

# BRINGING PROCESS-BASED INTERVENTIONS TO ARGENTINA: MINDFULNESS-BASED TREATMENT FOR FUNCTIONAL DISSOCIATIVE SEIZURES



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## 1.INTRODUCTION

**Functional/dissociative seizures (FDS)**, a FND subtype, are paroxysms of impaired awareness, altered perception, and reduced behavioral control, usually with emotional/physiological arousal.

Although **psychotherapy** is a **first-line treatment**, most protocols were developed and tested in Europe and USA, and **may not transfer directly to other contexts**.

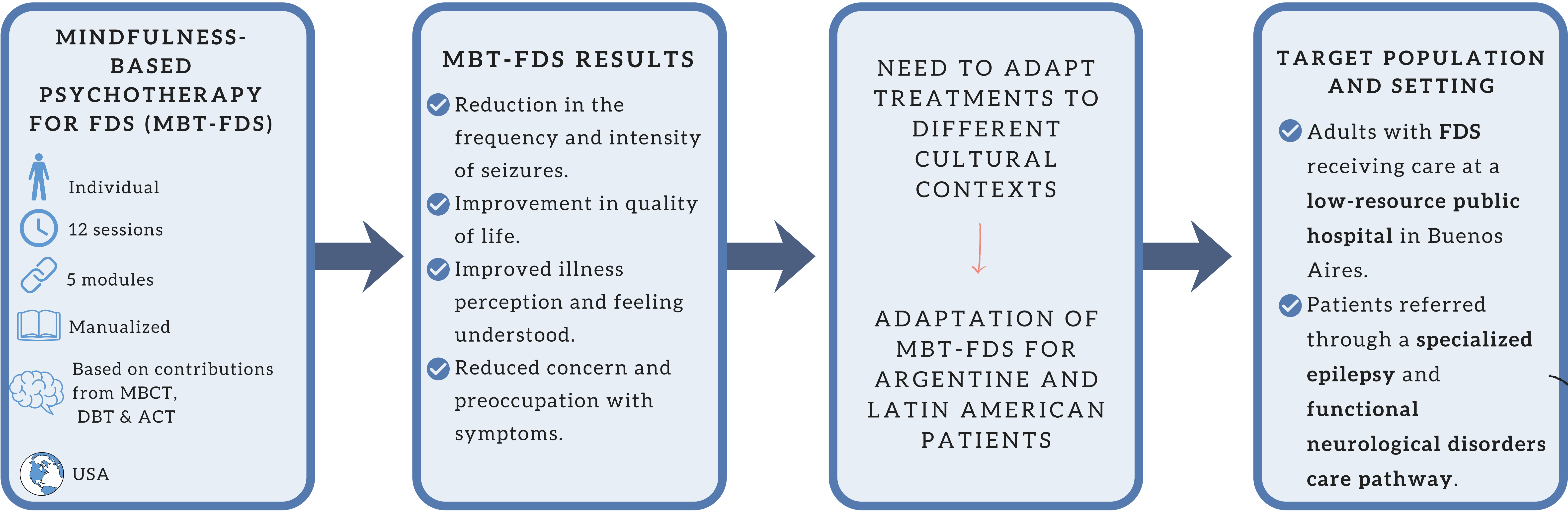
## 2. OBJECTIVE

To perform a **cultural and contextual adaptation** of a **mindfulness-based psychotherapy** for FDS to a low-resource public hospital in Buenos Aires, Argentina.

## 3. METHOD

An **iterative adaptation-process** included:

- (a) Review of the original manual - potential mismatches with the local clinical pathway;
- (b) Adjustment of language and materials;
- (c) Practical modifications to address common barriers.



A **clinically heterogeneous population**, including patients with comorbid drug-resistant epilepsy.

**Common barriers to treatment continuity**, including long travel distances, transportation costs, competing responsibilities, and difficulties attending frequent hospital appointments.

**Limited institutional resources** for delivering intensive or highly specialized psychotherapy.

## CONTEXTUALLY ADAPTED INTERVENTION

- Retains the original five-module structure.
- Uses accessible, locally appropriate language and therapeutic materials.
- Incorporates examples and exercises relevant to the patients' sociocultural context.
- Adapts session delivery to barriers affecting regular hospital attendance.
- Allows greater flexibility in pacing and between-session practice.
- Is designed for implementation within the resource constraints of a public hospital.

