MANUALIZED TREATMENTS:
EVIDENCE-BASED AND NEW FRONTIERS

PSYCHOGENIC NON-EPILEPTIC SEIZURES

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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.

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

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

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

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

<table>
<thead>
<tr>
<th>Arm</th>
<th>N</th>
<th>Slope (SE)</th>
<th>t</th>
<th>p</th>
<th>Post/Pre tx ratio of sz (SE)</th>
<th>% reduction</th>
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<td>CBT-ip</td>
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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

YOU AND YOUR LIFE

FEELINGS

THOUGHTS

OTHERS

SURROUNDING CIRCUMSTANCES

VALUES

BEHAVIORAL CHOICE
HOW MINDFULNESS WORKS: AFTER MINDFULNESS TRAINING

YOU AND YOUR LIFE

- FEELINGS
- THOUGHTS
- OTHERS
- SURROUNDING CIRCUMSTANCES
- VALUES
- BEHAVIORAL CHOICE
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

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<th>Baseline - Weekly events</th>
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<th>12th session - Weekly events</th>
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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


