

# Clinical treatment of Functional Seizures

*Case study*

A woman with torture and refugee trauma experience

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STARTTS Clinical Master Class

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NSW Service for the Treatment  
and Rehabilitation of Torture  
and Trauma Survivors



# Presentation Content

- Prevalence of Functional Seizures in refugee populations
- Socio-political historical geographic context of client experience
- Presenting problems
- Assessment
- Formulation
- Therapeutic Goals
- Intervention
- Outcomes
- Future Treatment Plan

# Prevalence of Functional Seizures

- ▶ **General Population wide prevalence** **0.033 %**  
(Benbadis et al., 2000, as cited in Rockliffe-Fidler & Willis, 2019)
- ▶ Hallab and Sen (2021) found 2 articles from search of 10 databases (in June 2020) and manual search of websites related to global health and refugee related organisations.
- ▶ **Forcibly Displaced people prevalence – living in Germany** **9.87 %**  
▶ n=152 Forcibly displaced people living in Germany,  
(Altunoz et al., 2018)
- ▶ **Forcibly Displaced Yazidi women – living in a refugee camp**
- ▶ **No history of sexual violence** **16.70 %**  
▶ n=64 Forcibly displaced Yazidi women without history of sexual violence,
- ▶ **History of sexual violence as captives of ISIS** **43.70 %**  
▶ n=60 Forcibly displaced Yazidi women with a history of sexual violence,
  - **also high prevalence of**
  - Affective disorders 75,0 %
  - Anxiety 62,5 %
  - Somatisation disorders 56.3 %
  - Dissociation disorders 50.6 %(Kizilhan et al., 2020)

# Socio-political historical geographic context



https://kids.nationalgeographic.com/geography/countries/article/iraq



# Yazidi/Ezidi – Brief Background

- Ethnic and religious minority living in Northern Iraq, Northern Syria, Western Iran, Eastern Turkey
- Yazidism – non-Abrahamic, orally transmitted monotheistic religion.
- Closed ethno-religious group, cannot join, cannot leave. Consequences for not complying include losing Yazidi identity and community relations.
- Structure incorporates hereditary castes who have defined relationship with sacred customs and status.
- Long history of episodes of persecution and massacres over last 800 to 1000 years
- Misunderstanding within cultural religious narratives of some other regional groups, that Yazidi name, sacred symbols and beliefs are heretical.
- Communal norms.
- Common cultural collective identity of being very sacred people and the most persecuted people.





# Yazidi Genocide

## Roja Resh – Black Day

- ▶ 2013 - 2017, ISIS (Daesh) (Islamic fundamentalist militants) committed atrocities against the civilian population in Iraq and Syria. Yazidis were among the most severely affected communities targetted due to their ethnicity and religion.
- ▶ 3 August 2014, ancestral home of Yazidis, Shingal, was attacked by ISIS who killed, kidnapped, enslaved thousands of men, women and children, displacing the community to refugee camps in Turkey, and IDP camps in Iraq. Many fled up the mountains and endured deprivation of food, water and shelter during their refugee flight.

# Leni - background Information

- ▶ Woman Age 50
- ▶ Language Kurmanji, and some Arabic
- ▶ Married with two girls (12, 8 )
- ▶ Yazidi ethno-religious group
- ▶ Arrived in Australia Humanitarian Visa with husband and children
- ▶ First seen by STARTTS counsellor October 2020
- ▶ Regular Sessions over 2 years (80 sessions)
- ▶ Face to face counselling, telehealth during COVID.
- ▶ Husband is carer for Leni
- Husband educated professional in Iraq,
- Husband not working, not attending TAFE