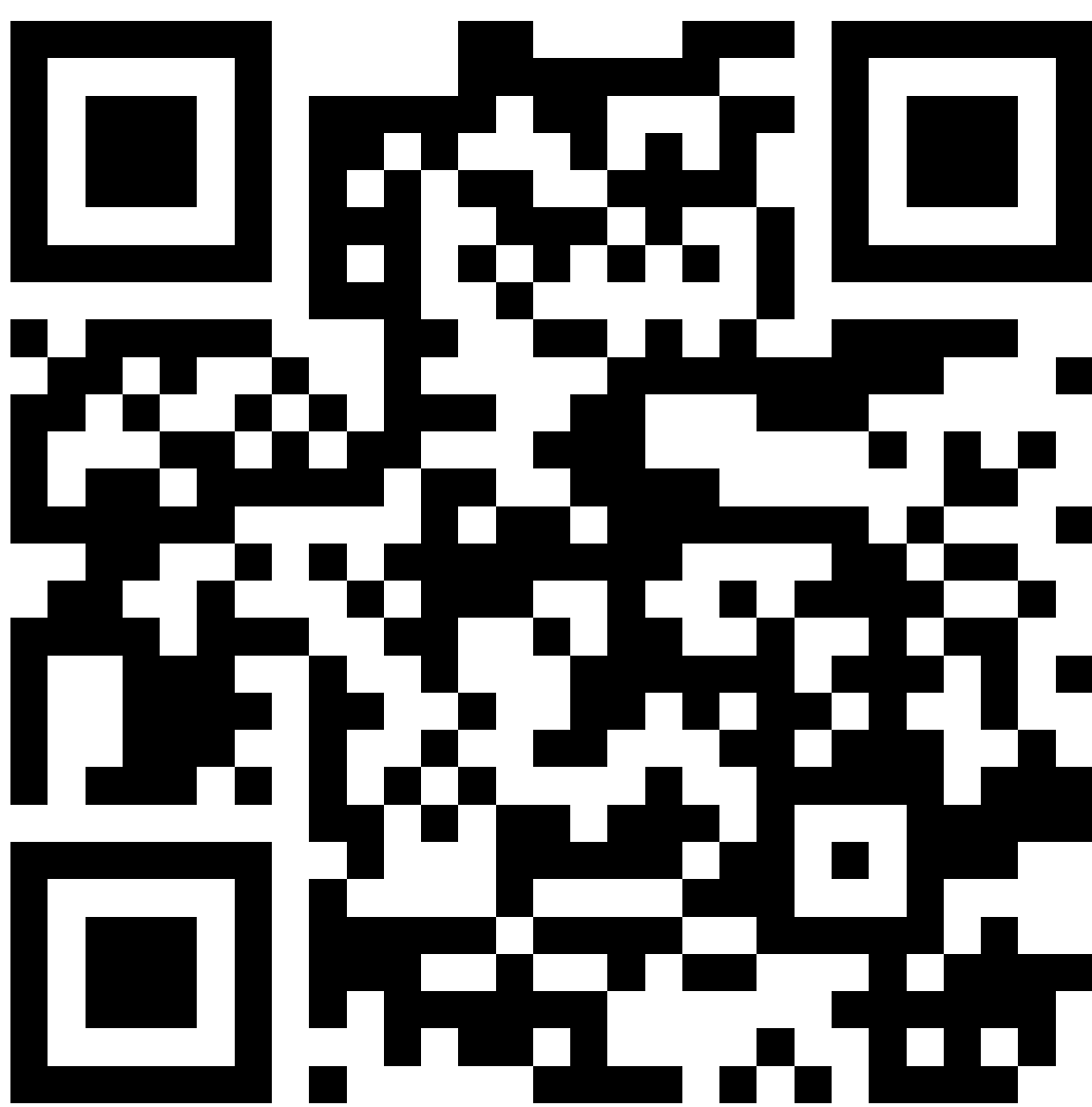
## CORE THERAPEUTIC PROCESSES

- Promotes:
- Present-moment awareness
  - Decentering from internal experiences
  - Acceptance-based responding
  - Values-oriented action
- These skills aim to reduce experiential avoidance and threat-focused attention, improve arousal regulation, and increase psychological flexibility.

## 5.KEY TAKEAWAYS

|                                                                                                                                                                                                                |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The resulting intervention retains the original five-module structure, emphasizing <b>present-moment awareness</b> , <b>decentering</b> , <b>acceptance-based skills</b> , and <b>values-oriented action</b> . | The resulting intervention targets processes such as <b>experiential avoidance</b> , <b>attention bias</b> , and reduced <b>psychological flexibility</b> . |
| A contextual, process-based intervention <b>fits FDS</b> because current models highlight learned threat responses, attention, arousal regulation, and avoidance within context.                               | This adaptation <b>keeps these core processes</b> while <i>adjusting</i> language, materials, and delivery for a low-resource public hospital.              |

## CONTACT ME



## REFERENCES

