When it's not epilepsy and IS trauma: A case study

DR. ALISSA BEUERLEIN
PHD, LPC-MHSP

If it's not epilepsy, what is it?

- Psychogenic nonepileptic seizures, dissociative seizures, pseudoseizures, conversion seizures...
- They're called many different things but they all refer back to the same thing, seizure-like behaviors that are not physiological, but psychological in nature
- For our purposes, we'll refer to them as psychogenic nonepileptic seizures (PNES)
- This information is important for when you come across someone with PNES: a study showed counselors that understood PNES increased the likelihood of a better outcome for the client (Aboukasm et al., 1998)

PNES vs Epileptic Seizures

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<th>Epileptic Seizures</th>
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<td>Usually &gt;2 minutes</td>
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Psychogenic Nonepileptic Seizures (PNES)

- PNES are a type of episodic behavior that mimics epileptic seizures but is distinctly different. (Irwin, Edwards, Robinson, 1999)
- Many people with PNES have a history of abuse, personality disorders, alcoholism, anxiety, suicidality, and/or depression (Thompson et al., 2010; Stewart, Lovitt, Stewart, 1982; Roy, 1977; Vanderzant, Giordani, Brown, 1986)
- PNES does not fit just one psychiatric diagnoses but a few: conversion disorder, dissociative disorders, and somatic symptom disorder
- Patients with PNES have a significantly higher incidence of dissociative symptoms and higher general pathological symptoms, compared with patients of epilepsy (Pruter, et al., 2002)
- Conversion disorder and dissociation are significantly related (Espirito-Santo & Pio-Aires, 2009)

The ways in which a differential diagnosis is made are through video EEG (the best way to determine: there will be no abnormalities on the V-EEG), measuring serum prolactin, as well as Minnesota Multiphasic Personality Inventory (MMPI), or the Personality Assessment Inventory (PAI see: Thompson et al., 2010).

“Exactly how psychological stressors are 'converted' into physical symptoms such as seizures remains uncertain” (Stump, 2008)

PNES is about as common as MS (Stump, 2008) And while not common in the general population, it makes up about 20% of a clinical outpatient population (Brandt & Puente, 2015)

Table on next page: Verotti, 2012
Who is the PNES client?

- In one study (Thompson et al., 2010), the PNES participants were more likely to be women but had no difference in terms of age, IQ or education.
- Another study asserts PNES most often occurs in young adulthood (ages 20 to 30) but can happen at any age (Reuber & Elger, 2003).
- They have high levels of dissociation, avoidance, depression, and anxiety (Goldstein et al., 2000).
- As many as 75% of them have sustained a head trauma (Brandt & Puente, 2015).
- The majority (70-84% or more) have experienced one or more severely traumatic events (Brandt & Puente, 2007; Bowman & Markand, 1996). And much of the time, the trauma reported was a sexual trauma.
- One study found that all of its PNES participants had a psychiatric diagnosis (Turner et al., 2011).

The Problems PNES Clients Endure

- Loss of driver’s license: in most cases DL is taken away (72% in one study, LaFrance et al., 2009).
- They’re got poor sleep quality (Fincher, 2002).
- Low quality of life (LaFrance et al., 2009).
- Low family functioning – poor communication within family (Krawetz, 2001).
- They are often told it is in their head or it’s not real.
Emily

- Emily* is a 25 year old female who has experienced two significant traumas.
- The 1st trauma: witnessing the murder of a friend.
- The 2nd trauma: a serious car accident that was nearly fatal.
- These two traumas were within months of one another and following the second trauma she began having seizures.
- She began treatment at the hospital with a epileptologist who determined she had PNES and began taking 18 different medications.

*not her real name

Seizures comprised most of our initial sessions
- Until she became comfortable, she would seize throughout our sessions, regularly for about the first 8 weeks.
- When I introduced EMDR to Emily, she agreed to proceed and we began the preparatory process and finally were able to begin processing five weeks later.
- After less than four months her targets were entirely processed and she had ZERO seizure symptoms.
- We saw each other for three more months following for implementing new skills into her life and future planning.
- She was able to come off of 16 of her 18 medications and was got her driver’s license back.