# Presenting Problems

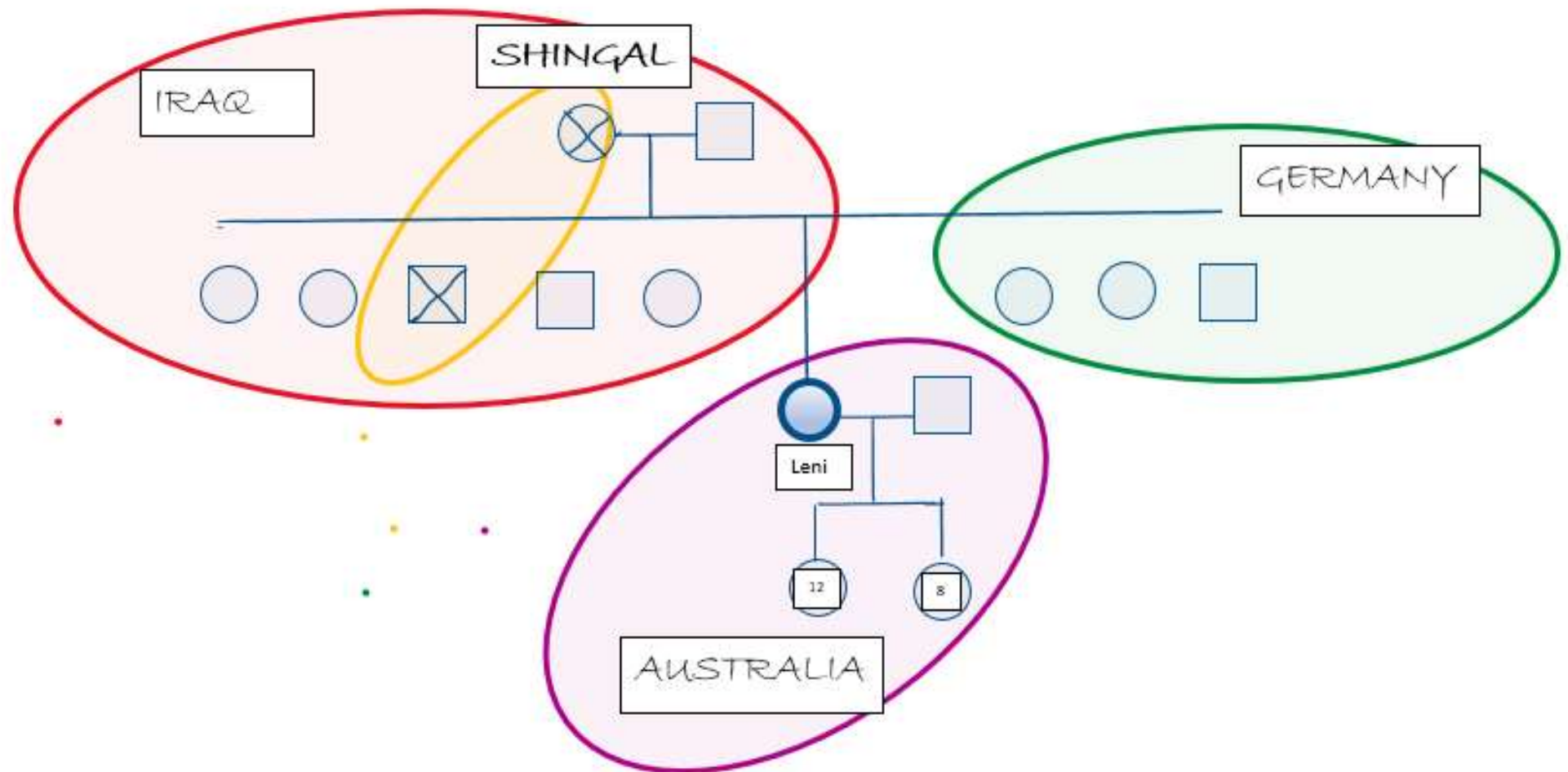
- Feels fear all the time
- Nightmares nearly every night – typically of attack by ISIS
- Intrusive memories of witnessing killings and herself and baby being threatened with death
- Poor sleep, fear of sleep and nightmares
- Grief and loss
- Frequent Dissociative Attacks leading to collapse
- Psychosocial functioning affected by Dissociative Attacks
- Limited cooking, housework, bathing, participating in family activities, socialising
- Feels embarrassment, shame, stigma of having Dissociative Attacks in public, fears Yazidi community judgement



# Assessment

- ▶ Head down, brow furrowed, she looks fearful and sad, sometimes eyes darting
- ▶ Describes mood as sad, or angry. She is frequently distressed from tiredness.
- ▶ Her speech has a rate and tone congruent with her mood, and her explanations are logical.
- ▶ Frequent Dissociation
- ▶ Leni tries to engage in counselling
- ▶ Most sessions Leni collapses
- ▶ Apologetic after collapses – A lot off shame
- ▶ Assessment– PTSD, Anxiety, Depression
- Harvard Trauma 3.44

