: Read through the entire *Workbook*. Know the material well. Your knowledge of the content will help you cover the material, while at the same time listening to the patient in session. The *Workbook* is used in conjunction with the *Therapist Guide*. After reading through the entire *Workbook*, re-read each *Workbook* session along with the corresponding *Therapist Guide* chapter to see the outline of each session and for examples of vignettes with clinicians and patients.

After mastering the content, becoming skilled in the delivery is the next step. For clinicians who desire proficiency in the delivery of this intervention, supervision in the intervention is necessary for expertise in treating patients with somatoform disorders. This is accomplished

with weekly supervision sessions, in which video recordings of sessions using the *Workbook* are reviewed and discussed using two patients undergoing treatment. Successful completion of treating two patients with NES has proven to be a number that allows providers good exposure to common presentations and issues with this complex population as well as familiarity with the *Workbook* content and approach. Having supervision before beginning to use the intervention helps to: establish correct approaches with the treatment, become aware of similarities to and differences from other treatment approaches, and alert the clinician to the nuances and subtleties that are important for treating patients with somatoform disorders and that may differ from patients with mood or anxiety disorders. In supervision, the first patient helps the clinician gain familiarity with the content, and the second patient is for mastery of the intervention.

Structure of the Program

This program is designed to be delivered in 12 separate sessions, conducted individually. Each session will take approximately 50–60 minutes. (If more time is needed to review material or master content for specific sessions, another visit can be scheduled.) The treatment is designed with a schedule in which the therapist meets with the patients once weekly, where readings and various exercises will be assigned for the next meeting. Much of the work is done as the patient completes the *Workbook* session material and puts it into practice in their normal environment, during the week. (We have found that patients requesting a shorter course, trying to “squeeze in” a couple of sessions a week does not seem to give the patient enough time to process the content of the session.) Thus, preliminary evaluations yielding optimal results suggest that weekly sessions (i.e., one session a week) are the ideal manner for delivery of this program.

A typical timeline for the *Workbook* session appointments is as follows:

At initial encounter: Introduction for Patients (*Workbook* Chapter 1; assigned to patient upon seizure monitoring unit discharge or at close of initial outpatient evaluation)

Week 1: Making the Decision to Begin the Process of Taking Control (*Workbook* Chapter 2)

Week 2:	Getting Support (<i>Workbook</i> Chapter 3)
Week 3:	Deciding About Your Drug Therapy (<i>Workbook</i> Chapter 4)
Week 4:	Learning to Observe Your Triggers (<i>Workbook</i> Chapter 5)
Week 5:	Channeling Negative Emotions Into Productive Outlets (<i>Workbook</i> Chapter 6)
Week 6:	Relaxation Training (<i>Workbook</i> Chapter 7)
Week 7:	Identifying Your Pre-Seizure Aura (<i>Workbook</i> Chapter 8)
Week 8:	Dealing With External Life Stresses (<i>Workbook</i> Chapter 9)
Week 9:	Dealing With Internal Issues and Conflicts (<i>Workbook</i> Chapter 10)
Week 10:	Enhancing Personal Wellness (<i>Workbook</i> Chapter 11)
Week 11:	Other Symptoms Associated With Seizures (<i>Workbook</i> Chapter 12)
Final reading:	Taking Control: An Ongoing Process (<i>Workbook</i> Chapter 13)

Who Will Benefit From This Program?

This *Therapist Guide* is designed to inform the treatment of people with psychogenic nonepileptic seizures (NES). The majority of patients with psychogenic NES will meet criteria for Conversion Disorder (300.11) according to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (1994), fourth edition (*DSM-IV*) and fifth edition (*DSM-5*). This maps to the ICD-10 diagnoses of Dissociative and Conversion Disorders (ICD-10 code, F44) or Dissociative convulsions (ICD-10 code, F44.5). Independent of the classification, patients with conversion disorder have a mixture of symptoms, discussed below.

What if Comorbid Problems Are Present?

In our experience, most patients with NES struggle with comorbid conditions, which often include depression, anxiety, and character