PNES Treatment

- Education
- EMDR (emphasis on resource building and the beginning stages)
- TF-CBT
- CBT for PNES
- SFT “Suggesting a change in symptoms may induce that change.” (Benbadis, 2005)
- Group Therapy
- PNES according to some studies has a poor prognosis, with one study asserting 70% of clients continue to have seizures following treatment. (Brooker et al., 2005) This is inconsistent across the board however, as another study asserts 40-70% of clients become seizure-free (Laurence et al., 1999) and, also encouraging, a 10 year longitudinal study showing 66% of patients (pediatric) becoming PNES free (Irwin et al., 1999).
There’s a huge stress in the literature on helping clients understand PNES.

“The patients had difficulty understanding the diagnosis. When the cause of the seizures was unclear, this resulted in feelings of hopelessness and helplessness.” (Karterud, Knizek, & Nakken, 2010)

While we may call it PNES, be sensitive to whatever the client calls their experience; “seizure” “fit” “blackout” or some other term (Plug, Sharrack, & Reuber, 2009)

Table on next page Duncan 2010

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**Box 1. Sample explanation of psychogenic nonepileptic seizures given to patient and caregivers**

- Explain how video EEG works and how recording of spells has led to the diagnosis of psychogenic nonepileptic seizures.
- Explain that the spells are related to emotional or psychological issues, or to past or present factors in the patient's life, but are not due to a medical condition, specifically not to epilepsy.
- Explain possible predisposing factors and causes, being clear that 'specimen' causes are being discussed, and that they may or may not apply to the patient.
- Volunteer that the spells are not under conscious control, but that patients can learn to control them with help from a psychologist.
- Volunteer that while patients with such spells may have high levels of anxiety and may have low mood, they are not otherwise psychiatrically ill, and are not 'mad'.
- Explain that the spells themselves are not amenable to drug treatment, that psychological intervention is recommended, but that no other realistic treatment options are available.
- Describe what psychological intervention is likely to consist of.
- Ask the patient if he/she is willing to undergo psychological intervention.

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**EMDR**

- In one study over the course of 2 years, in a small sample size of 3 who completed EMDR, 2/3 no longer experienced seizures and did not have a recurrence of PNES or PTSD at the check up 18 months later (Kelley & Resneck, 2007)
- The 1/3 who did not improve only had one EMDR session, while another had 7 sessions of EMDR and the last had 6 sessions of EMDR.
- Interestingly enough, a participant in this study who did not do any EMDR had seizures extinguished after his neurologist said about his PNES “You don’t have to do that anymore”
CBT for PNES

- In a small sample of PNES participants, 11 of 17 reported no seizures by their final (12th) CBT session (LaFrance et al., 2009). Table on next slide.
- In LaFrance’s (2009) study, following these 12 sessions, there was a significant decrease in depression, impulsivity, and a significant improvement in quality of life and family functioning.
- Another study is currently attempting to assess change in PNES participants by using CBT with a control group doing only medical care (Goldstein et al., 2015), calling this treatment CODES — no results have been reported yet.

CBT for PNES Sessions

- Solution focused therapy has been effective for clients with somatic issues (Abbas, Kisely, & Kroenke 2009).
- Short-term therapy is helpful for PNES clients who are reluctant to engage and agree to open-ended therapy (Kaplan, 2014).
Group Therapy

- Psychodynamic group therapy has been shown to be effective (Barry et al., 2008).

- Therapy, in general, helps PNES clients more than receiving no treatment (Aboukasm et al., 1998).

In Summary...

- While this is a challenging disorder to live with, it can be treated and extinguished when it is related to trauma, which is so often is.

- If you see trauma, you are likely to see someone with PNES at some point, and now you have a frame of reference.

References


References


Thank you for your time!

Feel free to contact me:

Dr. Alissa Beuerlein
alissabeuerlein@gmail.com
6158874667