

Cognitive Behaviour Therapy (CBT) for dissociative (non-epileptic) seizures

This listing of competences assumes that practitioners are familiar with, and able to deploy, a range of 'generic' CBT techniques. These are referred to briefly in this section, but are fully described and elaborated in the Basic and Specific CBT domains of the CBT competence framework, which can be accessed at www.ucl.ac.uk/CORE/.

Knowledge

An ability to draw on knowledge that the cognitive behavioural model of dissociative seizures suggests:

that seizure onset is attributable to single or multiple events in the client's recent or distal past

that once triggered, seizures are maintained by a combination of behavioural, cognitive, affective, physiological and social factors (including social reinforcement from well-intentioned others)

that a primary response to seizures is fear and anxiety, leading to a cycle of increasing avoidance and a reduction in daily functioning which perpetuates both the seizures and associated disability

An ability to draw on knowledge that the aim of CBT is to improve physical functioning and reduce the number of dissociative seizures, by focusing on:

strategies for interrupting the behavioural, cognitive and physiological responses the client experiences at the start of the seizure

enabling clients to re-engage with activities they are avoiding

addressing unhelpful thoughts which may be:

diminishing the client's capacity for seizure control

maintaining low self-esteem, mood or anxiety

An ability to draw on knowledge that the usual sequence of an intervention is:

an initial focus on interrupting the chain of events occurring both before and after seizures

helping the client to manage behavioural avoidance

helping the client to identify and address trauma and unhelpful thoughts

An ability to draw on knowledge of the importance of actively engaging and involving significant others throughout the intervention

Assessment

An ability to conduct a comprehensive assessment that gathers detailed information on the client's experience of dissociative seizures as well as garnering contextual information that can inform a formulation and intervention plan

An ability to initiate the assessment by helping the client to describe their sense of the main problems with which they are contending, as they perceive them

Onset and course

An ability to help the client discuss the development of current difficulties, including any:

precipitating factors (e.g. traumatic events, major bereavements, high levels of stress that the client finds difficult to manage)

perpetuating factors (e.g. avoidance of situations, unhelpful reactions of significant others)

An ability to help clients describe the characteristics of their dissociative seizures, and to specify their frequency, intensity and duration

An ability to help the client identify any triggers to dissociative seizures

An ability to help the client identify the impact of dissociative seizures on their:

quality of life

capacity for employment

leisure activities

personal relationships

family relationships

social life

Impact and management

An ability to help the client discuss the psychological impacts of dissociative seizures (such as stress, low mood, anxiety or worry, panic, capacity for enjoyment, sense of self-worth, shame)

An ability to help the client discuss the coping strategies that they currently employ to manage seizures

An ability to help the client discuss the ways in which others respond to the anticipation of the seizure, the seizure itself and to its consequences

An ability to help the client appraise the impact of their coping strategies on their symptoms

An ability to help the client identify any factors that they believe modify their symptoms

An ability to help the client describe current and previous interventions, and their sense of the impacts of these interventions

an ability to help the client describe their perceptions of the attitudes of health care professionals, and the impacts this has had on them

An ability to help the client identify medications (both prescribed or self-administered) taken to manage dissociative seizures

Client's beliefs about dissociative seizures

An ability to help the client discuss their beliefs about their seizures and the factors that are maintaining it

An ability to help the client discuss seizure-related cognitions and their consequences e.g.:

that they may die

that people will think they are 'manufacturing' the seizure

that people will ignore them when they are in a vulnerable state

An ability to help clients discuss common reactions to seizures e.g.:

anger and frustration about the illness

loss of control and erosion of a sense of self-efficacy

embarrassment and shame

Medical, psychiatric and personal history and current circumstances

An ability to help the client describe their concurrent and past medical history, including childhood illnesses, operations, similar episodes of illness, and any ongoing investigations

An ability to help the client describe any concurrent or past psychiatric history

An ability to gather information about the client's family of origin, including:

their past and current relationships with other family members

illnesses within the family and how these were coped with

any family psychiatric history

family 'atmosphere' while they were growing up

An ability to gather information about the client's personal history, including:

developmental issues (e.g. birth, milestones)

educational history

employment history

psychosexual development

social relationships

partners and children

An ability to ascertain the client's:

current employment

finances and financial situation, including any benefits

housing circumstances

any future plans that will impact on the intervention (e.g. moving house)

Engagement

An ability to discuss the diagnosis of dissociative seizures with the client in a manner that acknowledges the reality of their physical symptoms, and the distress incurred by them

An ability to discuss with the client the role that psychological factors are thought to play in the onset of dissociative seizures (e.g. past or present trauma, relationship problems, major increases in daily stress)

Where clients have had a prior diagnosis of, and treatment for, epilepsy, an ability:

to help the client discuss the meaning and implications of this change of diagnosis

to discuss their reactions to any changes to their treatment regimen (e.g. the withdrawal of anti-epileptic medication)

An ability to discuss whether the client feels it would be helpful to involve significant others in the intervention and the form this involvement might take

Intervention

Explaining the CBT model and the intervention

An ability to introduce the CBT model to the client in a manner that is individualised, relates to the client specifically, and which demonstrates that the client's problems have been understood

An ability to discuss the rationale for a CBT intervention in a manner that does not imply a simple physical or psychological cause for seizures, but which emphasises the contributions of (and interactions between) physiological, behavioural and cognitive factors and indicates that change in one area will lead to change in another

