Retraining and Control Therapy

The aim was to conduct a pilot randomized controlled trial of a novel cognitive behaviorally based intervention for pediatric Psychogenic Nonepileptic Seizures(PNES) called Retraining and Control Therapy (ReACT).

Methods: Participants were randomized to receive either eight sessions of ReACT or supportive therapy, and participants completed follow-up visits at 7- and 60-days posttreatment. The primary outcome measure was PNES frequency at 7-days posttreatment. Eligibility criteria included children with video-EEG confirmed PNES and participant/parent or guardian willingness to participate in treatment. Exclusion criteria included substance use, psychosis, and severe intellectual disability. Forty-two patients were assessed for eligibility and 32 were randomized. ReACT aimed to retrain classically conditioned, involuntary PNES by targeting catastrophic symptom expectations and a low sense of control over symptoms using principles of habit reversal. Supportive therapy was based on the assumption that relief from stress or problems can be achieved by discussion with a therapist.

Results: Twenty-nine participants (Mage = 15.1 years, SDage = 2.5; 72.2% female; 57.1% Caucasian, 28.6% African American) completed 7-days postprocedures. For PNES frequency, the Wilcoxon Rank Sum test statistic was 273.5 yielding a normal approximation of Z = 4.725 (P < 0.0001), indicating a significant improvement in PNES frequency for ReACT at 7-days posttreatment compared to supportive therapy. Participants with PNES in the 7-days posttreatment were removed from the study for additional treatment, resulting in no 60-day follow-up data for supportive therapy.

Interpretation: ReACT resulted in significantly greater PNES reduction than supportive therapy, with 100% of patients experiencing no PNES in 7 days after ReACT. Additionally, 82% remained PNES-free for 60 days after ReACT. ¹.

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Fobian AD, Long DM, Szaflarski JP. Retraining and control therapy for pediatric psychogenic nonepileptic seizures [published online ahead of print, 2020 Aug 3]. Ann Clin Transl Neurol. 2020;10.1002/acn3.51138. doi:10.1002/acn3.51138

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