

‘It feels real because it is real’

**Cognitive Behavioural Therapy
(CBT) for pseudosyncope**

Morwenna Opie, PhD

Clinical Psychologist, Nightingale Hospital, London.

Trustee PoTS UK

Why ?

- Common (5-20% of consults)
- What happens when sent off to psychology?
- Sell it well
- Stealth therapy (to you!)



Empathy 101: Good news/Bad news?!

- Why not happy sinister causes are ruled out?
- Fear social rejection more than death Need 'take-homeable' story
- Want something to *fight*
Want above all else to get well



Doctor: Sorry I am late, I was with a real patient who is genuinely ill

Patient: I would prefer to have a brain tumor than this.

Case example: Introducing Lizzie

- History of major surgery following riding accident
- Ongoing pain and interventions
- Fainting events at current boarding school
- Military family
- School concerned, has to have a 'buddy' at all times, no P.E.
- Disliking school and labelling as weird
- Daily faints and absences including white-water rafting
- Concerned mum is dragging Lizzie to multiple appointments



The reluctant patient – important first messages

- Acknowledge scepticism and pique curiosity / be prepared to waste another hour of her life
 - Be clear that I know she isn't faking it
 - Be clear I don't think she is mad
 - Be clear I know she isn't weak, rather has been fighting too hard
- “Sometimes our mind and body seem to get together without inviting us and make a plan about how to deal with a problem”
-
- “Sometimes when they get us out of difficulty they get over-pleased with their strategy and decide more of a good thing can only be better ... it isn't always ... as you know all too well”



Inside-out and what is CBT



Sometimes **sadness** and difficulty serves a purpose alerting us to what matters to us and what we might usefully change...