# Genogram

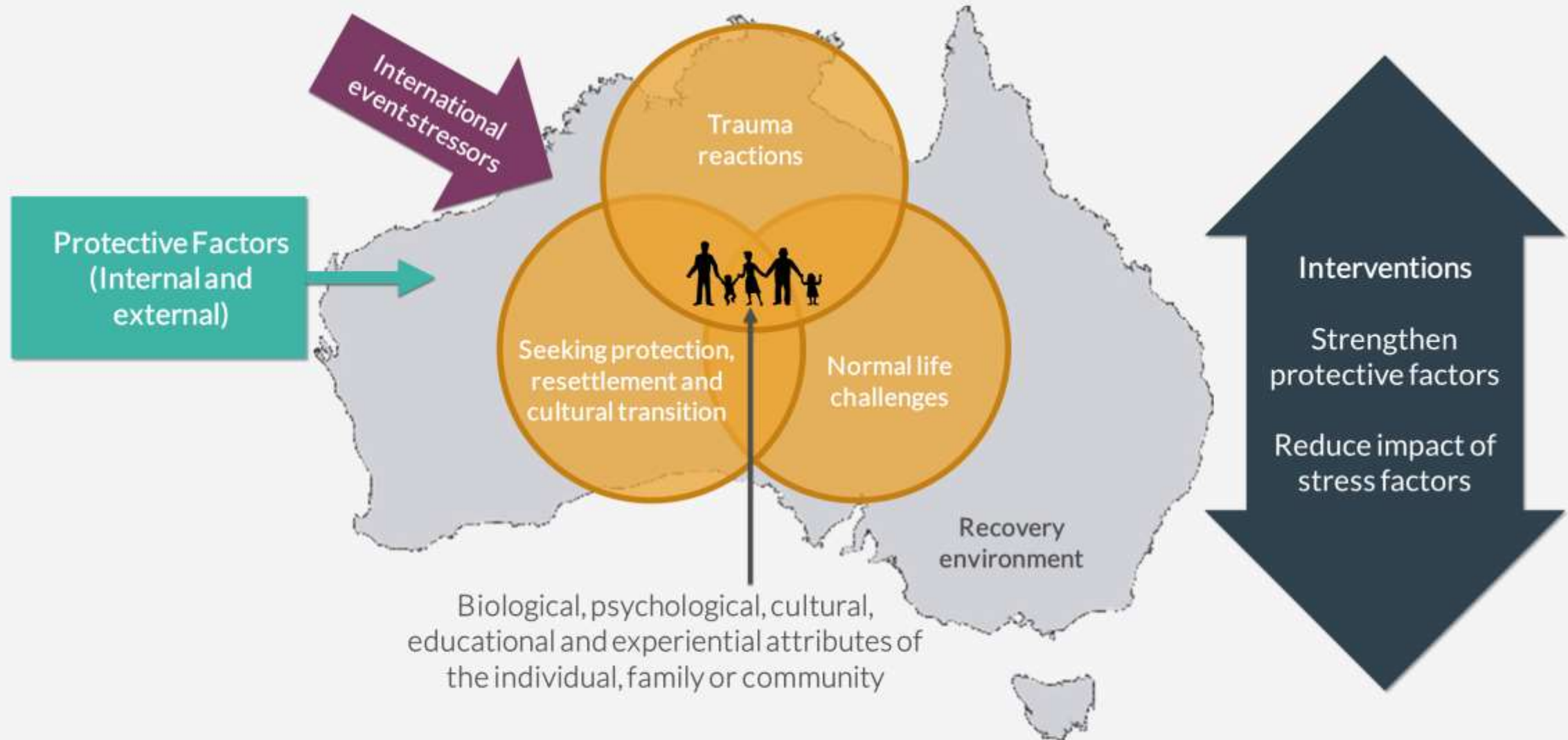




# Trauma History

- ▶ Witnessed atrocities and killings when village invaded by ISIS
- ▶ Attacked by ISIS militants
- ▶ Militants threatened to kill her and take her new baby from her
- ▶ Fled with children up mountain, experienced deprivation, witnessed death of neighbours
- ▶ Walked for many days, carrying baby, dangerous flight with episodes of terror
- ▶ Lived in refugee camp for 4 years

# The complex interaction of challenges



# Functional Seizures

- ▶ reports typically has 3 to 6 Functional Seizures a day.
- ▶ expression of seizures has a cultural dimension 'Seizure Scaffold' (Rockliffe-Feidler & Willis, 2019)
- ▶ Clutches throat with both hands and neck extended
- ▶ Husband manages this by pulling and holding her hands away from throat
- ▶ Leni loses consciousness,
- ▶ Body is initially very stiff with muscle tension, may be shaking, then goes limp, Leni becomes conscious and recovers.
- ▶ May call out "don't take my baby" "don't kill me"
- ▶ Leni frequently has had functional seizure in Counselling session.
- ▶ She may collapse prior to session, in waiting room, or in car on way to counselling, or in house prior to appointment.