An ability to discuss with client the ways in which interactions between current coping behaviours, their beliefs about dissociative seizures and symptoms are reflected in their current difficulties

An ability to work with the client to draw out an individualised formulation that illustrates the vicious cycle that connects maintaining factors and dissociative seizures, and that:

validates the reality of physical symptoms

considers the ways in which seizures can be exacerbated by a range of factors (e.g. behavioural responses of self and the reactions of significant others)

draws links between fear of having a seizure, bodily sensations, interpretation of these sensations and avoidance or safety behaviours

illustrates how a cycle of cognition, sensation and behaviour can spiral, and in turn potentiate and reinforce each component

An ability to identify the intervention strategies that are most relevant to the client's presentation, based on the formulation derived from the assessment

An ability to implement relevant components of the intervention in a manner that is flexible and responsive to client need

Self-monitoring

An ability to discuss with the client the importance and potential benefit of maintaining self-monitoring diaries, for example:

seizure diary, which tracks the frequency, duration, type and location of seizures, the situations in which they occur and the consequences of the seizure (what the client did, and what other people did),

graded exposure diary, which tracks exposure to previously avoided activities/situations

thought diary, which helps to identify and to challenge unhelpful/negative thoughts

An ability to review and discuss diaries with the client in order to monitor progress and identify areas of difficulty or concern

Setting goals

An ability to work with the client in order to identify short-term goals that they would like to achieve (particularly in relation to situations that they have been avoiding)

An ability to work with the client to set goals that are realistic and achievable, including enjoyable activities as well as those which are currently anxiety-provoking

Seizure control and management

Distraction and refocusing

An ability to discuss with clients the rationale for employing distraction and re-focusing when they experience a seizure warning (i.e. that focussing on unpleasant symptoms will tend to make them worse)

An ability to help the client practice distraction or refocusing techniques, and to identify those techniques that they find most effective e.g.:

focussing on the environment and concentrating on specific details of objects around them (rather than focussing on internal stimuli)

focusing on a 'bridging object' (such as a photograph or an object that represents a happy time (and so generate positive, anxiety-reducing thoughts))

undertaking an absorbing physical activity

undertaking an absorbing mental activity (such as counting backwards from 100, doing a crossword or a word puzzle)

An ability to help the client plan to implement distraction techniques that they find useful when they experience a seizure warning and when in high risk-for-seizure situations

Relaxation and breathing techniques*

An ability to discuss with clients the rationale for using relaxation (to help reduce stress and tension and to help prevent a seizure)

An ability to teach the client applied relaxation

An ability to help the client plan to implement applied relaxation when they experience a seizure warning and when in high risk-for-seizure situations

An ability to discuss with clients the rationale for breathing exercises (by describing the vicious cycle created when stress leads to hyperventilation and then to anxiety symptoms, and the way in which this cycle can be broken by learning to control breathing)

An ability to help clients learn to control their breathing by first relaxing, and then employing slow diaphragmatic breathing

An ability to help the client plan to implement controlled breathing when they experience a seizure warning and when in high risk-for-seizure situations

* competences for teaching applied relaxation are detailed in the CBT competence framework

Addressing unhelpful thoughts (increasing confidence and self-esteem)*

An ability to discuss unhelpful negative thinking styles with the client, and to identify and discuss common 'thinking errors'

An ability to help the client to identify and challenge negative thoughts that are relevant to the maintenance of their difficulties (e.g. that going out their own will lead to a seizure in public)

* competences for addressing and revising unhelpful/negative thoughts are detailed in the CBT competence framework

Problem-solving*

An ability to help the client to use problem solving techniques to identify ways in which stressful situations can be managed more effectively

* competences for teaching and implementing problem solving skills are detailed in the CBT competence framework

Addressing avoidance (graded exposure)*

An ability to discuss with the client the rationale for graded exposure (that repeated and prolonged exposure to fear-evoking situations decreases anxiety, and that repeated exposure to a 'hierarchy' of feared situations enables clients to tolerate anxiety)

An ability to discuss with the client the implementation of graded exposure by helping them to identify areas of current avoidance, and to specify when they will undertake exposure, for how long, and how often

An ability to help clients maintain a diary recording the activities they have engaged in, and the level of anxiety this has engendered

* competences for undertaking graded exposure are detailed in the CBT competence framework

Addressing trauma and other unresolved issues*

An ability to discuss with the client the rationale for focusing on trauma (that dissociation at the time of the trauma results in a failure of emotional processing, and subsequent vulnerability to dissociative seizures in response to trauma-related cues)

An ability to work with the client to collaboratively apply appropriate strategies to process responses to trauma (such as exposure or imagery re-scripting)

An ability to discuss with the client unresolved issues that may be interfering with treatment or inhibiting progress

* competences for the management of trauma are detailed in the CBT competence framework

Preparation for discharge

An ability to review progress with the client, identifying areas of change as well as any areas which remain problematic

An ability to help the client identify the strategies they have used to achieve gains (in order to support their capacity to make further change after the intervention has ended)

An ability to help the client identify further goals they would like to achieve, and how this can be achieved

An ability to discuss with the client ways in which they can use the strategies they have learned during the intervention in order to cope with any setbacks