Simple formulation - Lizzie

Physiological

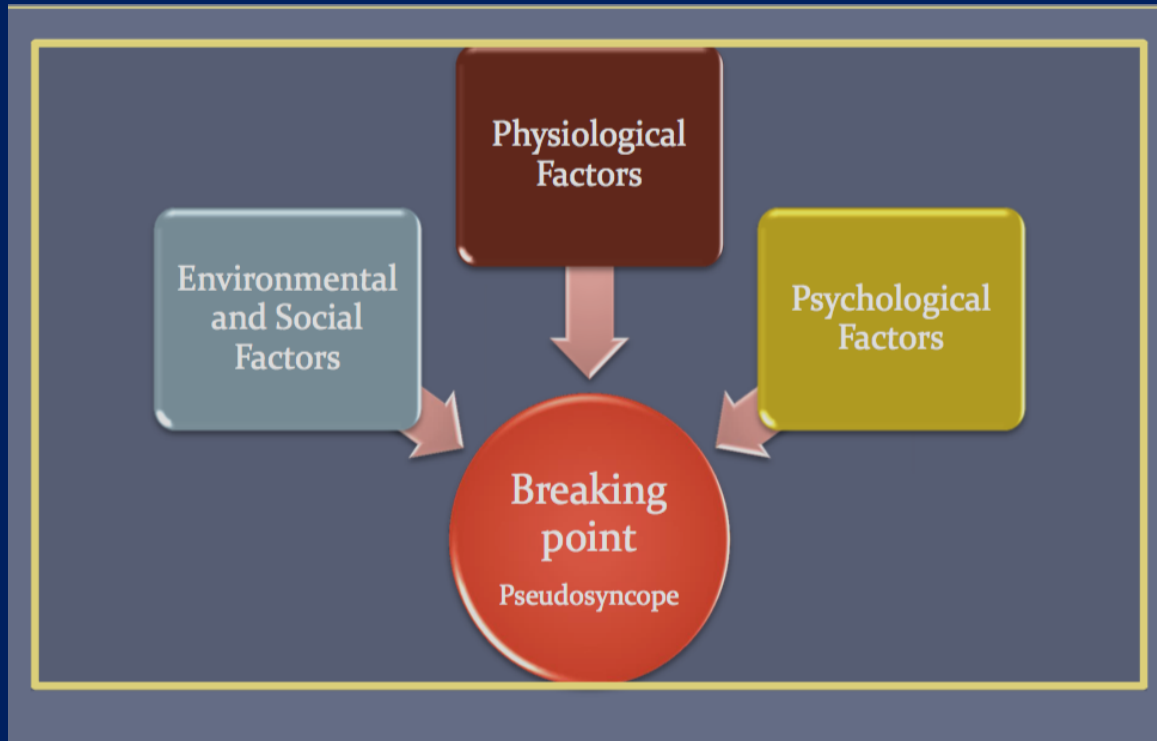
- Pain
- Prior faint and benefit

Environmental and Social

- Socially isolated
- Denied favourite activities

Psychological

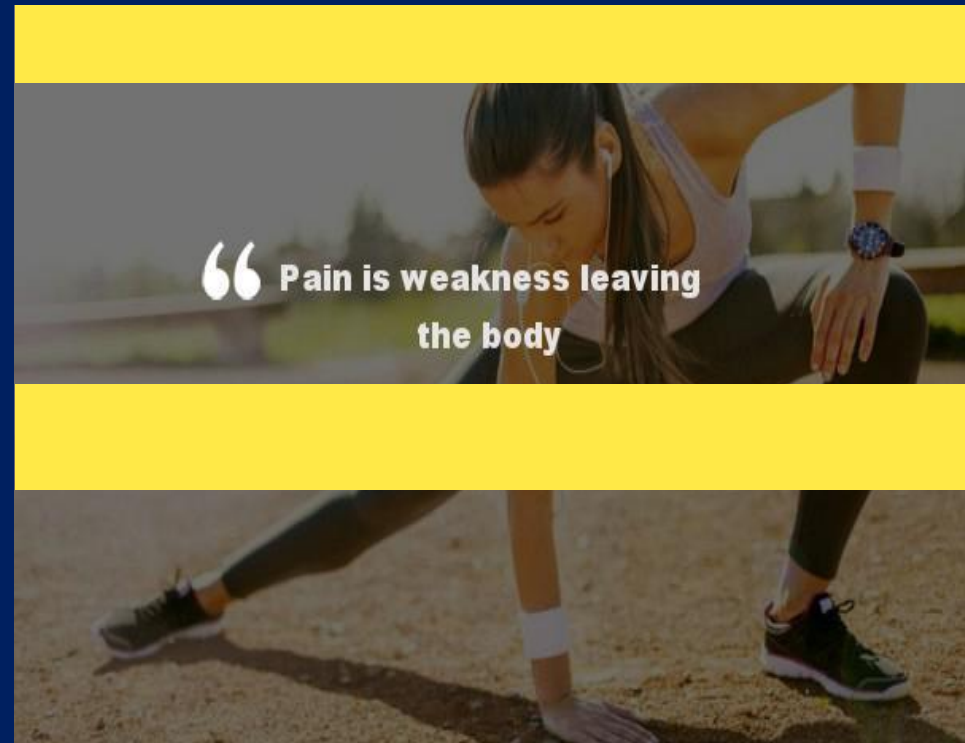
- KOKO underlying-assumption and pressure
- Unhappy at school
- Mum's distress



Would you talk to a friend the way you talk to yourself

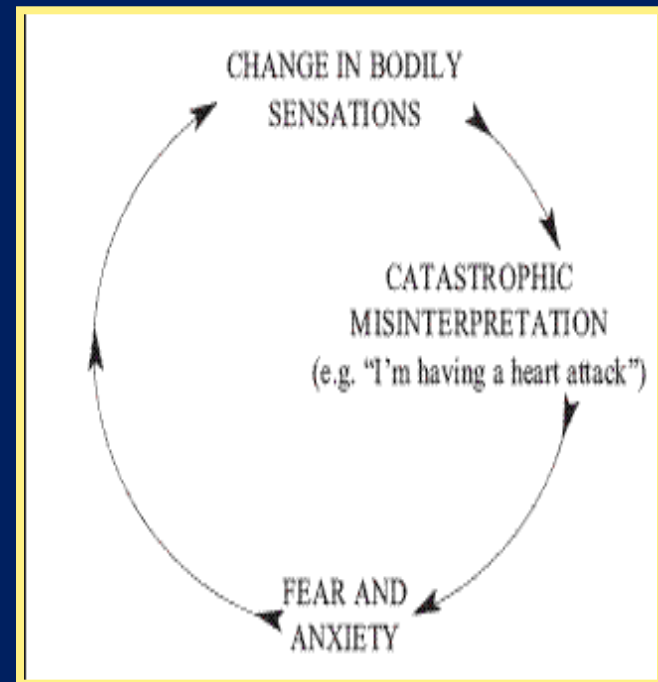
- Don't do that again or everyone will think you are weird & feeble
- They already think you are a loser so you can't stop this too (cross country)
- Don't make a scene or a fuss
- Your family don't do quitting
- I just need to fight this, ignore my body, push harder

?