# Formulation of functional seizures

- Onset of Functional Seizures at time of Yazidi genocide
- Prior to collapse - body sensations indicate different levels of physiological and psychological activation
  - Sometimes feels cold right through her body but particularly in her hands and her body feels sluggish
  - Sometimes feels hot and breathless
  - May happen when she is angry
  - Will happen when Intrusive flashback memory of face of ISIS militant threatening her
- Onset after Leni notices body sensations happens very quickly
- Onset to recovery takes about 20 minutes
- Context of chronic PTSD
- Frequency of Seizures associated with triggers and stress events
  - Demonstrating that cannot tolerate this level of pain
  - Demonstrating – look what ISIS have done to me / to Yazidis



# Therapeutic Goals

## ➤ **Leni's goals**

- Stop collapses.
- Assistance to sponsor her sister
- Get another carer so husband can go to TAFE
- Support for NDIS application

## ➤ **Counsellor goals**

- Develop therapeutic relationship
- Create safety
- Reduce PTSD symptoms
- Reduce frequency and intensity of functional seizures
- Improve sense of control Leni has over her life
- Support Settlement

# Intervention Framework - Holistic

- Develop understanding of Counselling
- Build therapeutic relationship
- Acknowledgement and validation of trauma experiences, grief and limits of agency
- Explore importance of Family, Community, Culture and Religion
  - Understand Attachment Frame
  - Engage with strengths and values
- Understand and develop how Leni manages PTSD experience
  - Sleep, nightmares, hypervigilance, fears, anger, tearfulness
- Understand and develop how Leni manages functional seizures
- Understand and develop how husband manages Leni's PTSD and functional seizures
- Liaise with Leni's support services



# Intervention

- ▶ Psychoeducation –overactive danger detection system in brain due to trauma
- ▶ Psychoeducation with husband
- ▶ Gentle exploration of life experiences
- ▶ Explore strategies to address prolonged grief
- ▶ Exploration of the meaning of functional seizures for Leni
- ▶ Narrative development of the trauma story, strength, resilience and resistance components of experience emphasised
- ▶ Strengths and values focus
- ▶ Develop self-compassion
- ▶ Managing Black and White thinking - “no-one helps me”
- ▶ Body and Mind strategies for reducing stress system activation

# Managing the Stress system to manage trauma symptoms and functional seizures

- Explored the potential of warning signs for functional seizures
- Breathing regulation exercises -
- Grounding exercises – to become aware of the body in contact with the ground or chair and located in space.
- Mindfulness exercises – 5 senses to develop capacity to switch between attention modes and come back to the present
- Progressive muscle relaxation for awareness of body sensations and develop capacity to change body muscle tension
- Body scan of body sensations and imagining breathing in calm energy to reduce tension in parts of the body
- Explored body mapping – picture of what is happening in the body
- Self compassion
  - Smile, butterfly hug, spread feelings of care and love through body
- Navigated Visualisation
  - Imagining walking in the garden and examining a flower with 5 senses
  - Imagining Looking at her children playing and noticing their happy faces, voices, smiles,



# Outcomes

Process is ongoing. Progress wavers but continues

- Physical appearance and body language changes over time. Maintaining good eye contact, smiling,
- Black and white thinking, catastrophic thinking has changed. Able to notice and challenge these patterns.
- Developed a more coherent story of trauma experiences
- Increased capacity to examine implications of life experience in terms of life values and future goals
- Greatly reduced frequency of seizures in counselling sessions
- Self reported improvement in way of managing seizures
  - Able to engage with body and mind stress management strategies when distressed
  - Self reports these are helpful sometimes
  - Self reports that she can sometimes stop intrusive image of ISIS attacker from moving from her peripheral vision to her central vision
- Increased Confidence - joined a trauma informed Yoga group run by STARTTS
- Psychosocial functioning in now supported by carers from NDIS
  
- Assessment measures –
  - Not meaningful for this client related to client interpretation and delivery limitations

# Future Treatment Plan

- Additional psycho-education with husband and Leni about managing functional seizures
  - Providing safety and encourage resumption of normal activities
  - Encouraging Leni to utilise mind body stress system reduction strategies
  - Focus on Leni's participation in normal activities rather than her distress and incidence of functional seizures.
- Further work focused on Shame
  - Culturally influenced somatic manifestation of emotional distress combined with culturally shaped perception of deep shame and fear of being excluded from the community form part of seizure scaffold of functional seizure (Kizilhan et al., 2020, p. 141)
- Explore cultural ways of healing
  - Rituals, practices that may add to mind body stress system reduction or existential understanding
- Balancing hope and acceptance

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