

How a psychologist supports a unique patient population in the Epilepsy Monitoring Unit

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Dr. Sarah Vernon-Scott, Psychologist, EMU, Clinical Neurosciences

The patients I work with come to our unit in terms of getting a diagnosis, whether they have epilepsy

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Dr. Sarah Vernon-Scott, Psychologist, EMU, Clinical Neurosciences

or patients with psychogenic nonepileptic seizures, or PNES for short.

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PNES look very much like epileptic seizures. They could be anything from staring spells to big, large shaking movements in the body.

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People don't know what this condition is often. Many people with PNES

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have some kind of traumatic past, whether that's some adverse childhood experiences, some traumatic events.

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Many of the patients that I see have gone through other situations where someone has just said, these aren't seizures, you're faking it.

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Those things are really harmful.

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So, having the time and the expertise to help these patients really understand what's going on with them

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is invaluable. When patients come in for diagnosis, video EEG monitoring is the gold standard for diagnosis.

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Patients come to our unit for 24-hour monitoring so they have electrodes on their heads for EEG.

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The other part of the process is meeting with me, doing a psychological evaluation to determine if there are those risk factors.

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It's very much a multidisciplinary diagnostic process.

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I have a great team that I work alongside in the EMU, or Epilepsy Monitoring Unit. It's a unique spot to be in to bring the knowledge

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of health and rehabilitation psychology to these patients and be able to help them understand that intersection

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and give them the help that they need.