Pseudosyncope as reverse panic attack

- Pseudo-seizure as “Panic attack without the panic” (Mellers, 2013)
- Ignoring as problematic as catastrophising?
- How get the balance?



Personalised 5 elements plan

The 5 Elements approach to managing your condition



water

Achieving adequate **hydration** (water and salt) and nutrition



fire

Passions and interests: relationships inner-strengths and value based living



earth

Physical: stretching and exercise, grounding exercises and mindful living, core-strength, counter-manoeuvres



air

Calm: Sleep/ wake cycle, breathing, managing unhelpful thoughts, ways to switch off, fight/ flight



chemistry

Pharmacological support if needed



More water, less sugar and caffeine



Loves high adrenaline sports, isolating from friends, daily appointments



Currently banned from exercise



Breathing techniques and yoga, Harry Potter



Manage pain better



Survival kit for Lizzie

Managing Stress

- Delayed worry
- Decision trees
- Planning
- Basics of sleep, exercise, nutrition

Improving Self esteem

- Assertiveness skills
- Images folders of achievements
- Paper chain of compliments (private)
- Values-work (following passions manageably in view of pain etc)



Rationale for Mindfulness

- ❖ Time dedicated to you
- ❖ Physiological change - calm
- ❖ Switch focus of attention
- ❖ Thought emotion defusion
- ❖ Acceptance
- ❖ Self knowledge and self-compassion



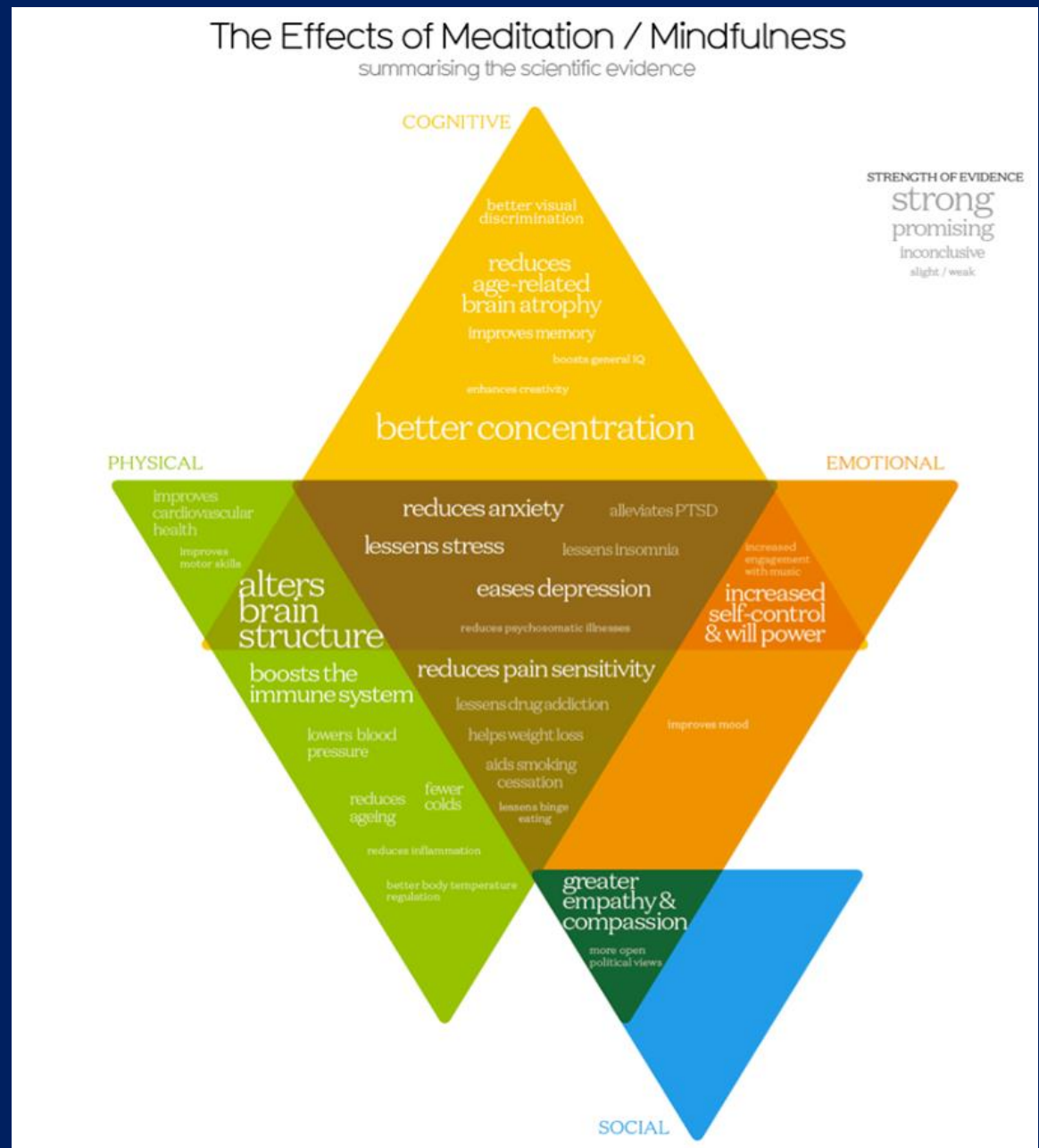
Evidence basis

This was 2011

Much more in
big print now

Lowers
blood
pressure

Immune
system



Exercise – mind gym

Take a moment to:

Choose an **unhelpful**
thought that you have
had during the meeting



Lead by example?

Classic presentation

- over-achievers
- ride stress
- “everything is fine”
- unrelenting standards



Evidence from medical students and primary care settings

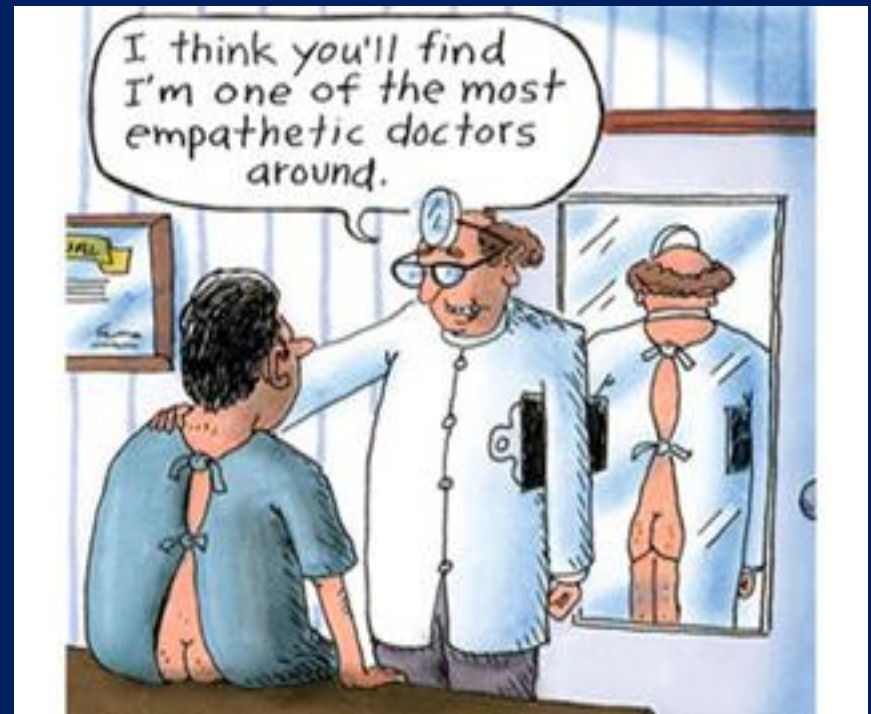
- improved resilience, health and burn-out rates
 - patient centered-care
 - rated as more empathic and
 - better at valuing the psychosocial factors in clinical picture
-
- Better clinician and better human being – **win-win!**

No pressure but...

“The way in which the diagnosis of Dissociative Disorder is presented to the patient is possibly the single most important factor determining outcome”

Mellers, John, D.C., 2012

- Its okay to have this
- You will be able to manage it
- I'm a little bit mad too
- &
- The things that help me might help you



Many thanks



Morwenna.opie@nightingalehospital.co.uk